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ACUTE
MEDICINE



Office of the
Nursing & Midwifery
Services Director



Guiding Framework for the Development of Registered Advanced Nurse Practitioners - Acute Medicine

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Foreword

The Report of the Acute Medicine Programme (HSE, 2010) initiated the establishment of Acute Medical Units (AMU), Acute Medical Assessment Units (AMAU), Medical Assessment Units (MAU) and Acute Medical Short Stay Wards (AMSSU) within defined hospital models 1, 2, 3, 4, to stream acutely unwell medical patients away from Emergency Department's (ED) to more appropriate settings with a focus on assessment to discharge rather than admit to assess. The report seeks to develop acute medical services leading to improved quality of care and efficiency through provision of ambulatory care pathways, hospital avoidance measures and earlier discharge from in-patient beds. The report strongly advocates for Registered Advanced Nurse Practitioners (RANPs) as senior clinical decision makers within Acute Medicine.

The Office of the Nursing and Midwifery Services Director (ONMSD) Plan 2016-2018 (HSE 2016) sets out the actions the Office will take to strategically lead, support and develop the nursing and midwifery workforce to deliver safe high quality person centred care to support the HSE objectives.

To this end a collaborative approach was taken by appointment of an Expert Advisory Group in 2016 to assist services in defining future RANP Acute Medicine services in their area which would support integration across settings, hospital diversion, earlier discharge, improved quality and patient experience. These changes are adaptive and responsive to changes in patient profiles and needs along emerging patient clinical pathways and models of care. We are pleased to present this the third document in a suite of co-joint prepared publications undertaken between the ONMSD and the National Acute Medicine Programme (NAMP).

Enablers to developing and expanding RANP Acute Medicine services now and into the future include the Report of the Acute Medicine Programme (HSE, 2010) including a blueprint for the development of the 'acute floor'; the Acute Floor Model of Care (a model of integrated acute unscheduled care emergency services) (HSE Oct 2017); the Draft Policy paper "Developing a Policy for Graduate, Specialist and Advanced Nursing & Midwifery Practice (Office of the Chief Nurse, DoH, March 2017), and the establishment of 'demonstrator sites'; Sláintecare (DoH, May 2017), and Sláintecare Implementation Plan (DoH, 2018).

The concept and emergence of integrated models of care opens up new avenues and areas for consideration when developing RANP Acute Medicine services and in defining scopes of practice from assessment through to investigation, intervention and discharge, to meet identified needs. This document provides an evidence based guiding framework and conceptual model for sites developing RANP Acute Medicine services and an accompanying suite of resources developed through literature review, consultation with services and policy makers and placed within the context of national policy statements and legislative requirements, to aid candidate ANPs and service sites.

We anticipate that nursing staff working within the Acute Medicine setting will find them beneficial in their preparatory work.

Mary Wynne



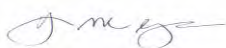
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LIST OF ABBREVIATIONS

ABA	An Bord Altranais
AFIS	Acute Floor Information System
AMAU*	Acute Medical Assessment Unit
AMNIG	Acute Medicine Nurse Interest Group
AMSSU*	Acute Medical Short Stay Unit
AMU*	Acute Medical Unit – incorporates AMAU and Acute Medical Short Stay Unit
BiPAP	Bi-level Positive Airway Pressure
BIU	Business Intelligence Unit
cANP	Candidate Advanced Nurse Practitioner
CCU	Coronary/Cardiac Care Unit
CGA	Comprehensive Geriatric Assessment
CHO	Community Healthcare Organisation
CIT	Community Intervention Team
CLCeP	Clinical Leadership Competency ePortfolio
CNM	Clinical Nurse Manager
CNSp	Clinical Nurse Specialist
COPD	Chronic Obstructive Pulmonary Disease
CPA	Collaborative Practice Agreement
CPAP	Continuous Positive Airway Pressure
CPD	Continuing Professional Development
CPSA	Commission for Public Service Appointments
CSO	Central Statistics Office
CT	Computed Tomography
DoH	Department of Health
DoHC	Department of Health and Children
DoN	Director of Nursing
DVT	Deep Vein Thrombosis
ED	Emergency Department
ECG	Electrocardiograph
EEG	Electroencephalography
EST	Exercise Stress Test
EU	European Union
EWS	Early Warning Score/System
GCDONM	Group Chief Director of Nursing and Midwifery
GCS	Glasgow Coma Scale
GI	Gastrointestinal
GP	General Practitioner
HDU	High Dependency Unit
HEI	Higher Education Institution
HIPE	Hospital In-Patient Enquiry
HIQA	Health Information and Quality Authority
HSCP	Health and Social Care Professional
HSE	Health Service Executive
HR	Human Resources
IADNAM	Irish Association of Directors of Nursing and Midwifery
ICCP	Integrated Clinical Care Programme
ICGP	Irish College of General Practitioners

ICU	Intensive Care Unit
iMEWS	Irish Maternity Early Warning System
iPiMS	Irish Patient Information Management System
IT	Information Technology
IV	Intravenous
JVP	Jugular Venous Pressure
KPIs	Key Performance Indicators
LIG	Local Implementation Group (also referred to as Advanced Practice Local Stakeholder Governance Group)
LOC	Level of Consciousness
LWG	Local Working Group
MAU*	Medical Assessment Unit
MDT	Multidisciplinary Team
MHC	Mental Health Commission
MIU	Minor Injury Unit
MOU	Memorandum of Understanding
MRI	Magnetic Resonance Imaging
MTS	Manchester Triage Scale
NAMP	National Acute Medicine Programme
NCNM	National Council for Nursing and Midwifery
NCP	National Clinical Programme
NCPOP	National Clinical Programme for Older Persons
NEWS	National Early Warning Score / System
NIHSS	National Institute of Health Stroke Scale
NIPPV	Non Invasive Positive Pressure Ventilation
NLIC	National Leadership and Innovation Centre (HSE)
NMBI	Nursing and Midwifery Board of Ireland
NMPD	Nursing and Midwifery Planning and Development
NMPDU	Nursing and Midwifery Planning and Development Unit
NQAIS	National Quality Assurance Improvement System
NSSBH	National Standards for Safer Better Healthcare
ONMSD	Office of Nursing and Midwifery Services Director (HSE)
OPAT	Out Patient Parenteral Antimicrobial Therapy
OPD	Out Patient Department
OT	Occupational Therapist
PFT	Pulmonary Function Test
PHN	Public Health Nurse
PIs	Performance Indicators
PPPGs	Policies Procedures Protocols and Guidelines
PSAC	Patient Safety Assurance Certificate
QQI	Quality Qualifications Ireland
RAMP	Registered Advanced Midwife Practitioner
RANP	Registered Advanced Nurse Practitioner
RCPI	Royal College of Physicians in Ireland
SCU	Surgical Care Unit
SLA	Service Level Agreement
TOR	Terms of Reference
UK	United Kingdom
WTE	Whole Time Equivalent

**Note:*

Throughout this document the terms AMAU, AMU and MAU are used interchangeably denoting the area of RANP practice.

1.0. INTRODUCTION AND TERMS OF REFERENCE

The Office of Nursing and Midwifery Services Director (ONMSD) Business Plan 2016 and 2017 committed to supporting the development of registered advanced nurse practitioners (RANP) in acute medicine. An Expert Advisory Group (Appendix 1) was convened by the Director of the ONMSD in April 2016 the Terms of Reference (Appendix 2) being to examine opportunities and make recommendations for a national approach to the development of RANPs acute medicine.

The aim of the Expert Advisory Group was to provide a national standardised approach for services in the development of RANPs acute medicine aligned with the National Acute Medicine Programme (NAMP) Model of Care, and in so far as possible with the Integrated Clinical Care Programmes (ICCP) e.g. Patient Flow, Older People; the recommendations of the Emergency Department (ED) Task Force (DoH, 2015a), Department of Health (DoH) Nursing Policy and professional standards and guidance documents.

This document fulfils Objectives 2, 3, 4 and 6 of the Terms of Reference (Appendix 2) tasked to the Group, which were:

Objective 2: Undertake consultation process at strategic organisational level with Acute Hospital, and Community Health Organisation (CHO) stakeholders regarding existing plans, and potential opportunities with the aim of securing formal stakeholder commitment to the proposed role development from a clinical viewpoint and also a financial and human resource (HR) perspective. For details of the consultation process see Appendix 3.

Objective 3: Review the international literature on the development of RANP roles in acute medicine

Objective 4: Develop candidate ANP (cANP) acute medicine job description template (as per nationally agreed cANP job description), and RANP job description (as per nationally agreed RANP job description) inclusive of Nursing and Midwifery Board of Ireland (NMBI) requirements. Determine essential criteria / qualifications / service specific requirements / competences; and determine RANP proposed caseload and agreed scope of practice whilst enabling flexibility in the models and scope of practice to be identified.

Objective 6: Provide an information and resources document to support service areas.

To achieve its objectives' the Expert Advisory Group established three working groups (Appendix 1) to conduct a literature review; consult with key stakeholders (Appendix 3); and to develop cANP and RANP acute medicine template job descriptions (see Chapters two and three) for inclusion in this guidance framework document.

The Nursing and Midwifery Board of Ireland (NMBI) defines advanced practice nursing as a career pathway for registered nurses, committed to continuing professional development and clinical supervision, to practice at a higher level of capability as independent, autonomous, and expert practitioners. (Advanced Practice (Nursing) Standards and Requirements NMBI 2017). RANPs have met the Board's criteria for registration to enter the Advanced Practice Division of the Register.

Advanced practice cited by NMBI (2018), has been defined as "a continuum along which practitioners develop their professional knowledge, clinical reasoning, clinical judgement, skills, and behaviours to higher levels of capability that is recognisable" (Nursing and Midwifery Board of Australia, 2014).

RANPs and Registered Advanced Midwife Practitioners (RAMPs) work within an agreed scope of practice and meet established criteria set by Nursing and Midwifery Board of Ireland (NMBI) to register as either an RANP or a RAMP (NMBI, 2018).

This chapter outlines the foundations of the acute medicine programme and the emergence of acute medicine nursing in Ireland. It provides the context for the international evolution and progress of advanced nurse practice in acute medicine; a description of the roles of the various agencies involved in establishing advanced practice roles and nursing services, and recent changes to 'NMBI Standards and Requirements for Advanced Practice'.

A summary is provided of the key findings from the consultation process conducted by the Expert Advisory Group, along with an overview of current Irish nursing policy on developing Advanced Nurse Practice. Finally a conceptual model of the vision and scope of RANP - acute medicine is proposed.

1.1. THE NATIONAL ACUTE MEDICINE PROGRAMME

The National Acute Medicine Programme (NAMP) is a Clinician led initiative between the Health Service Executive's (HSE's) Clinical Strategy and Programmes Division (CSPD), the Royal College of Physicians of Ireland (RCPI), the Irish Association of Directors of Nursing and Midwifery (IADNAM), Health and Social Care Professionals (HSCPs) and the Irish College of General Practitioners (ICGP). The programme has been developed by a multidisciplinary team of clinicians nominated by their professions. The NAMP provides a framework for the delivery of acute medical services in hospitals which seeks to substantially improve and standardise patient care in Ireland (RCPI & HSE 2010, NAMP 2018).



The NAMP defines acute medicine as “being concerned with the immediate and early specialist management of adult patients, with a wide variety of medical conditions, which present to the hospital or from within the hospital, that require urgent or emergency care and are discharged to an appropriate setting” (RCPI & HSE 2010, NAMP 2018). In 2017 there were 257,189 acute medical episodes admitted to acute adult hospitals. This accounted for 1.8m bed days used. The episodes included all those admitted to AMAU, discharged same day from AMAU,

and admitted to inpatient beds via the emergency department, AMAU and electively. The national target for diversion of medical patients away from the ED and into AMUs is 40% of presenting medical patients. Of the total acute medical episodes 93,386 (36.3%) were streamed to and registered in Acute Medicine Units. The national target for same day discharge from AMU is 25% of all medical discharges. In 2017 67,729 patients (24.2% of all medical discharges) were discharged on the same day from AMAU, (NQAIS Clinical¹, July 2018).

1.1.1 Programme Aims and Objectives

The overarching aims of the NAMP ² are to ensure that all acute medical patients have a better patient experience with improved communication receiving safe, quality care with timely diagnosis, with the correct treatment in an appropriate environment.

Objectives

- To improve quality of care and patient safety – patients are seen by a senior decision maker within one hour.
- To improve access by ensuring that the patient journey does not exceed six hours.
- To eliminate trolley waits for medical patients.
- To reduce cost and increase value by bed day savings – reduced overnight admissions and shortened lengths of stay.
- Increase the throughput of acute medical patients through the AMAU/MAU diverting them away from overcrowded ED's to alleviate trolley waits.
- Expedited diagnostic tests are essential to achieving the programme objectives. (RCPI *et al* 2010, NAMP 2018).

1.1.2. The Acute Medicine Model of Care

The NAMP **model of care** required the establishment of:

- Acute Medical Assessment Units (AMAU)

¹ A clinical data reporting system for quality improvement deriving reports on clinical activity and diagnostics from the National Hospital In-Patient Enquiry system

² <http://www.hse.ie/eng/services/publications/hospitals/AMP.pdf>

- Medical Assessment Units (MAUs)
- Acute Medical Short Stay Unit's (AMSSUs).

Acute medical assessment units (AMAUs) have been established in major hospitals (**Model 3 and 4 Hospitals**). These units facilitate the immediate medical assessment, diagnosis and treatment of medical patients with a wide range of medical conditions who present to, or from within a hospital, requiring urgent or emergency care. Patients referred from a general practitioner (GP) are prioritised and the emphasis is on same day diagnosis, treatment and discharge. Patients who are referred by GP's or from the ED should be seen within one hour by a senior medical doctor who will be able to make treatment and discharge decisions. Every AMAU should have access to a senior clinical decision maker at all times. (Guidelines on Senior Decision Maker updated in 2017 (HSE, 2017b), see note below).

Medical assessment units (MAUs) in Model 2 (smaller) Hospitals see GP referred differentiated medical patients who have a low risk of requiring full resuscitation. It will have assessment beds in a defined area and serve a clinical decision support function. Admissions will be to in-patient beds in a Model 2 Hospital. Patients who deteriorate unexpectedly will have guaranteed transfer to a Model 3 or Model 4 Hospital.

Acute medical short stay unit (AMSSU) admits patients who require inpatient care but are not expected to stay longer than 1 or 2 nights. If patients require longer in-patient admission they are transferred to a medical ward.

Developing an Acute Floor Model for Ireland (HSE, 2017b) recognises changes in the skills and education / training of staff delivering services in acute medical (and other acute floor sub units) and redefines a senior clinical decision maker as a *“clinician who can establish a diagnosis, define a care plan with the patient's involvement, and discharge a patient without routine reference to a more senior clinician”*. Consultants and GP's typically fall within this definition. Doctors in their third year of specialist training (ST3) or above, **and nurses**, therapists and other clinicians **with recognised advanced skills and training may also be considered**

‘senior clinical decision makers’ within their spheres of competence e.g. ANP’s
.....(HSE, 2017 p19)

The model of care describes four pathways of care for acute medical patients.

- **Ambulatory Care Pathway** – patients receive safe and effective treatment with same day discharge.
- **Medical Short Stay Care Pathway** – patients who require inpatient care but are not expected to stay longer than 48 hours.
- **Routine Specialist Inpatient Care Pathway** – patients who require inpatient care with an expected length of stay of more than 2 days and less than 14 days in hospital. These patients are admitted either directly to specialist medical wards from AMAU/MAU or AMSSU within 2 days and care is transferred to the appropriate consultant physician.
- **Appropriate Care and Discharge of Complex Care Pathway** –frail older patients with complex care needs requiring a length of in patients stay exceeding 14 days.(RCPI *et al* 2010, O’Reilly *et al* 2015).

The Model of Care also set out a blueprint for the development of integrated ‘acute floor’. The model, currently at an advanced stage of planning for implementation in Model 3 and 4 hospitals incorporates acute medical units, acute surgical assessment units, emergency departments all operating under one roof with a single governance structure. The ‘acute floor’ will enable streaming of unscheduled emergency patients from point of referral or arrival at the acute hospital into the appropriate clinical assessment area thus accessing appropriate senior decision makers at an early stage of their care pathway. Each sub unit will be guided in its leadership and operations by their respective Clinical Care Programme ‘Models of Care’ to improve patient flow and experience.

1.2. LITERATURE REVIEW - ADVANCED NURSE PRACTICE IN ACUTE MEDICINE

A literature review of advanced nursing practice in acute medicine was carried out to support the development of this document. Between June 2016 and March 2018 a comprehensive search strategy was undertaken to locate both published and unpublished studies from the period 1990 to 2018. A three-step search strategy was formulated which included keywords, subject headings and grey literature searching.

Only 3 studies directly reviewed or examined an aspect of advanced practice in acute medicine nursing. A small number of other studies indirectly included acute medicine nursing and advanced practice using other terms i.e. emergency nurse practitioner, nurse practitioner or considered advanced practice in acute services generally. The following summarises the findings discussed in the literature.

The recent publication in Ireland of the “Advanced Practice (Nursing) Standards and Requirements (NMBI 2017)” provides Higher Level Institutions and their associated Healthcare Providers with the agreed competences and capability required for Advanced Nursing Practice, building on competencies achieved at point of initial registration as a nurse (NMBI, 2017).

These ‘Standards and Requirement’s’ defined advanced practice as a career pathway for registered nurses, committed to continuing professional development and clinical supervision, to practice at a higher level of capability as independent, autonomous, and expert practitioners (NMBI 2017). They provide a regulatory and structured clinical career pathway for the emerging new specialism of acute medicine nursing through to advanced practice. This is particularly noteworthy given the limited empirical evidence which has considered the role and impact of the ANP, registered or not, in acute medicine nursing or acute medicine settings.

Mayled (1998) was one of the first studies published (20 years ago) on the role and impact of the ANP in improving the quality of patient care, and attempted to describe how the role developed in a medical assessment unit. Mayled’s study suggested patients were relatively happy with the assessment and treatment provided by ANPs.

However, the study told us little of how the role was developed or of the competencies expressed by the ANP in either assessment or treatment.

Wennike *et al* (2007) on their examination of nurse led triage of acute medical admissions concluded that the expansion of the senior nurse role in practise in acute medical assessment units to be safe, accurate and time efficient.

Advantages cited for having an emergency nurse practitioner who had responsibility for minor illness as well as minor injuries were; the provision of continuity of care, better quality of care, quick response to patient care , a reduction in waiting times, and better movement / flow of patients through the department, (Fotheringham *et al*, 2011). These were later confirmed by Williamson *et al* (2012), Corbally (2015) and McDonnell *et al* (2015).

Williamson *et al*. (2012) in their UK ethnographic study exploring the role of ward-based ANPs in an acute medical setting discusses the impact of ANPs in acute medicine as an 'invaluable link' between medical and nursing staff, providing a continuity of care that junior doctors could not, facilitating the patient's journey' by providing holistic care and by anticipating patient needs such as investigations and referrals. The ANPs specialist knowledge, technical skills and clinical judgement were respected and their continued presence on the ward enabled staff to gain a detailed understanding of each patient's history and circumstances. ANPs were observed to be experienced and confident practitioners using complex communication skills although these were not described. It was suggested ANPs anticipated what was needed for patients and improved the speed at which tests and investigations were carried out. They ensured referrals were acted on and reduced length of stay. The ANPs rapid response to patient deterioration was highly valued providing prompt intervention. However, ANPs in this study self-reported that their role was not clearly defined and their educational qualifications had not prepared them sufficiently for their role. The ANPs placed a high value on the clinical teaching and support provided by consultant physicians.

In an Irish context Corbally (2015) examined the role and activities of nurses caring for patients who were admitted to a Model 4 acute hospital as part of the NAMP. One

of the study objectives focused on exploring the scope of role expansion within the context of acute medicine nursing in a Model 4 hospital (e.g. Clinical Nurse Specialist (CNSp) / ANP roles). Most nurses and all stakeholders felt that having an ANP / CNSp would positively and significantly impact on the patient experience. There was a lack of clarity in relation to the separation between the ANP / CNSp roles amongst nursing staff. Consultants however mentioned that an ANP would be preferable to a CNSp due to the fact that ANPs as defined could manage patient care from the beginning to the end of their hospital journey. They did not discuss care in the community setting or the wider hospital setting i.e. outreach to medical wards. Corbally recommended considering undertaking a needs analysis for the development of an ANP pathway. In performing this need analysis Corbally suggests consultation with current ANPs who interface with the acute medical floor would be important.

McDonnell *et al* (2015) in their case study's Evaluation of the Implementation of ANP roles in a UK Acute Hospital Setting agreed with many of the findings above and concluded that overall ANPs had a positive impact on patient experience, outcomes and safety. It was reported that ANPs improved staff knowledge, skills and competence and enhanced quality of working life, and the distribution of workload and team-working. ANPs contributed to the achievement of organizational priorities, targets and development of policy. ANPs were also seen to impact on patient experience through improved communication. Their constant presence in the ward areas and their ability 'to put together' multiple parts of a complex patient picture meant that problems were picked up and actioned promptly enhancing vigilance.

Another recurring view put forward by McDonnell *et al* (2015) since the introduction of the ANP, is the improvement in the recognition and management of deteriorating patients. This was attributed to several factors including faster response times (because ANPs could attend deteriorating patients when doctors were in theatre or clinics). ANPs were also proactive in the management of deterioration. This evaluation used stakeholder and ANP interviews presenting opinion although no measurement of actual management of deteriorating patients or of impact on waiting lists was presented.

Lees *et al* (2016) in the UK, the most prolific authors on acute medicine nursing, sets out a navigable route in a framework for acute medicine nurses from staff nurse through to advanced practice. They discuss advancing practice as 'amassing experience' as distinct to career progression. They reported on proceedings from Society of Acute Medicine 2015 (9th International Society for Acute Medicine U.K. Conference) where delegates discussed concerns that nurses in advanced roles tend to transfer over to the junior doctors rota to support medical workforce. They propose seven key principles for nurses developing toward advance practice:

1. It must reflect the needs of the patients.
2. Mechanism for experiential learning conversion to academic credits.
3. Find a way to articulate tacit knowledge in acute medical nursing in developing a professional portfolio, linking with third level intuitions for support
4. Begin to develop advanced roles at expanded practice and frame new skills developed as part of a holistic treatment plan for a group of patients rather than been seen as separate skills. Skills are integrated into a complete skills set rather than a skill learnt in isolation.
5. Requires masters' degree as preparation for practice.
6. Demonstrate clinical and leadership qualities at expert level.
7. Requirement for high levels of clinical expertise & tacit knowledge of systems and processes.

Casey *et al* (2016) in their review of future advanced nursing practice in Ireland, carried out on behalf of the Department of Health, suggest whilst there is self or stakeholder reported evidence of high quality care provided by RANPs, the actual clinical impact of advanced practice roles has been notoriously difficult to measure statistically. Therefore it is necessary to develop a model of advanced nurse practitioner sensitive metrics to measure the quality of care delivered as well as patient outcomes based on the specific practice.

The few available studies which have examined the role and impact of the ANP in acute medicine all recommend future research to quantify the impact of the ANP on patient outcomes. Casey *et al* (2016) recommend that future models proposed must

be guided by service needs and must include provision for capturing clinical outcomes to ensure that any healthcare delivery is keeping pace with the demands of a continuously changing context. This is particularly important within acute medicine nursing as it evolves and develops, so as not to have the role consumed into a wholly medical model.

Another key aspect which was not reviewed in the literature to date and is required to inform and support education programme development for advanced nurse practice (acute medicine nursing) in the future, is the specific advanced nursing competences and capability required to undertake the role successfully. Casey *et al* (2016) in the document; *Setting the Direction: A Developmental Framework Supporting Nursing Practice Skills and Competencies in Acute Medical Assessment Units and Medical Assessment Units*, reports competencies which nurses in acute medicine considered advanced practice. This was supported in an education needs analysis report (ONMSD / NAMP, 2017) conducted in Ireland on the current skills and competencies available in acute medicine nursing practice and of the identified gaps. Both these pieces of work have begun the process of identifying what is considered advanced practice in acute medicine nursing, and those clinical, leadership, management and professional skills, competencies and capabilities which are required to construct the future nursing profession in this area.

Lees *et al* 2016 refers to the 'expanded landscape' of advanced practice and suggest an over reliance on medical skills and competencies would be at the expense of the opportunity to develop and document the tacit knowledge and experiential learning that the nursing professional and practice requires in this area to provide a holistic approach to patient care.

The RANP acute medicine role is evolving in Ireland under the auspice of the NMBI Standard and Requirements (NMBI 2017), through the Higher Education Institutions (HEIs) and associated healthcare providers and within the context of "Developing a Policy for Graduate, Specialist and Advanced Nursing & Midwifery Practice Consultation Paper (DoH, 2017a)". To build a profession from initial registration to advancement necessitates a comprehensive understanding of the health care needs of the population in this area, and its alignment to specific professional education,

standards and practices. The nursing profession in Ireland is very fortunate to have an opportunity (now) to use NQAIS (National Quality Assurance Improvement System) to provide up-to-date national and local data to support identification of the needs of the presenting population to aid the development of advance practice.

1.3. DEVELOPING ADVANCED NURSING AND MIDWIFERY PRACTICE IN IRELAND



1.3.1. The role of Nursing and Midwifery Board of Ireland (NMBI) in Developing Advanced Practice

The recently published Advanced Practice (Nursing) Standards and Requirements (NMBI, 2017) defines advanced practice nursing as a “career pathway for registered nurses, committed to continuing professional development and clinical supervision, to practice at a higher level of capability as independent, autonomous, and expert practitioners”. RANPs have met the Board’s criteria for registration to enter the advanced practice division of the register.

RANPs work within an agreed scope of practice and meet established criteria set by the NMBI to register as an RANP (NMBI, 2018).

Service preparation for advanced practice nursing is usually led by the Director of Nursing and co-ordinated by senior nurse(s), Nursing and Midwifery Planning and Development Unit (NMPDU) and Practice Development in collaboration with other key stakeholders, for example; health care professionals, clinical supervisor(s), other RANPs, representative from the affiliated Higher Education Institute /Academic Partner, service users who have accessed the relevant services and the ANP candidates (if recruited).

Currently there are two pathways for the development of RANP services nationally:

1. Individual services identify local service need and developing their own RANP posts to met population need
2. the creation of a critical mass of RANP posts to impact on a service need as defined in the policy “Graduate, Specialist and Advanced Nursing and Midwifery Practice” (DoH, 2017a)

The critical first step in either development pathway is service preparation. This includes the identification of service need through development of a business case, (see guidance available at <https://www.nmbi.ie> and Appendix 5) and financial approval either through the demonstrator site or other resources. The RANP service is based on a service needs analysis as a direct response to patient need and is conducted in line with national, regional and local service planning agendas and policy.

The creation of ANP posts through the process of application to be included in the DoH demonstrator site is in place only for the testing of the policy phase. This process will transition to the HSE for implementation following the publication of the final report.

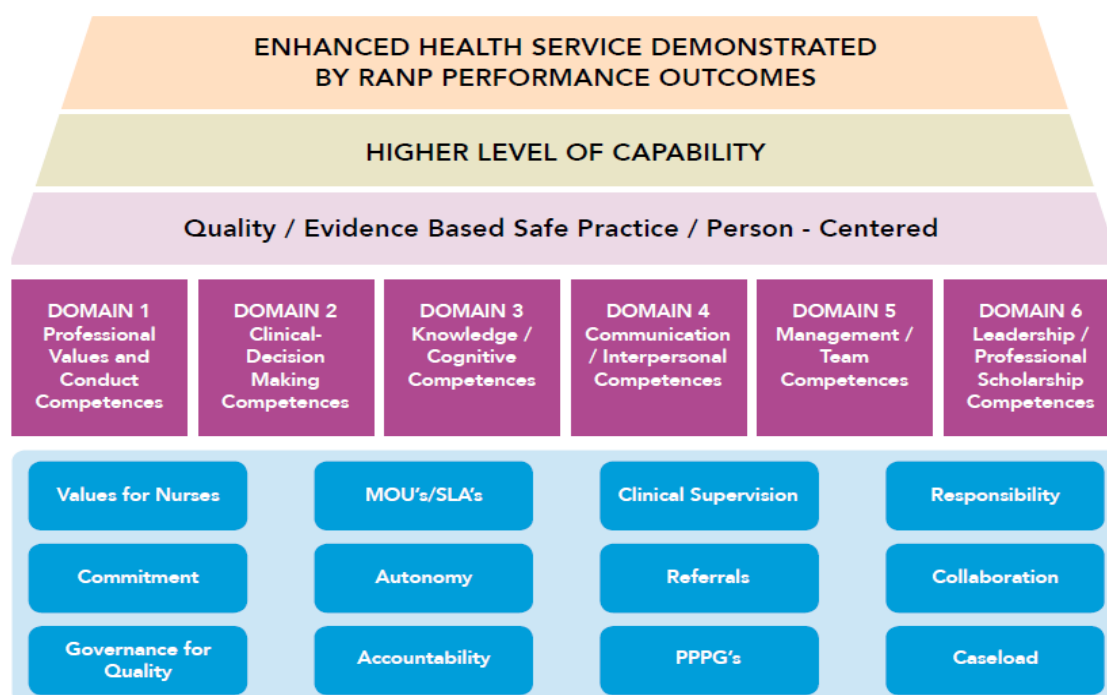
The job descriptions for both cANP and RANP developed by the services particular to each discipline, (see templates on pages 39 and 65 in this document), are based on the six domains of competencies for Advanced Practice as cited in NMBI Standards and Requirements (2017).

The six domains of competencies are:

1. Professional Values and Conduct
2. Clinical-Decision Making
3. Knowledge and Cognitive
4. Communication and Interpersonal
5. Management and Team
6. Leadership and Professional Scholarship

The competencies for registered advanced practice nursing build on the competences achieved/acquired to register as a nurse with the NMBI, and are presented in **Figure 1** below (NMBI 2017).

Figure 1: Advanced Practice Nursing Model



Source: (NMBI, 2017 p15).

1.3.2. The Role of the ONMSD in Developing Advanced Practice (Nursing) Services



The HSE supports the development of advanced nursing and midwifery practitioner roles throughout the HSE and HSE funded organisations through the workings of the OMNSD and NMPDUs.

Advanced nursing and midwifery practitioner roles are rapidly developing as a direct response to population health need, national policy agreements and organisational requirements for the reform of healthcare such as the National Integrated Care (ICPs) and Clinical Care Programmes (CCPs).

The Sláintecare Report (Govt. of Irl, 2017) provides a vision for a new health service in Ireland with political consensus on a health reform plan for the next ten years and cross party support on delivering a universal health system in Ireland.

Key components of Sláintecare are:

- entitlement for all Irish residents to all health and social care
- no charge to access GP, primary or hospital care and reduced charges for drugs
- care provided at the lowest level of complexity, often outside of hospital, in an integrated way
- strong focus on public health and health promotion
- waiting times guarantees with a maximum:
 - 4 hour wait time for emergency departments
 - 10 days for a diagnostics test
 - 10 weeks for an outpatient appointment
 - 12 weeks for an inpatient procedure

To support its implementation there will be a focus on an expanded workforce including nurses, doctors and allied health professionals and addressing recruitment and retention issues of all healthcare staff. The development of integrated workforce planning is emphasised in the report. Advanced practice clinical and leadership roles will play a vital role in this.

Sláintecare will assist with re-orientating our healthcare system to ensure equitable access to a universal single tier system, and ensure the vast majority of care takes place in the primary and social care settings. This shift away from the current hospital-centric model will enable our system to better respond to the challenge of chronic disease management, to provide care closer to home for patients, to deliver better value-for-money and to maintain a strong focus on health promotion and public health. Advanced nursing practice can support and strengthen this vision and process.

Healthcare organisations collect, analyse and interpret local data from its presenting population in order to identify needs. Such data may be accessed through: the Central Statistics Office (CSO), Area Profiles from Census, HSE Business Intelligence Unit (BIU), national registers/databases for example cancer, hip fractures, NQAIS clinical and other hospital data such as Casemix, Hospital In-Patient Enquiry (HIPE), clinical audits and service user feedback.

The identification and confirmation of specific advanced role developments within HSE acute hospital service areas is the responsibility of Group Chief Directors of Nursing and Midwifery (GCDNM) and service Directors of Nursing and Midwifery (DoN&M). Collaboration with community nursing services and community health organisations and primary care strengthens needs identification, clinical governance, integration and effectiveness of developments.

On behalf of the ONMSD, a lead Director Nursing and Midwifery Planning and Development (NMPD) has responsibilities for the support and guidance structures provided by each NMPD unit implemented through a local project officer³ (Appendix 6). The project officer engages with their local services providing a supporting, facilitating and guiding role to assist the services develop advanced practice roles in line with the NMBI Standards and Requirements for Advanced Practice.

Nurse leads on each of the NICCPs and CCPs work with hospital group chief directors of nursing, hospital directors of nursing, directors NMPDUs, ONMSD, Department of Health and with services to identify potential areas for development of ANP services. They also provide service intelligence and data to support business case development and opportunities for networking, collaboration and cANP /RANP development on a nationwide basis.

³ For updated contact details see: <https://www.hse.ie/eng/about/Who/ONMSD/Advanced-and-Specialist-Practice/Advanced-Nursing-and-Midwifery-Practitioner-Role-Development.html>

1.3.3. Education and Clinical Preparation Requirement for Advanced Practice Service

RANPs will have to meet the NMBI Criteria for Registration to enter the advanced practice division of the register (NMBI, 2017; available at

<https://www.nmbi.ie>

Accessed 27/11/2018

Criteria for registration as an advanced nurse practitioner (NMBI, 2017).

The following criteria apply for registration as an ANP/AMP with the NMBI:

As evidenced in the applicant's portfolio, the applicant must comply with the following criteria:

- Be a Registered Nurse or Midwife with the Nursing and Midwifery Board of Ireland
- Be registered in the division(s) of the Nursing and Midwifery Board of Ireland Register for which the application is being made

or,

- In recognition of services that span several patient/client groups and/or division(s) of the Register, provide evidence of validated competences relevant to the context of practice
- Hold a Master's degree (or higher) in nursing/midwifery or a Master's degree which is relevant, or applicable, to the advanced field of practice. The Master's programme must be at Level 9 on the National Framework of Qualifications (Quality & Qualifications Ireland), or equivalent. Educational preparation must include at least three modular* components pertaining to the relevant area of advanced practice, in addition to clinical practicum.

- Provide evidence of at least 500 clinical supervised hours in the specialist area of advanced practice
- Demonstrate the Competences for Advanced Practice Nursing or Midwifery in his/her specialist area of advanced practice, as specified by the Nursing and Midwifery Board of Ireland.

<https://www.nmbi.ie> Accessed 27/11/2018

The NMBI will focus on achievement of competences as evidenced by

- the applicant's portfolio
- transcripts received directly from the higher education institution, which demonstrate achievement of clinical competences
- passing an assessment by an approved panel

On submission, the portfolio will be allocated to a professional officer for a preliminary review. If the portfolio contains the relevant information to meet criteria for registration, the professional officer will progress the applicant to the review panel.

The format of the panel will focus on published competences and associated standards as follows:

- apply ethically sound solutions to complex issues (domain 1)
- utilise advanced knowledge, skills and abilities to engage in senior clinical decision-making (domain 2)
- ability to contribute to professional body of knowledge (domain 3)
- ability to negotiate and advocate for the person (domain 4)
- ability to manage risk (domain 5)
- ability to lead for good outcomes across the continuum of care (domain 6)

Candidates may also be asked to demonstrate the following to their specialist area of Advanced Practice as appropriate: (NMBI 2018):

- scope of professional and expert practice
- governance for quality (reporting relationships, clinical supervision)
- clinical indemnity
- caseload management
- diagnostics
- prescribing rights
- referral pathways
- values for nurses and midwives
- admitting and discharging rights

The panel then make a decision to:

- recommend the applicant to go forward to registration

OR

- defer recommending the applicant to the registration department.

<https://www.nmbi.ie>

Accessed 27/11/2018

The registration department finalises the applicant's registration as an Advanced Practitioner (NMBI, 2018).

The RANP is required to provide evidence for registration of at least 500 clinical hours at supervised advanced practice level, demonstrating the competence and capability necessary for the role. The clinical hours at supervised advanced practice level may be accomplished as a defined part of the master's programme, through a clinical practicum or through structured clinical supervision. This process requires governance through clinical supervision in the local service or a relevant service (Appendix 7 provides a sample Clinical Supervision Service Level Agreement for adaptation by both cANPs and RANPs).

1.3.4. Governance for Development of Advanced Practice Service

The vision for the advanced nursing service goes beyond that of the current scope of nursing practice. There are two approaches to developing ANP services. Under the first and traditional route, comprehensive analysis of the data to support the service need is the first step. Following this the Director of Nursing (DoN) prepares a business case (available from NMPDs, see **Appendix 5**) for ratification and acceptance of need and presents it to the hospital executive management team. Once ratified it is submitted to the hospital group management team as part of the annual estimates process to secure a whole time equivalent post and associated funding. Once obtained, a candidate ANP (cANP) or project lead is appointed to develop the service.

The second approach is through application to the Department of Health as a response to a call for expressions of interest for funding to appoint a candidate under the DoH Demonstrator Project Advanced Practice Nursing Policy Initiative testing phase. The ONMSD has developed a single business case template (**Appendix 5**, also available from NMPD project officers) suitable for both approaches - subject to any additional information required by the DoH. This template is completed by the service and signed off by the hospital DoN, and submitted to the Group Chief Director of Nursing and Midwifery (GCDNM) and/or DoH to participate as a demonstrator site and to appoint a candidate ANP.

Once appointed, a candidate will work with a number of key stakeholders. Local implementation groups (LIGs) and local working groups (LWG) consist of key stakeholders (See Appendix 8A and 8B for Terms of Reference) who oversee the candidate practitioner development at a regional and hospital level to attain registration and RANP service development including organisational and interdisciplinary integration of the advanced nursing practice service. Recommended key stakeholders are representative of:

- Director of Nursing
- Consultants relevant to the area of practice
- Clinical supervisor (s)

- Assistant Director of Nursing (ADoN)
- Clinical Nurse Manager 3 (CNM 3)
- Clinical Nurse Manager 2 (CNM 2)
- Nursing Practice Development Coordinator
- Candidate ANP/AMP
- Health and Social Care Professional Colleagues
- General Practitioner (s)
- Public Health Nursing
- Other RANPs who may integrate with the role
- Academic Partners/Educationalists/ HEIs
- Service User
- Clinical Care programme nominee where required to advise
- NMPD Project officer

A project plan and milestones (Gantt chart) for the preparation and development of the service (See Appendix 9A) and the development of practitioner (see Appendix 9B) are agreed by the LIG and LWG. In the case of the LWG the candidate will develop and submit to the LWG a site and candidate specific Gantt chart which will support tracking of the project at a site specific level (Appendix 9B).

1.4. ACUTE MEDICINE NURSING CAREER PATHWAY



As a business plan objective for 2016, the ONMSD established an ED/AMU Nursing Clinical Education Steering Group (ONMSD, 2016b) to support the development of core clinical skills and competencies for nurses working in ED, AMAUs, MAUs and AMSSUs. Arising from a national AMAU, MAU, AMSSU nursing educational needs assessment (ONMSD NAMP, 2016) a Level 8 Quality and Qualifications Authority Ireland (QQI) and NMBI accredited programme - a 'National

Education Foundation Programme - Acute Medicine Nursing - has been developed in collaboration with the Acute Medicine Nurse Interest Group (AMNIG). It supports workforce planning, career pathway development and succession planning in acute medicine.

Commenced in September 2017 the 12 week blended learning programme aims to provide nurses in acute medicine with the core skills required to respond to acutely unwell medical patients who present to units throughout Ireland. If nurses choose a clinical career pathway to specialist /advanced practice and a service need is identified, nurses can begin planning the pathway very early in their career utilising skills and competencies identification checklists and tools included in 'Setting The Direction: A Development Framework Supporting Nursing Practice Skills and Competencies in Acute Medical Assessments Units and Medical Assessment Units' (Casey *et al*, 2016) and the Clinical Leadership Competency ePortfolio (CLCeP) available on the HSE online learning portal (HSELand)⁴ alongside portfolio development and educational preparation.

1.5. THE CONSULTATION PROCESS

To meet objective 2 of the terms of reference, the Expert Advisory Group undertook consultation with a wide range of stakeholders with a role or interest in developing advanced practice (nursing). Stakeholders consulted included the NAMP leadership team, ONMSD leadership team, acute medicine physicians, acute medicine nurses across Model 2, 3 and 4 hospitals, nurse leaders from acute hospital groups, community health organisations (CHOs), primary care nursing, NMPDUs, centres for nursing and midwifery education, clinical care programme nurse leads (older person's and emergency care), candidate and RANPs (emergency and acute medicine).

⁴ Available at <https://www.hseland.ie/>

Consultation with both the NMBI and the Office of the Chief Nurse, Department of Health, was continuous throughout the development of this document, both prior to and subsequent to the publication of DoH Consultation Documents for the development of Community Nursing and Advanced Practice (DoH, March 2017a & March 2017b), and the NMBI revised Advanced Practice Nursing Standards and Requirements (NMBI, 2017). Readers are recommended to refer to each publication when developing cANP and RANP services in their area. Outcomes of the consultation, literature review and documentation developed by the Expert Advisory Group informed the implementation of “Developing a Policy for Graduate, Specialist and Advanced Nursing & Midwifery Practice Consultation Paper” (DoH, 2017).

The Expert Advisory Group acknowledges those who contributed to the document (see **Appendix 3**) either through professional guidance and knowledge, written response, facilitating expert group site visits, direct meeting and / or focus group attendance. Their views and comments have been taken into account in the revisions made to the document, culminating in this published version.

1.5.1. Key Considerations and Recommendations from the Consultation Process

Stakeholders articulated a strong desire to develop RANP acute medicine nursing services and expressed their support in defining and future-proofing the scope of RANP practice. As an outcome of “Developing a Policy for Graduate, Specialist and Advanced Nursing & Midwifery Practice Consultation Paper” (DoH, 2017) 16 cANP acute medicine were prioritised for appointment in demonstrator sites in 2017 to build capacity for RANP services. A further 7 were prioritised in 2018. The candidacy experience of two hospital sites supporting two nurses toward RANP acute medicine status was highlighted as contributing enormously to improving patient experience times and pathways of care, along with integration across the entire range of hospital and community based services.

KEY POINT 1

From the consultation, a vision emerged of RANP services which has a broad scope of clinical practice, working with patients on a number of clinical pathways,

providing continuity of care upon arrival, assessment, intervention, discharge and short term follow up. This includes referring to and receiving referrals from other specialist services as necessary, within the agreed scope of acute medicine nursing practice.

KEY POINT 2

Further potential for integration of RANP acute medicine with primary care services was highlighted at hospital group level as an area for joint hospital group, CHO and primary care development. It was deemed necessary when developing RANP services to establish services which address both strategic and operational developmental needs, in an integrated manner where the RANP works as an integral member of the acute medicine team, within and across the 'acute floor', and in collaboration with community and primary care services and with other national integrated clinical care and clinical care programmes.

RANPs acute medicine could provide an expert clinical, advisory and support role for nursing colleagues and specialists to maintain and support patients in the community providing for example in reach and outreach clinics in primary care settings, outreach into residential settings and nursing homes, patients home, direct access to acute medicine assessment and diagnostics and virtual follow up clinics.

KEY POINT 3

A requirement for strategic workforce plans for developing RANP services within hospital groups was identified in the consultation process.

KEY POINT 4

Requests to the consultation group to provide Business Case Development Master Classes for multidisciplinary teams (MDTs) seeking to develop cANP and RANP services and were responded to with the aid of the National Leadership and Innovation Centre (NLIC), ONMSD.

KEY POINT 5

The lengthy candidate educational and clinical preparation time and commitment required to develop the service and receive individual registration as an RANP were stated as barriers to cANP and RANP service development.

KEY POINT 6

The nursing resource for potential cANPs can be drawn from nurses with experience and postgraduate qualifications in for example: coronary care, critical care, care of the older person, emergency and acute medicine nursing. Significant numbers of suitably educationally prepared nurses exist across the system that would be eligible to apply for cANP positions. By broadening scopes of practice and undertaking additional educational and clinical preparation - in line with DoH policy on candidates having a broad based educational and clinical preparatory period prior to registration as an RANP - their experience will match locally identified population health needs.

KEY POINT 7

There was consensus that the service should not remain static. In order to remain relevant and viable cANP and RANP scope of practice should remain constantly under review by the individual and the organisation in order to meet the evolving and emerging needs of presenting patient cohorts. This will require the cANP and RANP to monitor clinical presentation trends, to explore provision of services in a variety of settings to achieve key performance indicators (hospital avoidance, patient flow, earlier discharge, reduced waiting times and quality of service). Additional skills and competences should be continuously added to broaden scope of practice.

KEY POINT 8

Stakeholders were keen to ensure that the emergence of RANPs in acute medicine would provide demonstrable contributions to improvements in patient experience arising from RANP presence as senior decision makers in measures such as hospital avoidance, reductions in waiting lists and improved patient flow. Carrying out service user surveys, clinical audit and research are areas stakeholders stated as of vital importance to improving access to, and quality of care.

Key Performance Indicators suggested by the Expert Group were affirmed by those consulted as appropriate pending further advice from the DoH. Stakeholders stressed the importance of the role cANP service related data, interventions and outcomes of nursing services would have in shaping cANP and RANP clinical and service focus and in the evaluation of the value and impact of advanced nursing services.

Candidate ANPs and RANPs need to influence the future design and adaptation of information systems e.g. NQAIS Clinical, Acute Floor Information System (AFIS) (under development), Irish Patient Information Management System (iPiMS) and the patient electronic record to take account of the need to capture nursing sensitive data thus providing indicators of the quantity and quality of the RANP contribution to care. Consideration also needs to be given to capturing the economic cost and savings attributable to ANP services as the health system moves toward activity based financing.

KEY POINT 9

Strengthening the educational and professional leadership role of the RANP to encompass teaching and research in Higher Education Institutions thus facilitating transfer to the clinical area of the knowledge and skills learned is considered of high importance.

Following the consultation conducted by the Expert Group “Developing a Policy for Graduate Specialist and Advanced Nursing & Midwifery Practice Consultation Paper” (DoH, 2017a) was published. It proposes an evidenced based patient-centred policy framework for graduate, specialist and advanced nursing and midwifery workforce that is flexible, enabling and adaptive.

A national nursing data collection system – termed ‘Monthly Intervention and Activity’ - has been developed by the Nursing Policy Division Department of Health in 2017 in order to collect data on activity and intervention from ANP candidates participating in the demonstrator sites. Initial data sets identified in this document may be subject to amendment in the future as services and outcome indicators are further developed.

This data collection system is underpinned by the Performance Indicators (PI's) of the clinical care and integrated care programmes. In addition to these PI's the nursing intervention is also captured so as to demonstrate the impact of nursing on the four principle outcomes of the policy.

The information derived from the data collection system will demonstrate the impact of the cANPs on the key principles of the policy i.e.

- Access and Choice
- Waiting list reduction
- Hospital Avoidance
- Patient flow.

In summary, consultation revealed strong support for ANP developments in acute medicine; identified many opportunities that currently exist for developing RANP acute medicine services, along with the scope of practice and potential for integrated models of RANP Practice acute medicine. Analysis revealed the:

- Need for initiation of local processes for RANP workforce planning and progress at group level to secure the necessary supports.
- Need to harness the support of local governance groups, maximise multidisciplinary involvement and cross functional management support in developing services.
- Need to seek out opportunities for developing services in line with DoH nursing policy, ensuring alignment with the national ICCPs and CCPs and the development of RANP led and managed nursing teams.
- Need for RANP services to be designed to be adaptive, responsive to changing patient needs and measurable.

1.6. DEPARTMENT OF HEALTH NATIONAL POLICY FOR ADVANCING NURSING AND MIDWIFERY PRACTICE

In March 2017 the Minister for Health, Mr Simon Harris, TD launched two draft policies from the Office of the Chief Nurse, for national consultation which are:

1. 'Developing a policy for graduate, specialist and advanced nursing and midwifery practice', (DoH 2017a)

and,

2. 'Developing a Community Nursing and Midwifery Response to an Integrated Model of Care', (DoH, 2017b)

The development of both policies has been guided by two core principles: a) patient choice, and b) developing the nursing and midwifery resource in response to patient and service need. The policy to develop graduate, specialist and advanced nursing and midwifery practice (DoH 2017a) plans to expand the number of advanced nursing practitioners from 0.2% of the nursing population to 2% by 2021. The policy was approved by the Minister for Health in 2017. A national steering group has been appointed to oversee the establishment of demonstrator sites from 2017.

The policy on graduate, specialist and advanced nursing and midwifery practice proposes a framework to:

- Create a critical mass (2% of the nursing population by 2021) of RANPs / RAMPs through a developmental pathway for graduate and specialist nurses and midwives.
- Change the way we educate and train nurses and midwives from graduate level.
- Change how we utilise and deploy the nursing and midwifery resource.

- Measure impact and effectiveness of the new framework.

The purpose of the policy is to contribute to providing a solution to a number of critical challenges facing the health service. This will require the development of a critical mass of advanced nurse / midwife practitioners in areas of most service need to address current issues in service delivery. The key driver for the draft policy is the creation of a more responsive, integrated and people-centred health and social care service, as outlined in Strategic Priority 3 of the Department of Health Statement of Strategy (2016-2019). Linked to this priority, is the development of ANPs to support the implementation of the national ICCPs and CCPs by the HSE. The key areas for initial implementation of the DoH demonstrator ANP development initiative have been aligned to the five ICCPs and national CCPs as follows:

- Unscheduled Care (including ED and acute medicine)
- Chronic Disease Management (including Rheumatology and Respiratory)
- Older Person Care

The Sláintecare Report (Gov of Ireland, 2017) sets out an agreed vision and strategic plan to transform the Irish health service and requires a 'decisive shift from acute to community based care' that offers patients and families care as near to the home as possible. It also recognises that there is insufficient bed capacity to provide timely access to urgent and planned care. (p. 12).

Sláintecare states that expansion of the health care workforce is essential to ensuring the right skills and staff are in the right place to meet demand. For nursing and midwifery, expansion of the workforce includes an increase in advanced nurse practitioner numbers. Expansion in both acute hospital and community settings of RANPs provides an opportunity to promote integrated care and care pathways enabling earlier access to care by appropriately qualified personnel.

It is intended through the implementation of cANP demonstrator sites that nursing / midwifery services can address patient flow challenges. The objectives of the demonstrator sites are to:

- Contribute to service needs and reduce waiting lists, keep patients at home or as close to home as possible and create pathways of integrated care.
- Create a critical mass of RANP/RAMPs through a developmental pathway for graduate and specialist nurses and midwives.
- Test the capability of the framework to deliver better outcomes e.g. patient outcomes, service integration, staff experience and value for money.

Implementation of the policy in September 2017 and selection of candidate ANP 'demonstrator sites' unscheduled care resulted in 16 candidates being selected for acute medicine in 2017 and a further seven commencing educational and clinical preparation for registration in September 2018.

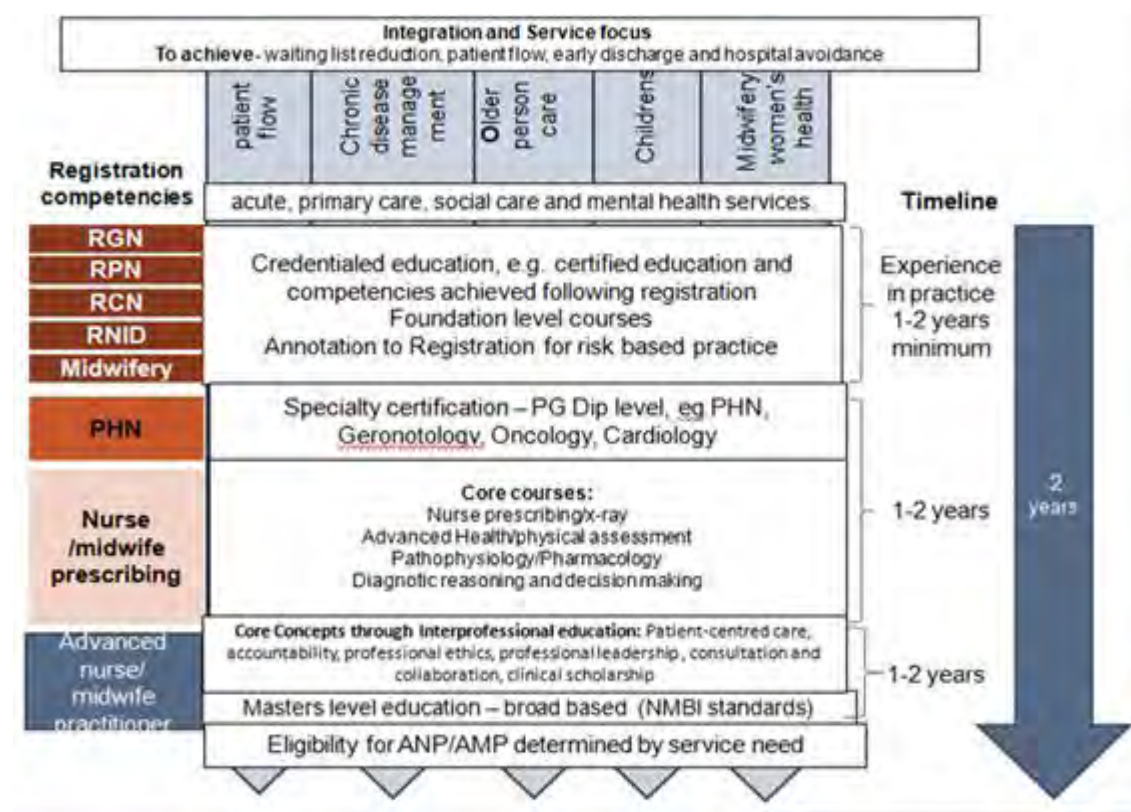
The output of each cANP service must demonstrate an impact on the DoH objectives for the demonstrator sites, reflecting the objectives as stated in the Programme for Government Commitments and the DoH (2016-2019) of reducing waiting lists, facilitating early discharge, improving access to services and increasing hospital avoidance.

"Developing a policy for graduate, specialist and advanced nursing and midwifery practice" (DoH 2017a) proposes an evidence-based, patient-centred policy framework for graduate, specialist and advanced nursing and midwifery workforce that are flexible, enabling and adaptive. In respect of Advanced Practice the framework proposes significant changes in the way nurses and midwives are educated at specialist and advanced level, with particular emphasis on the length of time it takes from initial registration to registration as an ANP and to qualify as a clinical nurse specialist. It also proposes moving to a credentialing (for prior learning, competence achievement and experience) system that facilitates nurses and midwives to practice at an enhanced level (extended and expanded role) once they have achieved individual competencies (Figure 2).

Establishing and utilising advance practice services providing specific nursing and midwifery services (including CNSp and postgraduate nurses) led and managed by RANPs, based on national priorities and challenges will be a feature of the future.

The Government Sláintecare Implementation Strategy proposes to prioritise and target resources in several areas within the first 3 years.

Figure 2: Education pathways for graduate, specialist and advanced practice



Source: (DoH, 2017a)

The Chief Nurses Office have also developed a Nursing policy that will support the implementation of Sláintecare through the enhancement of the Community Nursing Service. “Developing a Community Nursing and Midwifery Response to an Integrated Model of Care” (DoH 2017b) - presents a model and pathway of community based nursing.

Both of these DoH policies provide acute medicine nurses with immediate opportunities to develop specialist and advanced nurse practice services which respond to presenting and ever changing patient clinical needs both on the acute floor, in the ambulatory and in the community and primary care setting.

1.7. DEMONSTRATING IMPACT

Developing a policy for graduate, specialist and advanced nursing and midwifery practice (DoH 2017a) states “Performance measurement is important as a way of ensuring that the delivery of care is achieving what it is set out to do. “The goal of KPIs’ is to contribute to the provision of high quality, safe and effective service that meets the needs of service users” (HIQA, 2010, updated 2013 and DoH 2017a p. 25).

With a view to contributing to the evaluation of the policy a data collection tool was developed to capture the activity and interventions of the ANP. Such data is often held at local level and not recorded on national data systems. To support the demonstrator sites the DoH in association with the ONMSD established an on line data entry portal for entry of service data into the “Monthly Intervention & Activity” database by cANPs and RANPs who commenced as cANPs on the demonstrator project.

Data collection at point of cANP and RANP service delivery regarding the activities and interventions of the participants on the cANP demonstrator programme in relation to the following areas commenced in 2018;

- access
- waiting lists
- hospital avoidance
- improved patient flow

In addition to the development of a minimum data set the HSE undertook a tender to procure an independent evaluation of the implementation of the critical mass of the ANP service. The independent evaluation was commissioned in order to nationally evaluate the direct and indirect impact of the ANP service. The evaluation is to include a qualitative exploration of the effect of the implementation on;

1. patients and families
2. staff and teams in the hospital and community settings
3. the health service organisation

4. the health system and the challenges it currently faces

The final report of the Policy on Graduate, Specialist and Advanced Nurse Practice will make some recommendations around the requirements for future data collection and reporting systems for Advanced Practice Nursing roles.

The NMBI sets the standards for the educational programmes for Advanced Practice. As part of that process they require the Higher Education Institution in collaboration with the identified health service provider(s) provide quality assurance and enhancement methods: “The HEI and its Associated Healthcare Provider(s) ensure quality assurance indicators are identified and measured in relation to the availability of reports, quality reviewing, resources, needs analysis, clinical supervision/mentoring, clinical accountability and responsibility and governance for quality” (NMBI 2017 p27).

1.8. A MODEL FOR ADVANCED NURSE PRACTICE AND SERVICE DELIVERY IN ACUTE MEDICINE

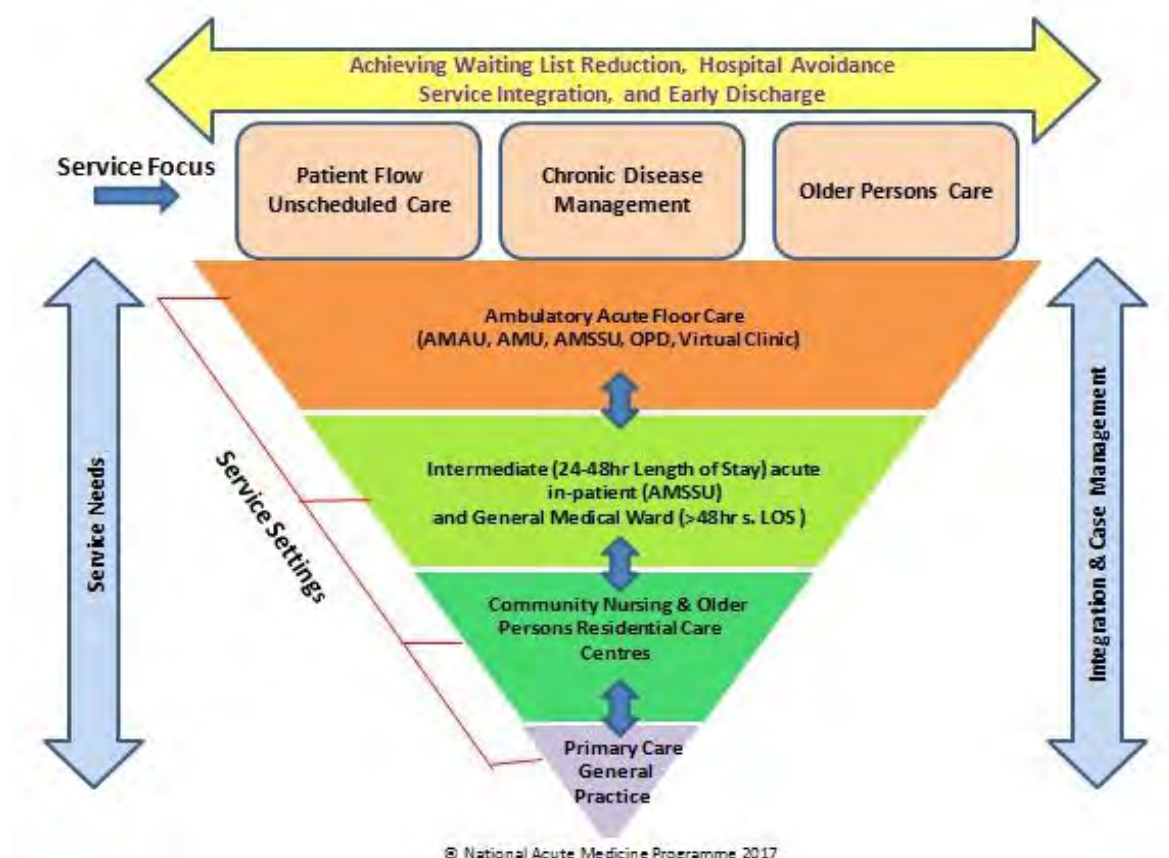
Based on the outcome of the consultation process, the literature review, DoH nursing policy (2017a, 2017b), Department of Health Statement of Strategy (DoH, 2016c), HSE National Integrated Care Programme and National Acute Medicine Programme Models of Care the Expert Group propose a model for RANP acute medicine service in Figure 3.

The model proposes an integrated interdisciplinary team approach to service delivery. Three high impact areas of practice i.e. unscheduled care and patient flow; older persons and management of chronic illness are identified. Focusing practice in these areas lends to achievement of KPIs’ of hospital avoidance, waiting list reduction, service integration and earlier discharge.

Integration occurs at a variety of levels, for example the RANP working as a member of the acute medicine team on the acute floor, acute medical units, ambulatory and short stay in-patient areas, where the greatest proportion of patients will be seen, assessed, diagnosed, discharged and care co-ordinated by the RANP service. The

RANP operates as a senior decision maker working within his or her scope of practice and expertise to ensure patient's access to other professionals, diagnostics and a seamless pathway is followed back into the community.

Figure 3: A Model for RANP Services (acute medicine)



Source: Walsh. R. (2017) National Acute Medicine Programme (Irl). Based on outcome of consultation and communication process

Integration between the acute floor and the longer stay medical patient ward (>48hrs) occurs where more complex, longer stay patients are being referred to the ANP by the consultant at an appropriate time in their care during which the ANP will seek to co-ordinate and lead care, expedite and manage safe discharge back into the community.

Integration, hospital avoidance and improving patient flow is achieved through collaborative working arrangements, including outreach, with community, residential and primary care services effected through virtual clinics, rapid referral, diagnostics

access, assessment and treatment in the AMAU, and through out-reach and in-reach services.

Integrated care pathways which will develop as a result of DoH Advanced Practice Nursing policy implementation may over time lead to changes in the location, role and caseload of the Acute Medicine ANP for example acute medicine ANPs may become based in community and primary care teams providing a front line service and in-reach into the acute medicine unit to maintain and develop competence in more complex patient case management.

Each service will determine the needs of the local population and the service delivery design based on service utilisation data and population health profiles. Referrals to and from the ANP, clinician, health and social care professionals and nursing personnel will enable earlier intervention, improved patient experience and waiting times.

1.9. CONCLUSION

Section 1 Chapter 1 has provided the context for the evolution and progress of acute medicine and acute medicine nursing in Ireland and the necessary supports and pathways toward developing advanced nurse practitioner services. Consultation has demonstrated the high levels of support for developing such services along with the potential range and variety of clinical service areas healthcare organisations can consider in identifying needs and preparing business cases and determining the appropriate integrated approach to RANP service delivery.

Advanced nursing practice in acute medicine will support the NAMP to achieve its desired outcomes for improvements in;

- developing ambulatory care and pathways for hospital avoidance
- increasing same day discharges
- reducing length of in-patient stay
- reducing readmission rates

- improving senior decision maker access
- improving patient satisfaction and experience
- service integration in accordance with the requirements of the national ICPs and CCPs

Aligned to this, advanced nursing practice will provide clinical leadership and a clinical career pathway for nurses in the new speciality of acute medicine nursing thus developing professional and clinical practice, its development being grounded in the health needs of the local population and service users.

Section 2 Chapter 2 provides the nationally agreed cANP job specification templates adapted for acute medicine candidates. It is provided for the services to utilise when further developing the cANP acute medicine / job specification in acute medicine. A Table setting out examples of competencies for caseload development and management is also provided. These competencies can be adapted and added to in agreement with the Director of Nursing, Clinical Supervisor and Local Working Group.

Section 3 Chapter 3 Provides a nationally agreed RANP minimal requirements template further adapted for use by acute medicine RANPs and for the services and candidate or project officer to utilise when developing the RANP acute medicine job description. Tables are provided setting out examples of competencies for RANP practice, potential inclusion and exclusion criteria are also provided. These competencies can be adapted and added to in agreement with the Director of Nursing, and Clinical Supervisor. Examples of Referral, transfer and Discharge pathways developed by an RANP acute medicine are also provided. The Scope of Practice for RANPs is further explored as are the role differential between CNSp and RANPs

Section 4 Chapter 4 Summarises the purpose of this guidance framework and the scope of consultation from which the Guidance Framework has been developed.

2.0. INTRODUCTION

Chapter 2 provides a guide for services to utilise when developing the candidate advanced nurse practitioner (cANP) acute medicine job description and job specification. The national (HSE, 2018) generic job description template for the cANP downloaded from <https://www.hse.ie/eng/about/who/onmsd/advanced-and-specialist-practice/advanced-nursing-and-midwifery-practitioner-role-development.html> has been adapted for acute medicine nursing. This provides a guide for healthcare organisations to utilise when developing a cANP acute medicine job description with examples of potential scope of practice in acute medicine included. Cross reference is also made to the legislation and policy influencing advanced nurse practitioner practice.

The example given below is available from NMPD project officers and is for use (and adaptation in relation to scopes of practice) by Local Working Groups and acute medicine candidates appointed through the DoH demonstrator site project.

2.1. JOB SPECIFICATION, TERMS AND CONDITIONS: cANP ACUTE MEDICINE

Note: This sample is offered by way of offering guidance to organisations developing ANP roles in acute medicine and may be subject to change in line with national guidance.



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Job Title, Grade and Grade Code	<p>Candidate advanced nurse practitioner (cANP) acute medicine</p> <p>Grade Code: 2272</p> <p>The successful candidate will, on completion of the requirements set out in the section entitled Tenure, be appointed to the post of registered advanced nurse practitioner (RANP).</p>
Competition Reference	<i>To be completed by HR Department</i>
Whole Time Equivalent	<i>To be completed by service advertising for the cANP acute medicine</i>
Closing Date	<i>To be completed by HR department</i>
Proposed Interview date(s)	<i>Insert proposed date of interviews</i>
Taking up Appointment	<i>The successful candidate will be required to take up duty no later than.....</i>
Duration of Post	<p>The cANP acute medicine is required to progress to registration with Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) (NMBI) as a registered advanced nurse practitioner (RANP) acute medicine within 3 years of commencement of this post.</p>
Location of Post	<p>(to be completed by service advertising cANP)</p> <p><i>What is the name of the department?</i> <i>Where is the cANP acute medicine located?</i> <i>Which hospital/ service?</i> <i>Which geographical area?</i></p>
Organisational Area	(to be completed by service advertising cANP acute medicine)
Details of Service	<p>(to be completed by service advertising cANP acute medicine)</p> <p>What service does the unit/service/catchment area provide? What client group is served by the unit/service/catchment area? What are the possible future developments for the service? What is the team structure? What area is covered by this service?</p>

	<i>There is no limit to the text that can be inserted here. Please use this section to highlight the service and generate interest in the service and job being recruited for.</i>
Service mission, vision and values	To be completed by the service(s) {Hospital Group and/or CHO area}
Reporting Arrangements	Is professionally accountable to the Assistant Director/Director of Nursing Clinically accountable to the supervising Consultant/Clinical Lead/ GP and/or RANP
Clinical Indemnity	To be completed by the service(s) {Hospital Group and/or CHO area}
Key Working Relationships to include but not limited to	Director/Assistant Director of Nursing RANPs and other nursing grades Nurse Practice Development Co-ordinator Nurse Prescribing site co-ordinator(s) Clinical Supervisor(s) Medical colleagues Interprofessional colleagues Patients/service users/families and/or carers Nursing and Midwifery Board of Ireland Higher Education Institutions Nursing and Midwifery Planning and Development Unit Centres of Nursing and Midwifery Education National Clinical and Integrated Care Programme National Clinical Care Programme Director of Nursing National Leadership and Innovation Centre Other relevant statutory and non-statutory organisations
Clinical Supervision	The cANP acute medicine engages in on-going clinical supervision as per a Service Level Agreement. The structure, process and outcome of clinical supervision must be explicit. The cANP acute medicine maintains a record of clinical supervision in his/her professional practice portfolio.
Purpose of the Post	The main purpose of the post is to develop the candidate's competency, capability and judgements and the local service with supporting documentation under the direction of the Health Care Provider's Advanced Practice Stakeholder Governance Group, to enable the individual nurse to meet the NMBI Criteria for Registration as an ANP acute medicine as set out in

	<p><i>'Advanced Practice (Nursing) Standards and Requirements' (NMBI, 2017).</i></p> <p>The individual will undertake the academic preparation and develop the clinical and leadership skills, competencies and knowledge required to meet the criteria to be registered as a RANP with NMBI. The scope of the cANP role must reflect the incremental development of expertise and as such, the cANP cannot deliver care as an autonomous practitioner.</p> <p>Furthermore, the cANP will develop and submit their personal portfolio and all other necessary documentation to NMBI in order to register as a RANP.</p> <p>The value of the nursing contribution as a distinct profession must be safeguarded and articulated in the development of new services led by advanced nurse practitioners, complementing rather than replacing current services delivered by doctors (NMBI, 2017 p.9).</p> <p>The overall purpose of the post is to provide safe, timely, evidenced based nurse-led care to patients at an advanced nursing level. This involves undertaking and documenting a complete episode of patient care (assess, diagnose, plan, treat and discharge patients) according to collaboratively agreed protocols and scope of practice in the clinical setting; demonstrating advanced clinical and theoretical knowledge, critical thinking, clinical leadership and decision making skills.</p> <p>The advanced practice role demonstrates a high degree of knowledge, skill and experience that is applied within the nurse-patient/client relationship to achieve optimal outcomes through critical analysis, problem solving and accurate decision-making (NMBI, 2017). Central to this is the provision of quality care, a safe environment and processes for patients by the use of evidence based clinical guidelines that address patient expectations, promote wellness and evaluate care given.</p> <p>The role will provide clinical leadership and professional scholarship in order to develop nursing practice and health policy at local, regional and national level. The role will contribute to nursing research to shape and advance nursing practice, education and health care policy at local, national and international levels.</p> <p>Insert as appropriate to the cANP acute medicine service additional requirements to support the purpose of the advanced practice nursing service or speciality.</p>
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Principle Duties and Responsibilities	<p>The post holder's practice is based on developing a higher level of capability across the six domains of competences as defined by Bord Altranais agus Cnáimhseachais na hÉireann Advanced Practice (Nursing) Standards and Requirements (NMBI, 2017).</p> <p>The domains are:</p> <ul style="list-style-type: none"> • Professional Values and Conduct • Clinical-Decision Making • Knowledge and Cognitive Competences • Communication and Interpersonal Competences • Management and Team Competences • Leadership and Professional Scholarship Competences <p>Domain 1: Professional Values and Conduct</p> <p>Standard 1</p> <p>The cANP acute medicine will gain increased competence in applying ethically sound solutions to complex issues related to individuals and populations by:</p> <ul style="list-style-type: none"> • Demonstrating accountability and responsibility for professional practice as a lead healthcare professional in the care of patients in acute medicine. • Collaborating with his/her supervisor and local stakeholder group to scope the caseload and scope of practice for the RANP acute medicine. • Collaborating with his/her supervisor and local stakeholder group to determine the inclusion criteria for the cANP acute medicine case load. • Collaborating with his/her supervisor and local stakeholder group to determine the exclusion criteria for the cANP acute medicine case load. • Articulating safe boundaries and engaging in timely referral and collaboration for those areas outside his/her scope of practice, experience, and competence by establishing, in collaboration with key stakeholders, referral pathways and locally agreed policies, procedures, protocols and guidelines to support and guide the cANP acute medicine service • Demonstrating leadership by practising compassionately to facilitate, optimise, promote and support the health, comfort, quality of life and wellbeing of persons whose
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	<p>lives are affected by altered health, chronic disorders, disability, distress or life-limiting conditions.</p> <ul style="list-style-type: none"> • Selecting a professional practice model that provides him/her latitude to control his/her own practice, focusing on person centred care, interpersonal interactions and the promotion of healing environments. The chosen professional practice model for nursing will emphasise a caring therapeutic relationship between the cANP/RANP acute medicine and his/her patients, recognising that cANPs/RANPs work in partnership with their multidisciplinary colleagues. • Articulating and promoting the advanced practice nursing service in clinical, political and professional contexts (for example presenting key performance outcomes locally and nationally; contributing to the service's annual report; participating in local and national committees to ensure best practice as per the National Acute Medicine Programme and relevant Integrated Care Programme). <p>Domain 2: Clinical-Decision Making Competences Standard 2</p> <p>Clinical-Decision Making</p> <p>The cANP acute medicine will enhance his/her advanced knowledge, skills, and abilities to engage in senior clinical decision-making by increasing his/her capability to:</p> <ul style="list-style-type: none"> • Conduct a comprehensive holistic health assessment using evidenced based frameworks, policies, procedures, protocols and guidelines to aid and assist and support determination of differential diagnoses and inform autonomous advanced nursing care in acute medicine. • Synthesise and interpret assessment information particularly history including prior treatment outcomes, physical findings and diagnostic data to identify normal, at risk and subnormal states of health. • Demonstrate timely use of diagnostic investigation to inform clinical-decision making and synthesis and interpret assessment information to identify normal, at risk and subnormal states of health. • Exhibit comprehensive knowledge of therapeutic interventions including pharmacological and non-pharmacological advanced nursing interventions,
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	<p>supported by evidence-based policies, procedures, protocols, and guidelines, relevant legislation, and relevant professional regulatory standards and requirements.</p> <ul style="list-style-type: none"> • Initiate and implement health promotion activities and self-management plans in accordance with the wider public health agenda. • Discharge patients from the service as per an agreed supporting policy, procedure, protocols, guidelines and referral pathways. <p>Domain 3: Knowledge and Cognitive Competences Standard 3</p> <p>The cANP acute medicine will actively contribute to the professional body of knowledge related to his/her area of advanced practice by enhancing his/her capability to:</p> <ul style="list-style-type: none"> • Provide leadership in the translation of new knowledge to clinical practice (for example teaching sessions; journal clubs; case reviews; facilitating clinical supervision to other members of the team). • Educate others using an advanced expert knowledge base derived from clinical experience, on-going reflection, clinical supervision and engagement in continuous professional development. • Demonstrate a vision for advanced practice nursing based on service need and a competent expert knowledge base that is developed through research, critical thinking, and experiential learning. • Demonstrate accountability in considering access, cost and clinical effectiveness when planning, delivering and evaluating care (for example key performance areas, key performance indicators, metrics). <p>Domain 4: Communication and Interpersonal Competences Standard 4</p> <p>The cANP acute medicine will negotiate and advocate with other health professionals to ensure the beliefs, rights and wishes of the person are respected by gaining increased competence and capability to:</p>
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	<ul style="list-style-type: none"> • Communicate effectively with the healthcare team through sharing of information in accordance with legal, professional and regulatory requirements as per established referral pathways. • Demonstrate leadership in professional practice by using professional language (verbally and in writing) that represents the plan of care, which is developed in collaboration with the person and shared with the other members of the inter-professional team as per the organisation's policies, procedures, protocols and guidelines. • Facilitate clinical supervision and mentorship through utilising one's expert knowledge and clinical competences. • Utilise information technology, in accordance with legislation and organisational policies, procedures, protocols and guidelines to record all aspects of advanced nursing care. <p>Domain 5: Management and Team Competences Standard 5</p> <p>The cANP acute medicine will manage risk to those who access the service through collaborative risk assessments and promotion of a safe environment by:</p> <ul style="list-style-type: none"> • Promoting a culture of quality care. • Proactively seeking feedback from persons receiving care, families and staff on their experiences and suggestions for improvement. • Implementing practice changes using negotiation and consensus building, in collaboration with the multidisciplinary team and persons receiving care. <p>Domain 6: Leadership and Professional Scholarship Competences Standard 6</p> <p>The cANP acute medicine will lead in multidisciplinary team planning for transitions across the continuum of care by enhancing his/her competence and capability to:</p> <ul style="list-style-type: none"> • Demonstrate clinical leadership in the design and evaluation of services (for example findings from
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	<p>research, audit, metrics and new evidence).</p> <ul style="list-style-type: none"> • Engage in health policy development, implementation, and evaluation (for example key performance indicators from National Clinical and Integrated Care Programme/ HSE national service plan/ local service need to influence and shape the future development and direction of advanced practice in acute medicine). • Identify gaps in the provision of care and services pertaining to his/her area of advanced practice and expand the service to enhance the quality, effectiveness and safety of the service in response to emerging healthcare needs. • Lead in managing and implementing change. <p>Advanced Practice Performance Management and Evaluation</p> <p>Performance Indicators (PI's) are required to evaluate nursing interventions and implement initiatives to improve quality and quantity of the nursing care provided. They should have a clinical nursing focus as well as a breakdown of activity, including patients seen and treated. In addition, they identify areas of good practice that must be recognised and celebrated (HSE, 2015).</p> <p>In collaboration with the Director of Nursing, the cANP acute medicine will identify and develop Nursing PI's for their area of practice, collect and collate data which will provide evidence of the impact and effectiveness of the interventions undertaken.</p> <p>The Department of Health (2017) <i>Framework for National Performance Indicators for Nursing and Midwifery</i> provides a guiding framework for the development of Nursing and Midwifery PI's.</p> <p>A minimum data set collection system – termed 'Monthly Intervention and Activity' – has been developed by the Nursing Policy Division Department of Health in 2018 in order to collect activity and intervention from ANP candidates participating in the demonstrator sites. This data suite may be amended as further refinement and identification of outcome indicators occurs through the evaluation of the policy for advanced practice.</p> <p>This data collection system is underpinned by the performance indicators (PI's) of the National Integrated Care and Clinical</p>
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	<p>Care Programmes. In addition to these PI's the nursing intervention is also captured so as to demonstrate the impact of nursing on the four principle outcomes of the policy.</p> <p>The information derived from the data collection system will demonstrate the impact of the cANPs on the key principles of the policy i.e.</p> <ul style="list-style-type: none"> • Access and Choice • Waiting list reduction • Hospital Avoidance • Patient flow. <p>Insert as appropriate to the cANP acute medicine service additional PIs as agreed with the Director of Nursing</p> <p>The cANP acute medicine will evaluate audit results and research findings to identify areas for quality improvement in collaboration with nursing management and multidisciplinary team colleagues (primary and secondary care).</p> <p>Professional / Clinical</p> <p>The cANP acute medicine will practice nursing according to:</p> <ul style="list-style-type: none"> • Professional clinical guidelines. • National Health Policy. • Local, national, and international evidenced based policies procedures, protocols and clinical pathways and guidelines e.g. COPD, DVT, Syncope, Epilepsy. • Current legislation. • Values for Nursing and Midwifery – Care, Compassion and Commitment (DoH, 2016). <p>During the candidacy period in preparation for registration the cANP is expected to attain, and provide evidence of, a minimum of 500 clinical hours at supervised advanced practice level in acute medicine nursing.</p> <p>Education and Training</p> <p>The cANP acute medicine will:</p> <ul style="list-style-type: none"> • Contribute to service development through appropriate continuous education, research initiatives, keeping up to date with nursing and clinical literature, recent clinical research and new developments in nursing practice, best clinical practice, education and management.
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	<ul style="list-style-type: none"> • Provide support and advice to those engaging in continuous professional development in his/her area of advanced nursing practice.
Legislation , regulations, policies and guidelines	<p>The cANP acute medicine practices nursing according to:</p> <p><i>Note: The list below is given as an example and should be retained or removed as appropriate. For further examples refer to Appendix 4, Legislation, Rules, Regulations & Guidelines Governing Nursing / Midwifery Practice for the cANP acute medicine service)</i></p> <ul style="list-style-type: none"> • The Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives (NMBI, 2014) • Scope of Nursing and Midwifery Practice Framework (NMBI, 2015) • Values for Nurses and Midwives in Ireland – Care, Compassion and Commitment (DoH, 2016) • Practice Standards and Guidelines for Nurses and Midwives with Prescriptive Authority (NMBI, 2018). • Advanced Practice Nursing Standards and Requirements (NMBI, 2017). • Current legislation <i>(Insert as appropriate to the RANP acute medicine service)</i> for example: <ul style="list-style-type: none"> – Government of Ireland (2013) Protection of Life During Pregnancy Act, No. 25 of 2013 – Government of Ireland (2015), Assisted Decision-Making Capacity Act • National Health Policies, Procedures and Clinical Guidelines (latest versions) <i>(Insert as appropriate to the cANP acute medicine service and scope of practice)</i> for example: <ul style="list-style-type: none"> – HSE: (2013, revised 2016) National Consent Policy) – Department of Health (2013, amended 2014) National Clinical Guideline No.1. National Early Warning Score – Department of Health (2014). National Clinical Guideline No. 6. Sepsis Management – HSE (2013). Open Disclosure National Policy • Local, regional, national and international clinical policies, procedures, protocols and guidelines <i>(Insert as appropriate to the cANP acute medicine service and scope of practice)</i> for example: <ul style="list-style-type: none"> – AHA/ASA Guideline (2009) Definition and Evaluation

	<p>of Transient Ischemic Attack. A Scientific Statement for Healthcare Professionals From the American Heart Association/American Stroke Association Stroke Council; Council on Cardiovascular Surgery and Anaesthesia; Council on Cardiovascular Radiology and Intervention; Council on Cardiovascular Nursing; and the Interdisciplinary Council on Peripheral Vascular Disease</p> <ul style="list-style-type: none"> – AHA/ASA Guideline (2014) Guidelines for the Prevention of Stroke in Patients with Stroke and Transient Ischemic Attack A Guideline for Healthcare Professionals From the American Heart Association/American Stroke Association – American College of Chest Physicians Evidence-Based Clinical Practice Guidelines (2012) Antithrombotic Therapy and Prevention of Thrombosis: 9th Ed. – British Thoracic Society guidelines for the management of community acquired pneumonia in adults: update 2009 – British Thoracic Society guidelines in the management of COPD and Asthma – College of Emergency Medicine (CEM), Guideline for the Management of First Seizure in the Emergency Department (2009) – European Society of Cardiology (2009) Guidelines for the diagnosis and management of syncope – Global initiative for chronic obstructive lung disease (GOLD) (2015) A pocket guide for COPD diagnosis, management and prevention – Global Initiative for Asthma (2015) (GINA) A pocket guide for Physicians and Nurses – Health Service Executive (2008). Strategy to Prevent Falls and Fractures in Ireland's Ageing Population - Report of the National Steering Group on the Prevention of Falls in Older People and the Prevention and Management of Osteoporosis throughout Life. – NICE Guideline (2012) Acute upper gastrointestinal
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	<p>bleeding in over 16s: Management</p> <ul style="list-style-type: none"> – NICE Guideline (2013) Quality standard for diagnosis and management of venous thromboembolic diseases – NICE Guideline (2015) Chronic obstructive pulmonary disease in over 16s: diagnosis and management – NICE Guideline (2018). Delirium in adults. Quality Standard. – Royal College of Physicians (2012) Acute care toolkit 3: Acute medical care for frail older people – SIGN Guideline (2008) Management of acute upper and lower gastrointestinal bleeding A national clinical guideline – SIGN Guideline (2012) Management of Suspected bacterial urinary tract infection in adults – Society of Acute Medicine U.K. (2013) An integrated career and competency framework for registered nurses in acute medicine
Professional Practice Portfolio	<p>The cANP acute medicine must develop a professional practice portfolio, incorporating evidence of learning from continuing professional development, clinical supervision, reflective practice and review of his/her own scope of practice in accordance with regulatory requirements and service need.</p> <p>Note: NMBI information on portfolio development is available at: https://www.nmbi.ie</p> <hr/>
Health and Safety	<p>Health & Safety</p> <p>The cANP acute medicine will:</p> <ul style="list-style-type: none"> • Ensure adherence to established policies and procedures e.g. health and safety, infection control, storage and use of controlled drugs etc. • Ensure completion of incident and near miss forms. • Ensure adherence to department policies in relation to the care and safety of any equipment supplied for the fulfilment of duty. • Have a working knowledge of the Health Information and Quality Authority (HIQA) Standards or Mental Health

	<p>registered.</p> <p>OR</p> <p>In recognition of services that span several patient/client groups and/or division(s) of the register, provide evidence of validated competences relevant to the context of practice</p> <p>AND</p> <p>iii. Have a broad base of clinical experience relevant to the advanced field of practice. (Note: this may include relevant current clinical experience in a specialist area relevant to acute medicine e.g. ambulatory, acute or chronic medicine, gerontology, and emergency, critical care, coronary care and /or, community intervention team)</p> <p>AND</p> <p>iv. Be eligible to undertake a Master's Degree (or higher) in Nursing or a Master's Degree, which is relevant, or applicable, to the advanced field of practice. E.g. acute medicine, emergency, critical care, coronary care, gerontology. The Master's programme must be at Level 9 on the National Framework of Qualifications (Quality & Qualifications Ireland) or equivalent. Educational preparation must include at least three modular components pertaining to the relevant area of advanced practice, in addition to clinical practicum.</p> <p>OR</p> <p>v. Be currently undertaking a Master's Degree in Nursing (Advanced Practice Pathway) <u>or be eligible</u> to register to undertake additional Level 9 National Framework of Qualifications (Quality and Qualifications Ireland) specific modules of a Master's Degree in Nursing (Advanced Practice Pathway) within an agreed timeframe. Educational preparation must include at least three modular components pertaining to the relevant area of advanced practice, in addition to clinical practicum, e.g. acute medicine, emergency, critical care, coronary care, gerontology.</p> <p>OR</p> <p>vi. Possess a Master's Degree (or higher) in Nursing or a</p>
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	<p>Master's Degree which is relevant, or applicable, to the advanced field of practice, e.g. acute medicine, emergency, critical care, coronary care, gerontology. The Master's programme must be at Level 9 on the National Framework of Qualifications (Quality & Qualifications Ireland), or equivalent. Educational preparation must include at least three modular components pertaining to the relevant area of advanced practice, in addition to clinical practicum.</p> <p>AND</p> <p>b) Candidates must possess the requisite knowledge and ability including a high standard of suitability and clinical, professional and administrative capacity to properly discharge the functions of the role.</p> <p><u>Annual registration</u></p> <p>i. Practitioners must maintain active annual registration on the appropriate/relevant Division of the register of Nurses and Midwives maintained by the Nursing and Midwifery Board of Ireland (Bord Altranais agus Cnáimhseachais na hÉireann) for the role</p> <p>AND</p> <p>ii. Confirm annual registration with NMBI to the HSE by way of the annual Patient Safety Assurance Certificate (PSAC).</p> <p><u>Age</u></p> <p>Age restriction shall only apply to a candidate where s/he is not classified as a new entrant (within the meaning of the Public Service Superannuation (Miscellaneous Provisions) Act, 2004). A candidate who is not classified as a new entrant must be under 65 years of age on the first day of the month in which the latest date for receiving completed application forms for the office occurs.</p> <p><u>Health</u></p> <p>Candidates for and any person holding the office must be fully competent and capable of undertaking the duties attached to the office and be in a state of health such as would indicate a reasonable prospect of ability to render regular and efficient service.</p> <p><u>Character</u></p>
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	Candidates for and any person holding the office must be of good character.
Post Specific Requirements, additional qualifications and or experience required	<p>The organisation will consider the post specific requirements, additional qualifications and /or clinical experience required in developing the specific cANP acute medicine Service.</p> <p>The following service specific requirements, additional qualifications and/or experience are offered for consideration in developing the cANP acute medicine job description as per the agreed scope of practice for the agreed local caseload.</p> <ul style="list-style-type: none"> • Be a registered nurse prescriber (RNP) in nurse prescribing of medicinal products. • Have completed the Certificate in Prescribing Ionising Radiation. <p>OR</p> <ul style="list-style-type: none"> • Agree to undertake the above two programmes within an agreed timeframe as specified by the Director of Nursing. <p>AND</p> <p>The cANP acute medicine will develop competency to:</p> <p><i>Insert as appropriate the competencies specified as within the agreed scope of practice for the cANP acute medicine. See Table 2, Section 2.2. for examples relevant to cANP acute medicine.</i></p> <p>Note: This is not an exhaustive list and may be added to as determined by the local service need, scope of practice and agreed caseload (Casey et al 2016, ONMSD / NAMP 2016).</p>
Essential Skills, competencies and /or knowledge	<p>Demonstrate the specialist knowledge and clinical skills in the specific area of practice acute medicine.</p> <p>Candidates Advanced Practice acute medicine must demonstrate:</p> <ul style="list-style-type: none"> • The ability to lead on clinical practice and service quality • Promotion of evidence-based decision making • Practitioner competence and professionalism. • The ability to plan and manage effectively • The ability to build, lead and manage a team(s) • Strong interpersonal skills including the ability to build and maintain relationships • Strong communication and influencing skills • Commitment to providing a quality service

	<ul style="list-style-type: none"> • Strong problem solving and decision making skills • Initiative and innovation in the delivery of service • Resilience and composure • Openness to change • Integrity and ethical stance • A commitment to continuing professional development • The ability to relate nursing research to nursing practice • Knowledge of quality assurance practices and their application to nursing procedures • An awareness of HR policies and procedures including disciplinary procedures • An awareness of relevant legislation and policy, for example; legislation relevant to the service area, health and safety, infection control etc. • An awareness of current and emerging strategies and policies in relation to the clinical or designated area • A willingness to develop IT skills relevant to the role • The ability to participate in the service planning and development process.
Other requirements specific to the post	<p><i>Please outline the specific criteria that are specific to the post, e.g. access to transport as post</i></p> <p><i>e.g. A full driving licence is required as the functions of the post will require frequent travel</i></p>
Competition Specific Selection Process Short listing / Interview	<p>Campaign Specific Selection Process</p> <p>(<i>Insert here if relevant</i> essential competition specific requirements e.g. competency based application form, keyboard test, psychometric testing, completion of a presentation at the interview, job simulation exercise etc.). These can be discussed and agreed with your HR Department.</p> <p>A ranking and or shortlisting exercise may be carried out on the basis of information supplied in your application form. The criteria for ranking and or shortlisting are based on the requirements of the post as outlined in the eligibility criteria and skills, competencies and/or knowledge section of this job specification. Therefore it is very important that you think about your experience in light of those requirements.</p> <p>Failure to include information regarding these requirements may result in you not being called forward to the next stage of the selection process.</p> <p>Those successful at the ranking stage of this process (where applied) will be placed on an order of merit and will be called to interview in 'bands' depending on the service needs of the</p>

	<p>organisation.</p> <p><i>Candidates who are successful at interview and subsequently meet the necessary registration requirements with NMBI will automatically be upgraded into the prepared registered advanced nurse practitioner post.</i></p>
Code of Practice	<p>The Health Service Executive will run this campaign in compliance with the Code of Practice prepared by the Commission for Public Service Appointments (CPSA). The Code of Practice sets out how the core principles of probity, merit, equity and fairness might be applied on a principle basis. The Code also specifies the responsibilities placed on candidates, feedback facilities for candidates on matters relating to their application, when requested, and outlines procedures in relation to requests for a review of the recruitment and selection process, and review in relation to allegations of a breach of the Code of Practice. Additional information on the HSE's review process is available in the document posted with each vacancy entitled "Code Of Practice, Information For Candidates".</p> <p>Codes of Practice are published by the CPSA and are available on www.hse.ie in the document posted with each vacancy entitled "Code of Practice, Information For Candidates" or on www.cpsa.ie.</p>
<p>The reform programme outlined for the health services may impact on this role and as structures change the job description may be reviewed.</p> <p>This job description is a guide to the general range of duties assigned to the post holder. It is intended to be neither definitive nor restrictive and is subject to periodic review with the employee concerned.</p>	
Tenure	<p>The appointment is whole-time and the candidate ANP acute medicine is required to have progressed to being eligible to be a registered ANP acute medicine with the NMBI within 3 years of commencement of the post.</p> <p>Given the developmental nature of this service the successful advanced nurse practitioner candidate will be required to adhere to the terms as set out below which are specific to this appointment.</p> <ul style="list-style-type: none"> • In line with requirements and standards set out by NMBI (2017) Advanced Practice (Nursing) Standards and Requirements the successful candidate will be required to engage in a process of self-development and structured education and clinical supervision specific to acute medicine in order to develop advanced clinical nursing

	<p>knowledge and critical thinking skills to gain competence necessary to independently provide efficient, effective, safe patient care to a specific caseload which has been previously agreed.</p> <ul style="list-style-type: none"> • The cANP acute medicine is expected to demonstrate the core and specific competencies deemed necessary to manage the particular scope of practice and must undertake formal competency assessment to an agreed standard in order to progress towards submission of a personal portfolio to the NMBI for registration as a RANP acute medicine. • The timeframe for submission of the individual portfolio will be agreed with the Director of Nursing and relevant clinical lead in order to progress the development of an ANP service (where none exists) and facilitate the strategic development of future ANP candidates acute medicine and additional patient services. • On successful completion of the above requirements and on acquiring registration with NMBI as an RANP acute medicine the candidate will be appointed as an RANP in a permanent capacity. • Failure to successfully achieve essential milestones (outlined above) within an agreed timeframe will result in termination of the ANP career pathway and return to a previously held substantive post OR re-deployment within the organisation. <p>Appointment as an employee of the HSE is governed by the Health Act 2004 and the Public Service Management (Recruitment and Appointment) Act 2004.</p>
Remuneration	<p>The salary scale for this post is in accordance with HSE approved salary scales.</p> <p><i>Candidates who are successful at interview and subsequently meet the necessary registration requirements with NMBI will automatically be appointed into the approved post of RANP acute medicine.</i></p>
Working Week	<p>The standard working week applying to the post is: 39 hours HSE Circular 003-2009 "Matching Working Patterns to Service Needs (Extended Working Day / Week Arrangements); Framework for Implementation of Clause 30.4 of Towards 2016" applies. Under the terms of this circular, all new entrants and staff appointed to promotional posts from Dec 16th 2008 will be required to work agreed roster / on call arrangements as advised</p>

	by their line manager. Contracted hours of work are liable to change between the hours of 8am-8pm over seven days to meet the requirements for extended day services in accordance with the terms of the Framework Agreement (Implementation of Clause 30.4 of Towards 2016).
Annual Leave	The annual leave associated with the post is in accordance with approved HSE policy
Superannuation	All pensionable staff become members of the pension scheme. Applicants for posts in the mental health service are advised that Section 65 of the Mental Treatment Act, 1945, <u>does not</u> apply to new entrants to the mental health services as defined by the Public Service Superannuation (Miscellaneous Provisions) Act, 2004 (Section 12 of that Act) New entrants
Probation	Every appointment of a person who is not already a permanent officer of the HSE or of a local authority shall be subject to a probationary period of 12 months.
Protection of Persons Reporting Child Abuse Act 1998	This post is one of those designated in accordance with Section 2 of the Protection of Persons Reporting Child Abuse Act, 1998. You will remain a designated officer for the duration of your appointment in this post or for the duration of your appointment to such other post as is included in the categories specified in the ministerial direction. Such officers will, on receiving a report of child abuse, formally notify the senior social worker in the community care area in which the child is living.
<p>With effect from the 1st April 2005, recruitment for appointments to positions in the HSE is subject to the provisions of the Public Service Management (Recruitment and Appointments) Act, 2004 (the Act) and is regulated by the <u>Commission for Public Service Appointments (CPSA.)</u> Appointments to positions in the HSE, apart from those positions which are subject to the local authorities (officers and employees) Act 1926, are subject to the Codes of Practice published by the CPSA. The Codes of Practice set out how the core of principles of probity, merit, equity and fairness might be applied on a principle basis. http://www.hse.ie/eng/staff/Jobs/Recruitmentlicence/</p> <p>The above Job Description is not intended to be a comprehensive list of all duties involved and consequently, the cANP acute medicine may be required to perform other duties as appropriate to the service, which may be assigned to him/her from time to time, which contribute to the <i>development of the registered advanced nurse practitioner service while in office.</i></p>	

2.2. COMPETENCY DEVELOPMENT FOR CASELOAD

The cANP scope of practice is evolving, as is this profession in nursing and in doing so the cANP may be required to obtain additional competencies over and above those deemed essential for practice. Casey *et al* (2016) provides a Skills and Competency Directory of those skills and competencies identified through research as relevant and necessary for acute medicine nurses at advanced practice levels in Ireland.

Autonomy refers to a nurse's or midwife's ability to "make some decisions within their own profession and their right and responsibility to act according to the shared standards of that profession" (Varjus *et al* 2010, NMBI 2015a). Professional autonomy stems from the ability to use various kinds of knowledge in a critical manner, which offers safe, quality health care to patients. Individual levels of autonomy can vary depending on legislative, organisational and individual factors (Casey *et al* 2016). The concepts of responsibility, accountability and autonomy are intrinsically linked in determining the scope of nursing practice and undertaking duties and responsibilities. The RANP acute medicine is required to demonstrate exemplary knowledge, skill and judgement which distinguish the role as one of informed authority and leadership in the area of acute medicine nursing (NCNM, 2008a). This is achieved through taking responsibility and accountability for a defined caseload of patients within an agreed scope of practice.

RANPs are required to initiate and co-ordinate nursing audit and research. They identify and integrate nursing research in areas of the healthcare environment that can incorporate best evidence-based practice to meet patient/client and service need. They are required to carry out nursing research which contributes to quality patient/client care and which advances nursing and health policy development, implementation and evaluation. They demonstrate accountability by initiating and participating in audit of their practice. The application of evidence based practice, audit and research will inform and evaluate practice and thus contribute to the professional body of nursing knowledge both nationally and internationally (NCNM, 2008a). The RANP acute medicine will identify research priorities in their area of practice to improve services and patient outcomes.

RANPs are pioneers and clinical leaders in that they initiate and implement changes in healthcare service in response to patient/client need and service demand. They have a vision of areas of nursing practice that can be developed beyond the current scope of nursing practice. They provide new and additional health services to many communities in collaboration with other healthcare professionals to meet a growing need that is identified both locally and nationally by healthcare management and governmental organisations. RANPs participate in educating nursing staff and other healthcare professionals through role-modelling, mentoring, sharing and facilitating the exchange of knowledge both in the classroom, the clinical area and the wider community (NCNM, 2008a).

Advanced practice in acute medicine requires a broad scope of practice to provide care at incremental levels of complexity across a broad range of settings from initial patient presentation through to discharge and follow up.

Identifying competency development requirements and associated case complexity requires analysis of local presenting population needs. Hospitals have available to them NQAIS Clinical which provides the data necessary to support candidates and local working groups identify reasons for admission, diagnosis on discharge, age profiles routes of admission of all medical patient including those admitted and discharged from acute medical units, and length of stay. **Table 1** below for example provides the top 30 medical clinical diagnoses on discharge for all medical in patients (including) acute medical unit patients discharged in 2017. These top thirty diagnoses accounted for 155,000 out of the total 231,000 discharges.

Identifying data specific to acute medicine will assist further refinement of potential areas for candidate and advanced nurse practice across a broad range of clinical conditions and levels of complexity. Applying the U.K. Ambulatory Emergency Care guidelines for example to the national discharge data indicates that 91,840 of all discharges in 2017 could potentially have been managed on emergency presentation in the first instance under nurse led care pathways and not required admission.

Table 1: Top 30 medical diagnoses on discharge from acute hospitals Ireland 2017

Disease Grouping	Primary Diagnosis	Discharges 2017
Cardiovascular	Chest pain nonspecific	14804
Respiratory	COPD & bronchiectasis	13086
Respiratory	Lwr respiratory infection other	11162
Respiratory	Pneumonia - non TB/STD	10468
Renal/urogenital	Urinary tract infection	9403
Cardiovascular	Cardiac dysrhythmia	9165
Neurological	Headache	8017
Other	Syncope	7932
Cardiovascular	Acute myocardial infarction	5663
Cardiovascular	Congestive heart failure	5280
Cardiovascular	Coronary atherosclerosis	5250
Neurological	Epilepsy	4802
Cardiovascular	Stroke ischaemic	4209
Musculoskeletal	Connective Tissue Other	4175
Neurological	Conditions assoc with vertigo	3789
Gastrointestinal	Intestinal infection	3549
Neurological	Nervous system other	3495
Haematological	Anemia other	2975
Cardiovascular	Transient cerebral ischaemia (IS THIS TIA?)	2806
Infection	Septic agent	2779
Endocrine	Diabetes with complication	2550
Respiratory	Upper respiratory disease other	2300
Respiratory	Lower respiratory disease other	2139
Mental health	Alcohol-related mental disorders	2111
Renal/urogenital	Renal failure acute	2059
Endocrine	Fluid & electrolyte	2005
Respiratory	Asthma	1968
Cardiovascular	Circulatory disorders other	1949
Cardiovascular	Hypertension - essential	1932
Dermatological	Skin infection	1899
Cardiovascular (40)	Thromboembolism	1462
		155184

Source: NQAIS Clinical. September 2018

Based on the above table, consultation conducted during the course of this work, and previous work by Casey et al (2016) **Table 2** below is presented as a non exhaustive, and non prescriptive example of skills and competencies to be developed by acute medicine candidate ANPs. It is suitable for adaptation for inclusion in the "Additional Qualifications and Experience" section of the candidate job description to support case load development and management.

Additional skills and competencies development needs may be identified and agreed at a local level for as required where caseload proposes to include in patients with increased dependency / complexity or joint hospital / community appointments for example. These additional skills and competency will need to be included in the

candidate job descriptions and later in the determination of inclusion and exclusion criteria in the RANP job description and caseload.

**Table 2: Competencies for Case Load Development and Management cANP
Acute medicine**

General	<p>The following service specific requirements, additional qualifications and/or experience are offered for consideration in developing the cANP acute medicine job description as per the scope of practice for the agreed local caseload. For reference on the skills and competencies deemed appropriate and required (not exhaustive) in developing the capability of cANP and RANP services see Casey et al (2016).</p> <p>The cANP acute medicine will develop competence and capability to: <i>(From the following copy and paste and adapt for insertion into the post specific requirements, additional qualifications and / or experience required section of the candidate job description as relevant to the scope of practice and agreed caseload of the cANP acute medicine)</i></p> <p>Note: Clinical competencies will require adherence to local health care organisation policy and PPPGs</p> <p>Determine the priority for attention of patients attending utilising agreed Triage Assessment tools.</p> <p>Undertake Rapid Systematic Assessment (whole patient assessment from emotional, psychological, physical and spiritual perspectives) to aid cANP form differential diagnoses, plan care, formulate treatment plans, admit/ discharge and follow up with patients.</p> <p>Utilise screening tools to support clinical decisions, interpretation of findings and management e.g: 4AT (Delirium Screening Tool), MoCA Montreal Cognitive Assessment tool, Mini Mental State Examination (MMSE), falls, Waterlow Score, frailty, continence, Glasgow Coma Scale Score, NEWS, iMEWS, Sepsis Six)</p> <p>Recognise and initiate immediate care of the deteriorating patient</p> <p>Undertake Venepuncture and Cannulation and 1st dose IV</p>
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	<p>medications as appropriate under per local policy and PPPGs</p> <p>Undertake blood culture sampling and act on results</p> <p>Undertake arterial and venous blood gas sampling and interpretation.</p> <p>Act on all diagnostic results obtained for patients in his / her caseload</p> <p>Contribute to effective patient flow.</p> <p>Undertake prescribing of medicinal products within the limits of the locally defined governance and collaborative agreements, and request ionising radiation diagnostic tests where clinically indicated</p>
Clinical Condition Specific Competency	<p>Care of Cardiac Patients</p> <p>The candidate acute medicine will develop competencies in the care of cardiac patients which will include but is not limited to the following which are provided as guidance:</p> <ul style="list-style-type: none"> • Lead & initiate first steps of caring for patients with chest pain as per local, national and international policies, procedures and evidence based clinical guidelines. • Complete the ACLS provider course (and re-certify every 2 years) as appropriate. • Competence in the management of anaphylaxis. • Perform 12-lead ECG and rhythm strip. • Undertake arterial blood gas extraction and interpretation. • Undertake and interpret Doppler's (limb) and actions results. • Refer patients for Holter monitoring, ECHO cardiograph etc. <p>Care of patients with Respiratory Conditions</p> <p>The candidate acute medicine will develop competencies in the care of respiratory patients which will include but is not limited to the following which are provided as guidance:</p> <ul style="list-style-type: none"> • Initiate specialist respiratory protocols e.g. acute asthma, exacerbation of COPD in accordance with ANP scope of practice.

- Provide respiratory support skills initiation, titration and weaning of non-invasive ventilation i.e. CPAP, BIPAP, NIPPV in accordance with cANP scope of practice.

Care of patients with gastrointestinal conditions

The candidate acute medicine will develop competencies in the care of patients with gastrointestinal complaints which will include but is not limited to the following which are provided as guidance:

- Undertake Peg tube re-insertion in accordance with ANP scope of practice and local policies.
- Be familiar with risk assessment scores for patients presenting with suspected gastrointestinal bleeding i.e. Rockall Score and Glasgow Blatchford Scores.

Care of patients with urological conditions

The candidate acute medicine will develop competencies in the care of patients with urological complaints which will include but is not limited to the following which are provided as guidance:

- Undertake male and female urinary catheterisation in accordance with ANP scope of practice and local policies.

Care of patients with neurological deficit

The candidate acute medicine will develop competencies in the care of patients with neurological deficit which will include but is not limited to the following which are provided as guidance:

- Act on findings and Glasgow Coma Scale Score.
- Initiate acute stroke protocol.
- Request CT, MRI, EEG, and nerve conduction studies within agreed ANP Scope of Practice.
- Initiate delirium assessment and act on findings

Care of frail older adults

The candidate acute medicine will develop competencies in the care of frail older adults which will include but is not limited to the following which are provided as guidance:

	<ul style="list-style-type: none"> • Develop an understanding of frailty as a long term condition. • Screen for and identify frailty utilising a validated screening tool e.g. Rockwood Clinical Frailty Scale. • Initiate a comprehensive geriatric assessment (CGA) focussed on determining a frail older person's medical, psychological, functional capability and social circumstances. • Refer to the interdisciplinary team for support as indicated. <p>Care of patients with mental health illness</p> <p>The candidate acute medicine will develop competencies in the care of patients with Mental Health problems which will include but is not limited to the following which are provided as guidance:</p> <ul style="list-style-type: none"> • Undertake preliminary mental health status examination utilising appropriate assessment tools. • Make appropriate referrals. • Recognise and initiate management of delirium. <p>Note: This is neither an exhaustive or restrictive list and may be added to as determined by the local service need, scope of practice and agreed caseload (Casey et al, 2016, ONMSD / NAMP 2016).</p>
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3.0. GUIDANCE FOR THE DEVELOPMENT OF JOB DESCRIPTION FOR RANP (ACUTE MEDICINE)

Chapter three provides a template for completion by organisation when developing the registered advanced nurse practitioner job description where a candidate ANP is formally recruited into his / her position. The template used here is based on the format recommended by the Nursing and Midwifery Board of Ireland with the scope of practice examples relevant to acute medicine nursing provided for consideration by the healthcare organisation and inclusion or deletion as relevant. The NMBI templates may be downloaded separately from the ONMSD website at <https://www.hse.ie/eng/about/who/onmsd/advanced-and-specialist-practice/advanced-nursing-and-midwifery-practitioner-role-development.html>. This acute medicine RANP job description template is available from NMPD Officers (see **Appendix 6** for details).

3.1. JOB SPECIFICATION, TERMS AND CONDITIONS TEMPLATE: RANP ACUTE MEDICINE

Note: This Job Description Template is for use by organisations where cANPs have been formally recruited to their positions. Electronic and Word Format Templates are available from NMPD Project Officers

Job Title, Grade and Grade Code	<p>Registered advanced nurse practitioner (RANP) (acute medicine)</p> <p>Grade Code: (Retain as relevant)</p> <p>Advanced Nurse Practitioner (Community /Primary Care) 2269</p> <p>AND / OR</p> <p>Advanced Nurse Practitioner (General) 2267</p>
Competition Reference	<i>To be completed by HR department</i>
Whole Time Equivalent	To be completed by the service(s) {Hospital Group and/or CHO area}
Closing Date	<i>To be completed by HR department</i>
Proposed Interview date(s)	Proposed date of interviews week of XXXX , insert if relevant/ or not applicable, e.g. if appointed as a cANP through the DoH demonstrator project for advanced practice interview will not be necessary once registration as an RANP with NMBI occurs
Taking up Appointment	<p>A start date will be indicated at job offer stage</p> <p>The successful candidate will be required to take up duty no later than (to be completed by HR department)</p>
Duration of Post	<i>To be completed by HR department</i>
Location of Post	<p>To be completed by the service(s) Hospital Group and/or CHO area advertising for RANP acute medicine service.</p> <p>What is the name of the Department? Where is the RANP acute medicine located? Which hospital/ CHO area? Which geographical area?</p>
Organisational Area	To be completed by the service(s) Hospital Group and/or CHO area
Details of Service	To be completed by the service(s) Hospital Group and/or CHO area

	<p><i>What service does the unit/service/catchment area provide?</i></p> <p><i>What client group is served by the unit/service/catchment area?</i></p> <p><i>What are the possible future developments for the service?</i></p> <p><i>What is the team structure?</i></p> <p><i>There is no limit to the text that can be inserted here.</i></p>
Service mission, vision and values	To be completed by the service(s) Hospital Group and/or CHO area
Reporting Arrangements	<p>Is professionally accountable to the Director of Nursing (insert name(s))</p> <p>Clinically accountable to the Consultant/Clinical Lead / GP (insert name(s))</p>
Clinical Indemnity	To be completed by the service(s) Hospital Group and/or CHO area
Key Working Relationships to include but not limited to:	<p>Director/Assistant Director of Nursing</p> <p>RANPs and other nursing grades</p> <p>Nurse Practice Development Co-ordinator</p> <p>Prescribing site co-ordinator(s)</p> <p>Clinical Supervisor(s)</p> <p>Medical colleagues</p> <p>Interprofessional colleagues</p> <p>Patients/service users/families and/or carers</p> <p>Nursing and Midwifery Board of Ireland</p> <p>Higher Education Institution</p> <p>Nursing and Midwifery Planning and Development Unit</p> <p>Centres of Nursing and Midwifery Education</p> <p>National Clinical and Integrated Care Programme</p> <p>Director of Nursing National Clinical and Integrated Care Programmes</p> <p>National Leadership and Innovation Centre</p> <p>Other relevant statutory and non-statutory organisations</p>
Clinical supervision	<p>The RANP acute medicine engages in on-going clinical supervision as per a Service Level Agreement. The structure, process and outcome of clinical supervision must be explicit.</p> <p>The RANP acute medicine maintains a record of clinical supervision in his/her professional practice portfolio.</p>

Purpose of the Post	<p>The advanced nursing practice acute medicine service is provided by nurses who practice at a higher level of capability as independent, autonomous and expert advanced practitioners.</p> <p>The overall purpose of the service is to provide safe, timely, evidenced based nurse-led care to patients at an advanced nursing level. This involves undertaking and documenting complete episodes of patient care, which includes comprehensively assessing, diagnosing, planning, treating and discharging patients in accordance with collaboratively agreed local policies, procedures, protocols and guidelines (PPPGs), service level agreements/ memoranda of understanding and within a clinical supervision framework .</p> <p>The RANP acute medicine demonstrates advanced clinical and theoretical knowledge, critical thinking, clinical leadership and complex decision-making abilities.</p> <p>The RANP acute medicine practices in accordance with the Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives (NMBI, 2014), the Scope of Nursing and Midwifery Practice Framework (NMBI, 2015), Advanced Practice (Nursing) Standards and Requirements (NMBI, 2017), and the Values for Nurses and Midwives in Ireland (DoH, 2016).</p> <p>The RANP acute medicine service provides clinical leadership and professional scholarship in the delivery of optimal nursing services and informs the development of evidence based health policy at local, regional and national levels.</p> <p>The RANP acute medicine contributes to nursing research that shapes and advances nursing practice, education and health care policy at local, national and international levels.</p> <p>The RANP acute medicine demonstrates accountability in considering access, cost and clinical effectiveness when planning, delivering and evaluating care in alignment with the NAMP and unscheduled care benchmarks.</p> <p>Insert here any additional specific requirements to support the purpose of the advanced practice nursing service acute medicine.</p>
Principle Duties and Responsibilities	<p>The RANP acute medicine practices to a higher level of capability across six domains of competence as defined by Bord Altranais agus Cnáimhseachais na hÉireann Advanced</p>

	<p>Practice (Nursing) Standards and Requirements (NMBI 2017).</p> <p>The six domains of competence are as follows:</p> <ol style="list-style-type: none"> 1. Professional Values and Conduct 2. Clinical-Decision Making 3. Knowledge and Cognitive Competences 4. Communication and Interpersonal Competences 5. Management and Team Competences 6. Leadership and Professional Scholarship Competences <p>Each of the six domains specifies the standard which the RANP acute medicine has a duty and responsibility to demonstrate and practise.</p> <p>Domain 1: Professional Values and Conduct Standard 1</p> <p>The RANP acute medicine will apply ethically sound solutions to complex issues related to individuals and populations by:</p> <ul style="list-style-type: none"> • Demonstrating accountability and responsibility for professional practice as a lead healthcare professional and senior decision maker providing care to acutely unwell medical patients. • Demonstrating a high degree of commitment, professionalism and dedication to the philosophy of quality health care provision. <p>The caseload and scope of practice for the registered advanced nurse practitioner service will evolve to reflect changing service needs.</p> <p>The initial caseload and scope of practice for the RANP acute medicine is agreed as follows: (Insert caseload and scope of practice as appropriate to the RANP acute medicine service. For example refer to section 3.3.)</p> <p>The inclusion criteria and exclusion criteria for the RANP acute medicine is agreed as follows: (Insert as appropriate to the RANP acute medicine service. Examples provided in S3.3.)</p> <ul style="list-style-type: none"> • Articulating safe boundaries and engaging in timely
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	<p>referral and collaboration for those areas outside his/her scope of practice, experience, and competence using established referral pathways as per locally agreed policies, procedures, protocols and guidelines.</p> <ul style="list-style-type: none"> • Demonstrating leadership by practising compassionately to facilitate, optimise, promote and support the health, comfort, quality of life and wellbeing of persons whose lives are affected by altered health, chronic disorders, disability, distress or life-limiting conditions. The RANP acute medicine practices according to a professional practice model that provides him/her latitude to control his/her own practice, focusing on person centred care, interpersonal interactions and the promotion of healing environments. <p>The chosen professional practice model for nursing (insert name of model here) emphasises a caring therapeutic relationship between the RANP acute medicine and his/her patients, recognising that RANPs work in partnership with their multidisciplinary colleagues (<i>Slatyer S., Coventry L.L., Twigg D.I., & Davis S. (2016) Professional practice models for nursing: a review of the literature and synthesis of key components. Journal of Nursing Management 24, 139-150</i>)</p> <ul style="list-style-type: none"> • Articulating and promoting the RANP acute medicine role in clinical, political and professional contexts (for example presenting key performance outcomes locally and nationally; contributing to the service's annual report; participating in local and national committees to ensure best practice as per the relevant National Clinical and Integrated Care Programme). <p>Domain 2: Clinical-Decision Making Competences Standard 2</p> <p>The RANP acute medicine will utilise advanced knowledge, skills and abilities to engage in senior clinical decision making by:</p> <ul style="list-style-type: none"> • Conducting a comprehensive holistic health assessment using evidenced based frameworks, policies, procedures, protocols and guidelines to determine diagnoses and inform autonomous advanced nursing care • Demonstrating relevant knowledge, expertise and
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	<p>experience in order to discharge the duties of RANP acute medicine service</p> <ul style="list-style-type: none"> • Synthesising and interpreting assessment information particularly history including prior treatment outcomes, physical findings and diagnostic data to identify normal, at risk and subnormal states of health. • Demonstrating timely use of diagnostic investigations / additional evidence-based advanced assessments to inform clinical-decision making. • Exhibiting comprehensive knowledge of therapeutic interventions including pharmacological and non-pharmacological advanced nursing interventions, supported by evidence-based policies, procedures, protocols, and guidelines, relevant legislation, and relevant professional regulatory standards and requirements. • Initiating and implementing health promotion activities and self-management plans in accordance with the wider public health agenda. • Discharging patients from the service as per an agreed supporting policy, procedure, protocols, guidelines and referral pathways. <p>Domain 3: Knowledge and Cognitive Competences Standard 3</p> <p>The RANP acute medicine will actively contribute to the professional body of knowledge related to his/her area of advanced practice by:</p> <ul style="list-style-type: none"> • Providing leadership in the translation of new knowledge to clinical practice (insert appropriate examples here e.g. teaching sessions; journal clubs; case reviews; facilitating clinical supervision to other members of the team). • Educating others using an advanced expert knowledge base derived from clinical experience, on-going reflection, clinical supervision and engagement in continuous professional development. • Demonstrating a vision for advanced practice nursing based on service need and a competent expert knowledge base that is developed through research,
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	<p>critical thinking, and experiential learning.</p> <ul style="list-style-type: none"> • Demonstrating evidence of Policy, Procedure, Protocol, Guideline (PPPG) development and the translation of PPPG into action as relevant to the RANP acute medicine service. • Demonstrating knowledge and experience of quality audit/assurance systems in relation to the RANP acute medicine service. • Demonstrating knowledge and experience in audit, report writing and business case development • Demonstrating experience in developing, implementing and evaluating quality improvement initiatives in relation to the RANP acute medicine service. • Demonstrating accountability in considering access, cost and clinical effectiveness when planning, delivering and evaluating care (Insert appropriate examples here e.g. key performance areas, key performance indicators, metrics). • Demonstrating the ability to foster a learning culture among staff and colleagues to drive continuous improvement in RANP acute medicine services to patients. <p>Domain 4: Communication and Interpersonal Competences</p> <p>Standard 4</p> <p>The RANP acute medicine will negotiate and advocate with other health professionals to ensure the beliefs, rights and wishes of the person are respected by:</p> <ul style="list-style-type: none"> • Communicating effectively with the healthcare team through sharing of information in accordance with legal, professional and regulatory requirements as per established referral pathways. • Demonstrating effective communication and interpersonal skills including: the ability to present information in a clear and concise manner; the ability to engage collaboratively with all stakeholders; the ability to give constructive feedback.
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	<ul style="list-style-type: none"> • Demonstrating leadership in professional practice by using professional language (verbally and in writing) that represents the plan of care, which is developed in collaboration with the person and shared with the other members of the inter-professional team as per the organisation's policies, procedures, protocols and guidelines. • Facilitating clinical supervision and mentorship through utilising one's expert knowledge and clinical competences. • Utilising information technology, in accordance with legislation and organisational policies, procedures, protocols and guidelines to record all aspects of advanced nursing care. <p>Domain 5: Management and Team Competences Standard 5</p> <p>The RANP acute medicine will manage risk to those who access the service through collaborative risk assessments and promotion of a safe environment by:</p> <ul style="list-style-type: none"> • Demonstrating an understanding of and commitment to the underpinning requirements and key processes in providing quality, person-centred care in relation to the RANP acute medicine service. • Proactively seeking quantitative and qualitative feedback from persons receiving care, families and members of the multidisciplinary team on their experiences of the service, analysing same and making suggestions for improvement. • Demonstrating ability to proactively plan, organise, deliver and evaluate the RANP acute medicine service in an efficient, effective and resourceful manner, within a model of person-centred care and value for money. • Implementing practice changes using negotiation and consensus building, in collaboration with the multidisciplinary team and persons receiving care. • Demonstrating ability to manage deadlines and effectively handle multiple tasks.
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	<p>Domain 6: Leadership and Professional Scholarship Competences Standard 6</p> <p>The RANP acute medicine will lead in multidisciplinary team planning for transitions across the continuum of care by:</p> <ul style="list-style-type: none"> • Demonstrating clinical leadership in the design and evaluation of services (Insert examples as appropriate here, e.g. findings from research, audit, metrics, new evidence). • Demonstrating empowering leadership skills and ability to influence others. • Engaging in health policy development, implementation, and evaluation (Insert examples here as appropriate to the RANP acute medicine service e.g., key performance indicators from National Clinical and Integrated Care Programme/ Acute Medicine Programme KPIs, HSE national service plan/ local service need) to influence and shape the future development and direction of advanced practice in acute medicine. • Demonstrating the ability to provide professional support and advice on RANP acute medicine service developments to Directors of Nursing and Midwifery and relevant service managers. • Identifying gaps in the provision of care and services pertaining to his/her area of advanced practice and expand the service to enhance the quality, effectiveness and safety of the service in response to emerging healthcare needs. • Demonstrating flexibility and openness to change and leading in managing and implementing change.
<p>Legislation , regulations, policies and guidelines</p>	<p>The RANP acute medicine practices nursing according to:</p> <p>Note: The list below is given as an example and should be retained or amended as relevant. For further examples refer to Appendix 4, Legislation, Rules, Regulations & Guidelines Governing Nursing / Midwifery Practice for the RANP acute medicine service)</p> <ul style="list-style-type: none"> • The Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives (NMBI, 2014)

	<ul style="list-style-type: none"> • Scope of Nursing and Midwifery Practice Framework (NMBI, 2015) • Values for Nurses and Midwives in Ireland – Care, Compassion and Commitment (DoH, 2016) • Practice Standards and Guidelines for Nurses and Midwives with Prescriptive Authority (NMBI, 2018) Advanced Practice Nursing Standards and Requirements (NMBI, 2017) <p>Current legislation (Insert and amend as appropriate to the RANP acute medicine service and scope of practice examples given below and in Appendix 4.):</p> <ul style="list-style-type: none"> – Government of Ireland (2013) Protection of Life During Pregnancy Act, No. 25 of 2013. – Government of Ireland (2015), Assisted Decision-Making Capacity Act <p>National Health Policies and Procedures (latest versions):</p> <p>(Insert and amend as appropriate to the RANP acute medicine service and scope of practice examples given below and in Appendix 4.):</p> <ul style="list-style-type: none"> – HSE: (2013, revised 2016) National Consent Policy) – Department of Health (2013, amended 2014) National Clinical Guideline No.1. National Early Warning Score – Department of Health (2014). National Clinical Guideline No. 6. Sepsis Management – HSE (2013). Open Disclosure National Policy <p>Local, regional, national and international clinical policies, procedures, protocols and guidelines: (Insert and amend as appropriate to the RANP acute medicine service and scope of practice examples given below and in Appendix 4.):</p> <ul style="list-style-type: none"> – AHA/ASA Guideline (2009) Definition and Evaluation of Transient Ischemic Attack. A Scientific Statement for Healthcare Professionals From the American Heart Association/American Stroke Association Stroke Council; Council on Cardiovascular Surgery and Anaesthesia; Council on Cardiovascular Radiology and Intervention; Council on Cardiovascular Nursing; and the Interdisciplinary Council on Peripheral Vascular Disease – AHA/ASA Guideline (2014) Guidelines for the Prevention of Stroke in Patients with Stroke and Transient Ischemic Attack A Guideline for Healthcare Professionals From the American Heart
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	<p>Association/American Stroke Association</p> <ul style="list-style-type: none"> – American College of Chest Physicians Evidence-Based Clinical Practice Guidelines (2012) Antithrombotic Therapy and Prevention of Thrombosis: 9th Ed. – British Thoracic Society guidelines for the management of community acquired pneumonia in adults: update 2009 – British Thoracic Society guidelines in the management of COPD and Asthma – College of Emergency Medicine (CEM), Guideline for the Management of First Seizure in the Emergency Department (2009) – European Society of Cardiology (2009) Guidelines for the diagnosis and management of syncope – Global initiative for chronic obstructive lung disease (GOLD) (2015) A pocket guide for COPD diagnosis, management and prevention – Global Initiative for Asthma (2015) (GINA) A pocket guide for Physicians and Nurses – Health Service Executive (2008). Strategy to Prevent Falls and Fractures in Ireland's Ageing Population - Report of the National Steering Group on the Prevention of Falls in Older People and the Prevention and Management of Osteoporosis throughout Life . – NICE Guideline (2012) Acute upper gastrointestinal bleeding in over 16s: management – NICE Guideline (2013) Quality standard for diagnosis and management of venous thromboembolic diseases – NICE Guideline (2015) Chronic obstructive pulmonary disease in over 16s: diagnosis and management – NICE Guideline (2018). Delirium in adults. Quality Standard. – Royal College of Physicians (2012) acute care toolkit 3: Acute medical care for frail older people – SIGN Guideline (2008) Management of acute upper and lower gastrointestinal bleeding A national clinical guideline – SIGN Guideline (2012) Management of Suspected bacterial urinary tract infection in adults – Society of Acute Medicine (2013) An integrated career and competency framework for registered nurses in acute medicine
Performance Management and Evaluation	<p>The Department of Health (2017) <i>Framework for National Performance Indicators for Nursing and Midwifery</i> provides a guiding framework for the development of nursing and midwifery PI's. Performance Indicators (PI's) are required to evaluate nursing interventions and implement initiatives to</p>

	<p>improve the quality and quantity of nursing care provided. PI's should have a clinical nursing focus as well as a breakdown of activity, including patients seen and treated. In addition, PI's should identify areas of good practice that must be recognised and celebrated (HSE 2015).</p> <p>KPIs defined by the DoH as “a minimum data set for Demonstrator site cANPs and RANPS in 2017” are equally applicable to RANPs appointed through the traditional route and may also be adopted for local collection in agreement with the Director of Nursing.</p> <p>In collaboration with the Director of Nursing, the RANP acute medicine will identify and develop nursing PI's for their area of practice, collect and collate data which will provide evidence of the impact and effectiveness of the interventions undertaken (see below for examples relevant to RANP acute medicine and associated KPIs, Department of Health).</p> <p>Key Performance Indicators (KPIs) are measures of service and practice performance, based on standards, which include policies, procedures, guidelines and / or evolving evidence from published literature. KPIs provide a mechanism to monitor achievements in the quest for quality and safe and effective outcomes.</p> <p>NQAIS (National Quality Assurance Intelligence System) Clinical will support evidence of the status of KPIs. NQAIS is a suite of Quality Assurance applications under development by the Health Service Executive (HSE), the Royal College of Surgeons of Ireland (RCSI), the Royal College of Physicians of Ireland (RCPI), the National Office of Clinical Audit (NOCA) and the Department of Health (DOH). Ireland is the first country to adopt such a national system which is being hailed as a major breakthrough in patient diagnosis and care (NAMP 2016a).</p> <p>Agreed KPIs should be continuously reviewed and updated to reflect the Service and should reflect professional, national, organisational and clinical measures and outcomes signifying service and practice quality as outlined by the NAMP. The RANP acute medicine will contribute to the development of such KPIs for outcome measures relevant to the AMAU/MAU/AMSSU/area of practice and assist in the monitoring of the KPIs and respond to quality and performance improvement initiatives as required. Recommendations for requirements for data collection by ANPs will also be outlined in the Evaluation Report on the Policy for Graduate, Specialist and Advanced Practice.</p> <p>(Insert list of KPIs as agreed locally and nationally. For</p>
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	<p>example those provided below are potential additional KPIs which were identified through national consultation undertaken by the Expert Group on advanced nursing practice acute medicine and are in line with the National Acute Medicine Programme service KPIs):</p> <p>Number and percentage of all patients in the service area seen and managed by RANP acute medicine</p> <ol style="list-style-type: none"> 1. Number and percentage of all RANP acute medicine case load seen and discharged same day (Target 25%) 2. Percentage of patients seen by RANP acute medicine within one hour of arrival to the unit (Target 100%) 3. Percentage and number of patients referred to acute medicine consultant for opinion 4. Percentage and number of patients on caseload returned to follow up clinic in same month 5. Number and percentage of all patients referred to GP, HSCP or other services for continuity of care post discharge 6. Number of patient experience and patient reported outcomes of care surveys conducted (Target 2% per year, min 5% of all patients) 7. Percentage of patient satisfaction rate with experience of care provided by RANP acute medicine (Target 75%) 8. Percentage of time per month allocated to research 9. Percentage of time and hours spent in formal education delivery programmes per month <p>The RANP acute medicine will participate and lead in clinical audit, evaluate audit results and research findings and patient experience / outcome surveys to identify areas for quality improvement in collaboration with nursing and multidisciplinary team colleagues (primary and secondary care).</p>
Professional Practice Portfolio	The RANP acute medicine must maintain a professional practice portfolio, incorporating evidence of learning from continuing professional development, clinical supervision, reflective practice and review of his/her own scope of practice in accordance with regulatory requirements and service need.
Health and Safety, Quality Assurance, Risk and Clinical Governance	<p>Health & Safety, Quality Assurance, Risk and Clinical Governance</p> <p>The management of risk, infection control, hygiene services and health & safety is the responsibility of everyone and will</p>

	<p>be achieved within a progressive, honest and open environment. These organisational standards and procedures are developed and managed to comply with statutory obligations.</p> <ul style="list-style-type: none"> • The RANP acute medicine demonstrates knowledge of clinical governance structures and processes supporting service provision. • The RANP acute medicine must be familiar with and is responsible for attending the necessary education, training and support to enable them to meet this responsibility. • The RANP acute medicine is responsible for ensuring that they comply with hygiene services requirements in their area of responsibility. Hygiene services incorporate environment and facilities, hand hygiene, catering, cleaning, the management of laundry, waste, sharps and equipment. • The RANP acute medicine must foster and support a quality improvement culture throughout their area of responsibility. • The RANP acute medicine must take reasonable care for his / her actions and the effect that these may have on the safety of others. • The RANP acute medicine is responsible for ensuring they become familiar with the requirements stated within and that they comply with the Hospital Group's/ Community Healthcare Organisation's PPPGs. • Have a working knowledge of PPPGs in relation to the care and safety of any equipment supplied for the fulfilment of duty within the RANP acute medicine nursing service. Ensure the advice of relevant stakeholders is sought prior to procurement. • Have a working knowledge of the Health Information and Quality Authority (HIQA) Standards or Mental Health Commission (MHC) (as relevant) as they apply to the RANP nursing service, for example: Standards for Healthcare, National Standards for the Prevention and Control of Healthcare Associated Infections, Hygiene Standards or MHC regulations/standards and legislation as relevant. Comply with associated HSE protocols for implementing and maintaining these standards as appropriate to the role. • Support, promote and actively participate in sustainable energy, water and waste initiatives to create a more sustainable, low carbon and efficient health service.
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Management and Leadership:	Management and Leadership <ul style="list-style-type: none"> • The RANP acute medicine will support the principle that person-centred care comes first at all times and will approach the effective, efficient and resourceful planning, organisation and delivery of RANP acute medicine service with the flexibility and enthusiasm necessary to make this principle a reality for every patient. • The RANP acute medicine will adopt a professional leadership role within the clinical governance structures influencing both clinical and non-clinical processes that impact upon the experience and/or outcomes for patients within the RANP acute medicine service. • The RANP acute medicine will participate in the appropriate and effective management of the RANP acute medicine service. • The RANP acute medicine will participate in the development of the overall service plan and in the monitoring and review of RANP acute medicine activity against the plan. • The RANP acute medicine will provide innovative and effective leadership, support and advice to nursing and allied staff at all levels related to their area of practice. • The RANP acute medicine will share knowledge, quality initiatives and data collection that support the improvement of care for patients in acute medicine locally, nationally and internationally by providing clinical supervision, speaking at conferences, poster presentations and publications. • The RANP acute medicine will participate and engage in projects and service developments by representing senior nursing on committees and groups as relevant to the RANP acute medicine service. • The RANP acute medicine will participate in the overall financial planning of the service including the assessment of priorities in pay and non-pay expenditure relating to the RANP acute medicine service. • The RANP acute medicine will promote a culture that values diversity and respect in the workplace. • The RANP acute medicine will manage and promote liaisons with internal and external bodies as appropriate, for example; intra-hospital service, community services, or voluntary organisations. • The RANP acute medicine will engage in IT developments as they apply to service user and service administration. • The RANP acute medicine will undertake other
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	relevant duties as may be determined from time to time by the Director of Nursing or other designated officer.
Eligibility Criteria Qualifications and/or experience	<p><u>Professional Qualifications and Experience</u></p> <ul style="list-style-type: none"> • Be registered in the advanced nurse practitioner division of the NMBI Register • Candidates must possess the requisite knowledge and ability including a high standard of suitability and clinical, professional and administrative capacity to properly discharge the functions of the role. <p><u>Annual registration</u></p> <ul style="list-style-type: none"> • Practitioners must maintain active annual registration on the Advanced Nurse Practitioner Division of the register of Nurses and Midwives maintained by the Nursing and Midwifery Board of Ireland (Bord Altranais agus Cnáimhseachais na hÉireann) for the role <p>And</p> <ul style="list-style-type: none"> • Confirm annual registration with NMBI to the HSE by way of the annual Patient Safety Assurance Certificate (PSAC). <p><u>Age</u></p> <p>Age restriction shall only apply to a candidate where s/he is not classified as a new entrant (within the meaning of the Public Service Superannuation (Miscellaneous Provisions) Act, 2004). A candidate who is not classified as a new entrant must be under 65 years of age on the first day of the month in which the latest date for receiving completed application forms for the office occurs.</p> <p><u>Health</u></p> <p>Candidates for and any person holding the office must be fully competent and capable of undertaking the duties attached to the office and be in a state of health such as would indicate a reasonable prospect of ability to render regular and efficient service.</p> <p><u>Character</u></p> <p>Candidates for and any person holding the office must be of good character.</p>

<p>Post Specific Requirements, additional qualifications and or experience required</p>	<p>The organisation will have identified the post specific requirements in terms of additional post registration education and /or clinical experience related to the specific RANP acute medicine service during the recruitment process for the candidate ANP.</p> <p>The organisation may specify other post specific requirements in terms of additional post registration education and /or clinical experience(s) related to the RANP acute medicine service in line with expansion of practice and caseload review.</p> <p>The following service specific requirements, additional qualifications and/or experience are offered as examples for consideration by services in developing the RANP acute medicine job description as per the agreed scope of practice and the agreed local caseload.</p> <ul style="list-style-type: none"> • Be a registered nurse prescriber of medicinal products as per agreed collaborative practice agreement (CPA) • Have successfully completed the Certificate in Ionising Radiation for Adults. <p style="text-align: center;"><u>OR</u></p> <ul style="list-style-type: none"> • Agree to complete the above programmes within an agreed timeframe as specified by the Director of Nursing (DoN).
<p>Essential Skills, competencies and/or knowledge</p>	<p>Competency Requirements for Case Load</p> <p>(Insert List of required competencies here. See Table 3 S.3.2. for examples)</p> <p>Note: This is not an exhaustive list and may be added to as determined by the local service need, scope of practice and caseload agreed. The afore listed competencies and skills, as being required in Irish context, have been identified by Casey et al (2016) and Bell et al (2017). Relevance to clinical and advanced practice has been verified by data on clinical classifications of common presentation to AMAU/MAUs derived from the NQAIS Medicine and Hospital HIPE systems</p> <p>The RANP acute medicine will be required to continue to demonstrate the ability to practice at a higher level of capability across six domains of competence as defined by Bord Altranais agus Cnáimhseachais na hÉireann Advanced Practice (Nursing) Standards and Requirements (NMBI, 2017), along with the specialist knowledge and clinical skills</p>

	in acute medicine nursing.
Other requirements specific to the post	e.g. Full driving licence / access to transport as the post may involve some travel
<p>The reform programme outlined for the health services may impact on this role and as structures change the job description may be reviewed.</p> <p>This job description is a guide to the general range of duties assigned to the post holder. It is intended to be neither definitive nor restrictive and is subject to periodic review with the employee concerned. It is not intended to be a comprehensive list of all duties involved and consequently, the post holder may be required to perform other duties as appropriate to the post which may be assigned to him/her from time to time and to contribute to the development of the post while in office.</p>	
Tenure	<p>The appointment is whole-time and permanent. Given the developmental nature of this service the successful RANP will be required to adhere to the terms as set out below which are specific to this appointment.</p> <ul style="list-style-type: none"> • In line with standards and requirements set out by NMBI (2017) <i>Advanced Practice (Nursing) Standards and Requirements</i> the RANP acute medicine will continue to engage in a process of self-development, structured education and clinical supervision specific to the service (acute medicine) in order to maintain and develop advanced clinical nursing knowledge and critical thinking skills to maintain the competences necessary to independently provide efficient, effective, safe patient care. <p>Appointment as an employee of the HSE is governed by the Health Act 2004 and the Public Service Management (Recruitment and Appointment) Act 2004.</p> <p>The above job description is not intended to be a comprehensive list of all duties involved and consequently, the post holder may be required to perform other duties as appropriate to the post which may be assigned to him/her from time to time and to contribute to the development of the post while in office.</p>
Remuneration	The salary scale for this post is in accordance with HSE approved salary scales

Working Week	<p>The standard working week applying to the post is: 39 hours</p> <p>HSE Circular 003-2009 “Matching Working Patterns to Service Needs (Extended Working Day / Week Arrangements); Framework for Implementation of Clause 30.4 of Towards 2016” applies. Under the terms of this circular, all new entrants and staff appointed to promotional posts from Dec 16th 2008 will be required to work agreed roster / on call arrangements as advised by their line manager.</p> <p>Contracted hours of work are liable to change between the hours of 8am-8pm over seven days to meet the requirements for extended day services in accordance with the terms of the Framework Agreement (Implementation of Clause 30.4 of Towards 2016).</p>
Annual Leave	The annual leave associated with the post will be indicated at job offer stage.
Superannuation	<p>All pensionable staff become members of the pension scheme.</p> <p>Applicants for posts in the mental health service are advised that Section 65 of the Mental Treatment Act, 1945, does not apply to new entrants to the mental health services as defined by the Public Service Superannuation (Miscellaneous Provisions) Act, 2004 (Section 12 of that Act) New Entrants.</p>
Probation	Every appointment of a person who is not already a permanent officer of the HSE or of a Local Authority shall be subject to a probationary period of 12 months.
Protection of Persons Reporting Child Abuse Act 1998	This post is one of those designated in accordance with Section 2 of the Protection of Persons Reporting Child Abuse Act, 1998. You will remain a designated officer for the duration of your appointment in this post or for the duration of your appointment to such other post as is included in the categories specified in the ministerial direction. Such officers will, on receiving a report of child abuse, formally notify the senior social worker in the community care area in which the child is living.

3.2. COMPETENCIES FOR RANP ACUTE MEDICINE PRACTICE

A non prescriptive, suite of competencies required by the RANP to support caseload development and management is provided in **Table 3** below. These are provided as examples for inclusion in the “Additional Qualifications and Experience section of the RANP job description once agreed by the Local Working Group and Director of Nursing, and are not limited in order to allow for further additions and expansion of scope of practice in response to the needs of presenting patients and locations of practice. As pertains to cANPs regular review of local service needs, service data on presenting cases, age profiles and needs should be undertaken along with identification of the ongoing relevance of competencies achieved and maintained and those new competencies to be developed in order to respond to patient needs.

Table 3: Competencies for RANP Acute Medicine Case Load Development and Management

General	The RANP will demonstrate ability to:
	<ul style="list-style-type: none">• Undertake Rapid Systematic Assessment (whole patient assessment from emotional, psychological, physical and spiritual perspectives) to aid the RANP to form a differential diagnose, plan of care, treatment plans, discharge and follow up.• Prioritise management of workload in accordance with levels acuity and dependency.• Utilise screening tools to support clinical decisions, interpretation of finding and management e.g. 4AT (delirium screening tool), MoCA Montreal Cognitive Assessment tool, Mini Mental State Examination (MMSE), Waterlow Score.• Recognise and initiate immediate care of the deteriorating patient.• Undertake Venepuncture and Cannulation and 1st dose IV medications.• Undertake blood culture sampling and act on results.• Undertake arterial and venous blood gas sampling & interpretation.• Order, undertake investigations/procedures, interpret and act upon diagnostic results as per agreed scope of practice• Contribute to effective patient flow.• Undertake prescribing of medicinal products within the

	limits of the locally defined governance and collaborative agreements, and request ionising radiation diagnostic tests where clinically indicated
	<p>Care of Cardiac Patients</p> <p>The RANP acute medicine will have competencies in the care of cardiac patients which will include but is not limited to the following which are provided as guidance:</p> <ul style="list-style-type: none"> • Lead and initiate first steps of caring for patients with chest pain as per national clinical pathways and local PPPGs. • Lead Advanced Cardiac Life Support and management of anaphylaxis. • Perform 12-lead ECG and rhythm strip and interpretation. • Refer patients for Holter monitoring, ECHO cardiac etc. <p>Care of respiratory patients</p> <p>The RANP acute medicine will have competencies in the care of respiratory patients which will include but is not limited to the following which are provided as guidance:</p> <ul style="list-style-type: none"> • Initiate specialist respiratory protocols e.g. acute asthma, exacerbation of COPD in accordance with ANP scope of practice. • Provide respiratory support skills initiation, titration and weaning of non-invasive ventilation i.e. CPAP, BIPAP, NIPPV in accordance with ANP scope of practice. <p>Care of patients with gastrointestinal conditions</p> <p>The RANP acute medicine will have competencies in the care of patients with gastrointestinal conditions which will include but is not limited to the following which are provided as guidance:</p> <ul style="list-style-type: none"> • Undertake peg tube re-insertion in accordance with ANP scope of practice. • Undertake risk assessment scores for patients presenting with suspected gastrointestinal bleeding i.e. Rockall Score and Glasgow Blatchford Scores. <p>Care of patients with urological conditions</p> <p>The RANP acute medicine will have competencies in the care</p>

of urological patients which will include but is not limited to the following which are provided as guidance:

- Undertake male and female urinary catheterisation in accordance with scope of practice.

Care for patients with neurological deficit

The RANP acute medicine will have competencies in the care of patients with Neurological Deficit which will include but is not limited to the following which are provided as guidance:

- Act on Glasgow Coma Score.
- Request EEG, nerve conduction studies etc.
- Initiate delirium assessment and act on findings

Care for frail older adults

The RANP acute medicine will have competencies in the care of frail older adults which will include but is not limited to the following which are provided as guidance:

- Develop an understanding of frailty as a long term condition.
- Screen for and identify frailty utilising a validated screening tool e.g. Rockwood Clinical Frailty Scale.
- Initiate a comprehensive geriatric assessment (CGA) focussed on determining a frail older person's medical, psychological, functional capability and social circumstances.
- Refer to the interdisciplinary team for support as indicated.

Care of patients with mental health illness

The RANP acute medicine will have competencies in the care of patients with mental health problems which will include but is not limited to the following which are provided as guidance:

- Undertake preliminary mental health status examination utilising recognised assessment tools.

Note: This is not an exhaustive or restrictive list and may be added to as determined by the local service need, scope of practice and caseload agreed. Minimum competencies and skills, as being required in the Irish context, have been identified by Casey et al (2016) and ONMSD / NAMP (2017). Relevance to clinical and advanced practice has been verified

	by data on clinical classifications of common presentation to AMAU/MAUs derived from the NQAIS Medicine and Hospital HIPE systems.
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3.3. CASELOAD MANAGEMENT

The RANP acute medicine is responsible, accountable for and has the authority for the management of his/her own clinical caseload, from admission to discharge, and if required possible post discharge review. This involves defining an inclusion and exclusion criteria for the caseload (see **Table 4** for examples). This responsibility, accountability and authority is collaboratively agreed through the governance of PPPGs, a defined scope of practice and agreed specific criteria for the caseload as agreed by local implementation / steering group and within the context of service need and clinical supervision.

The data generated to establish the service need for the development of the RANP acute medicine service either through the HIPE and /or NQAIS Medicine systems (see Table 1), will indicate the breadth and focus of the RANP acute medicine caseload. The RANP acute medicine caseload once agreed will indicate the education and competency development requirements associated with defining the scope of practice of the RANP. Expansion of practice for the RANP acute medicine is developed with due consideration given to current legislation, national and local policy and guidelines (Appendix 4). Appropriate PPPGs are devised to support the RANP acute medicine in the provision of care to his/ her caseload. The scope, caseload and service need is not static. The caseload and caseload complexity will broaden and increase as the presenting population to acute medicine changes and the RANP will be required to further develop competencies to meet the changing service need.

For further information on service needs analysis see 'Service Needs Analysis: A Guide to Assist Nurses and Midwives on the Process of Undertaking a Service

Needs Analysis to Inform the Business Plan Within the Overall Context of The Service Planning Process (National Council for the Development of Nursing and Midwifery, 2009)⁵.

The RANP acute medicine will assess, determine differential and tentative diagnoses and manage full episodes of care for patients who are aged 16 years and over presenting to the AMAU/MAU within specific criteria (see possible inclusion criteria below) from admission through to discharge. Using data from the National Quality Assurance Intelligence System (NQAIS), a number of different Irish hospital HIPE systems, Setting the Direction: A Developmental Framework Supporting Nursing Practice Skills and Competencies in AMAUs and MAUs (Casey et al, 2016) and the National AMAU/MAU/MSSU Nursing Education & Training Survey and Needs Analysis 2016 (ONMSD / NAMP, 2017), the working group have determined the most common presentations to the AMAUs and MAUs in Ireland and offer as a guide possible criteria for inclusion in the RANP acute medicine caseload. Each hospital in developing its RANP acute medicine service will review their local data, local resources and supports to identify and address their own service need. The acuity of patients attending the AMAU or MAU is decided locally and will influence the RANP caseload suitability criteria (Casey et al, 2016).

⁵ <http://www.lenus.ie/hse/bitstream/10147/116232/1/ServiceNeedsAnalysis09.pdf>

Table 4: Potential inclusion and exclusion criteria for caseload

Patient presentations that <u>may fall</u> within caseload and are offered as possible <u>inclusion</u> criteria	Patient presentations that <u>may NOT fall</u> within caseload and are offered as possible <u>exclusion</u> criteria
<p><u>Respiratory</u></p> <p>Acute Shortness of breath</p> <p>Pleuritic sounding chest pain</p> <p>Acute onset of cough</p> <p>Acute episode of Chronic Obstructive Pulmonary Disease (COPD)</p> <p><u>Circulatory</u></p> <p>Non-cardiac chest pain (Atypical chest pain with normal ECG)</p> <p>Cardiac conditions (not new onset)</p> <p>Gradually worsening of congestive cardiac failure not precipitated by sudden cardiac event or dysarrhythmia and unlikely to require Coronary Care Support/ Resuscitation.</p> <p>Suspected deep vein thrombosis or superficial thrombophlebitis, non-traumatic lower limb pain and/ or swelling.</p>	<p><u>Respiratory</u></p> <p>Acute severe breathlessness (onset less than 48 hours)</p> <p>Respiratory rate > 28 bpm</p> <p>SaO₂ < 92% on r/a or < 88% in patients with known COPD</p> <p>Decreased mental status: GCS < 14/15</p> <p>Patients presenting with hemodynamically unstable bradyarrhythmia or tachyarrhythmia</p> <p>Stridor and breathing effort without air movement (suspected)</p> <p>Respiratory failure needing greater than 40% supplemental oxygen or Non-Invasive Ventilation</p> <p><u>Circulatory</u></p> <p>Decide local parameters</p> <p>Patients with haemodynamic instability (EWS greater than 4).</p>
<p><u>Gastrointestinal</u></p> <p>Epigastric pain</p> <p>Acute onset of haematemesis and/ or malaena</p> <p>Intractable vomiting/ diarrhoea with stable cardio vascular parameters</p> <p>Dehydration</p>	<p><u>Gastrointestinal</u></p> <p>High risk patients i.e. those with a Rockall score > 3</p> <p>Patients with haemodynamic instability (EWS greater than 4).</p>

Suspected upper GI bleed

Genitourinary

Suspected urinary tract infection or pyelonephritis

Dysuria, frequency and haematuria

Renal angle pain and/ or costovertebral angle tenderness

Neurology

First seizure

Headaches with normal CT brain

Suspected Transient Ischaemic Attack

Suspected Transient Ischaemic Attack
i.e. acute and transient onset of symptoms of focal limb weakness, speech disturbance and visual field deficit

Syncope-Collapse and transient loss of consciousness

Falls

Other

Oversee Rapid Assessment Clinic, day case investigations, infusions and blood transfusions

Cellulitis/ skin infections or other febrile illness with stable cardiovascular parameters and oxygenation

Palliative Care i.e. infection liaising with palliative consultant.

Genitourinary

Insert as specific to service

Neurology

Patients connected on the stroke pathway in ED and/ or NIHSS score greater than 4.

Patients presenting to ED with haemodynamic instability requiring further investigations to exclude non cardiac life threatening causes of syncope.

Other

Any patient with haemodynamic instability with NEWS of greater than 4

Any patient presenting with severe sepsis or septic shock

Acutely ill patients who require urgent intervention/ resuscitation or admission to critical or high dependancy areas i.e. SCU, HDU, CCU or ICU

Acute decrease in loss of consciousness
Patients with acute behavioural/ Mental health problems.

Patients with Angina/ Acute Coronary Syndrome

Trauma Patients.

3.4. REFERRAL PATHWAYS

Referral pathways are developed within the context of service delivery and key working relationships (internal and external). Within these pathways, the patients will be referred to and from various professionals for specific and specialised care to support their recovery and/or maintenance of health and wellbeing. There are essentially four pathways by which an acute medical patient may present to the AMAUs/MAUs; via their general practitioner, self-referral via ED, outpatient department and/or via the ED (Figure 4). Future referral pathways to the RANP may evolve and be developed collaboratively by the RANP acute medicine service with public health nursing or community residential settings where population health needs are determined to necessitate such developments in pursuance of integrated care and hospital avoidance or access to ambulatory care. Appropriate clinical governance structures will be required to support, monitor and sustain new pathways of referral.

The pathways agreed are supported with Memoranda of Understanding/Service Level Agreements (examples provided in **Appendix 9**) and policies and procedures as part of site preparation for the RANP service. Responsibility for documentation and follow-up on referrals should be clearly specified in the RANP job description. Copies of all signed memoranda of understanding, service level agreements, policies, procedures protocols and e-referral templates should also be included in the RANPs job description (NMBI, 2016). Use of formal RANP referral forms is strongly advocated.

Patients are referred to and from the RANP who fit the collaboratively agreed criteria for RANP acute medicine service (caseload) as per agreed PPPGs. The referral pathways with their processes and professionals are illustrated below (**Figures 4, 5 and 6**). These pathways will vary from hospital to hospital, from CHO area to area and from AMAUs to MAUs. The specific referral pathways, processes and professionals for each service will be decided and agreed upon locally. The job description will comprehensively outline the interlinking of the services through these referral pathways with a particular focus on the services / resources available within

the community currently and possible areas where the RANP service could build capacity in the future. If the management of patient moves beyond the knowledge, skill and judgement or scope of practice of the RANP acute medicine, the patient is referred on to the senior medical colleague for further management. Where direct referral to another consultant/service is not possible or beyond the scope, the RANP acute medicine will refer such patients to the acute medical team based in the AMAU or AMSSU. If the patient acutely deteriorates whilst in the care of the RANP acute medicine, the RANP will consult directly and immediately with the acute medicine consultant physician.

The RANP service will refer patients to the various departments/health professional for investigations, medical review and/or opinion and for follow up care. In some instances the patient will have their complete care transferred (discharged) to another health professional i.e. consultant care. Where required and agreed locally PPPGs will govern and articulate the processes of these pathways.

Figure 4: Suggested Referrals Pathway (processes and professionals) RANP acute medicine

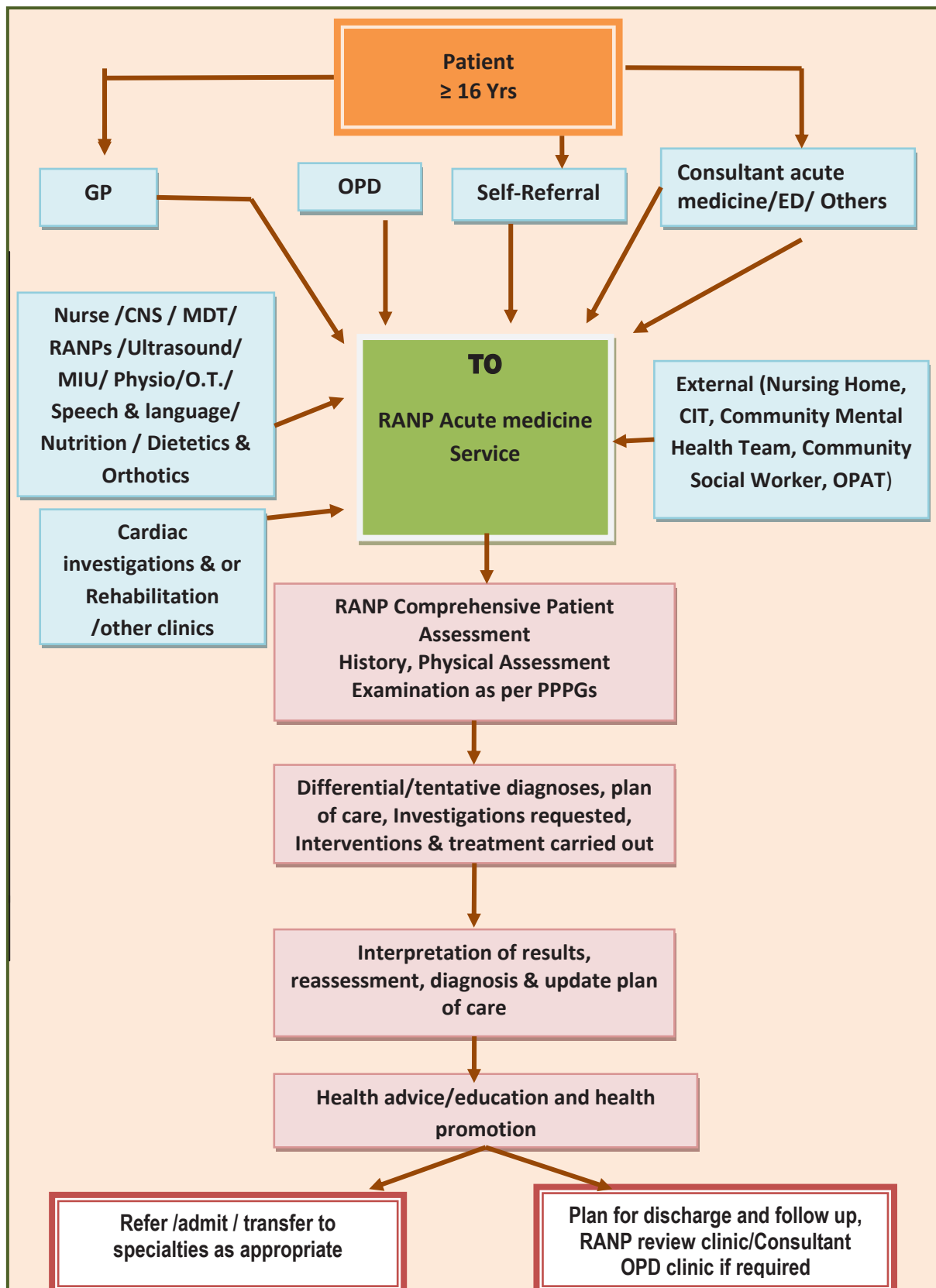
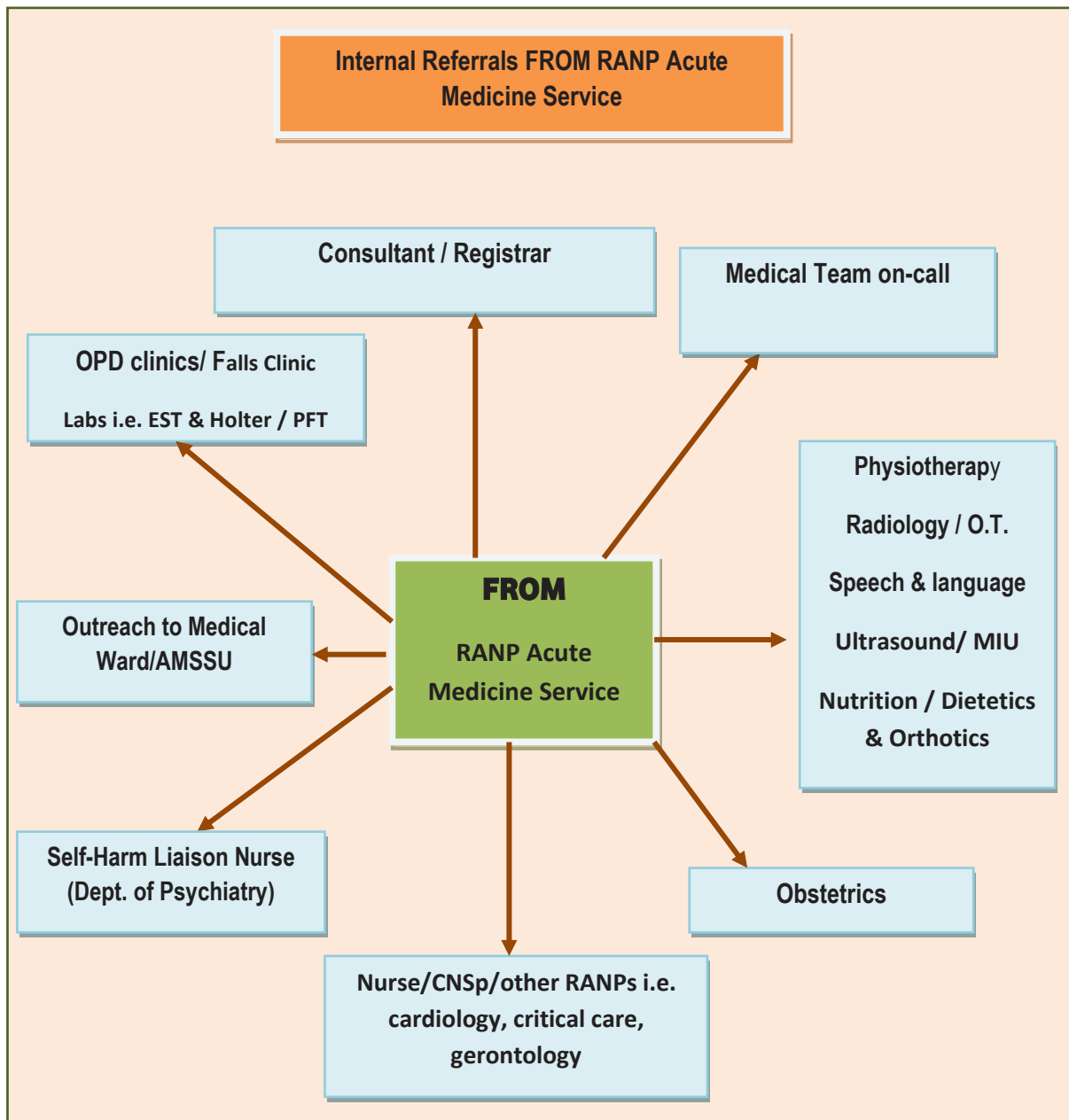


Figure 5: Internal Patient Referrals (processes and professionals) from RANP acute medicine service.



3.5. RANP ACUTE MEDICINE DISCHARGE PRACTICE

The RANP discharges patients from the RANP acute medicine service. Advanced practice services are created in an environment which supports collaboration, negotiation, communication and agreement (NMBI, 2016). Discharge planning and practice for the RANP service is a fundamental RANP competency and is governed

by supportive PPPGs collaboratively agreed and signed off (Casey *et al*, 2016). Nurse led discharge and criterion based discharge practices are developing nationally (DoH, 2015a; DoH, 2015b and HSE, 2014b). Currently acute medicine nurses only discharge from a small number of AMSSUs (ONMSD/ NAMP, 2016). The RANP acute medicine will provide leadership and clinical supervision for the development of these discharge practice for acute medicine nursing.

The RANP is responsible, accountable and has authority for his/her own clinical caseload from admission to and including discharge within agreed governance as agreed by the local committee/ group⁶.

The NAMP model of care is divided into four care pathways. The RANP, subject to locally agreed protocol may have a discharge role in each of the four pathways (**Figure 6**):

Ambulatory Care Pathway: Patients receive safe and effective treatment and are discharged on the same day. The NAMP benchmark is that 25% of AMAU/MAU admissions follow this pathway. RANPs acute medicine may need to agree own benchmark for discharge from this pathway given the lower acuity of their caseload. The RANP acute medicine discharges patients to home with/without RANP/ consultant review clinic follow-up. He or she may also be discharged to a nursing home or community hospital.

Medical Short-Stay Care Pathway: Patients who require inpatient care but are not expected to stay longer than 1 or 2 nights. The NAMP benchmark is that 31% of patients should be discharged within 48 hours. The RANP acute medicine may discharge patients to the AMSSU and may also follow up in the AMSSU.

Routine Specialist Inpatient Care Pathway: Patients are admitted either directly to specialist's medical wards on discharge from AMAU/MAU or via AMSSU. The NAMP benchmark for this pathway is that 33% of medical patients are expected to

⁶ For further information see: <http://www.nmbi.ie>

stay more than two days and less than 14 days. The RANP acute medicine may discharge patients from AMAUs /MAUs to inpatient medical bed as per agreed local governance.

Appropriate Care and Discharge of Complex Patients Care Pathway: Frail older patients have complex care needs that continue following discharge. These requirements must be identified early during the acute care episode and appropriate referral. The NAMP benchmark for this pathway is 11%. The RANP acute medicine may have a role in caring for patients on this pathway in the non-acute phase and possible at follow up short term in clinics, to avoid unnecessary admissions to hospitals (O'Reilly *et al*, 2015).

The RANP acute medicine discharges patients home or admits the patients to the medical wards. The RANP may follow up patients and possibly review in the medical ward, in OPD, by virtual clinic (telemedicine and telephone) and other means as technology and service models develop. In line with the philosophy of acute medicine, follow up will be for short term care. The proposed future health care model (HSE, 2017) is such that as much as possible of patient care is linked into services in the community and the patient receives care as close to his / her home as possible. The RANP acute medicine will work within the agreed governance arrangements.

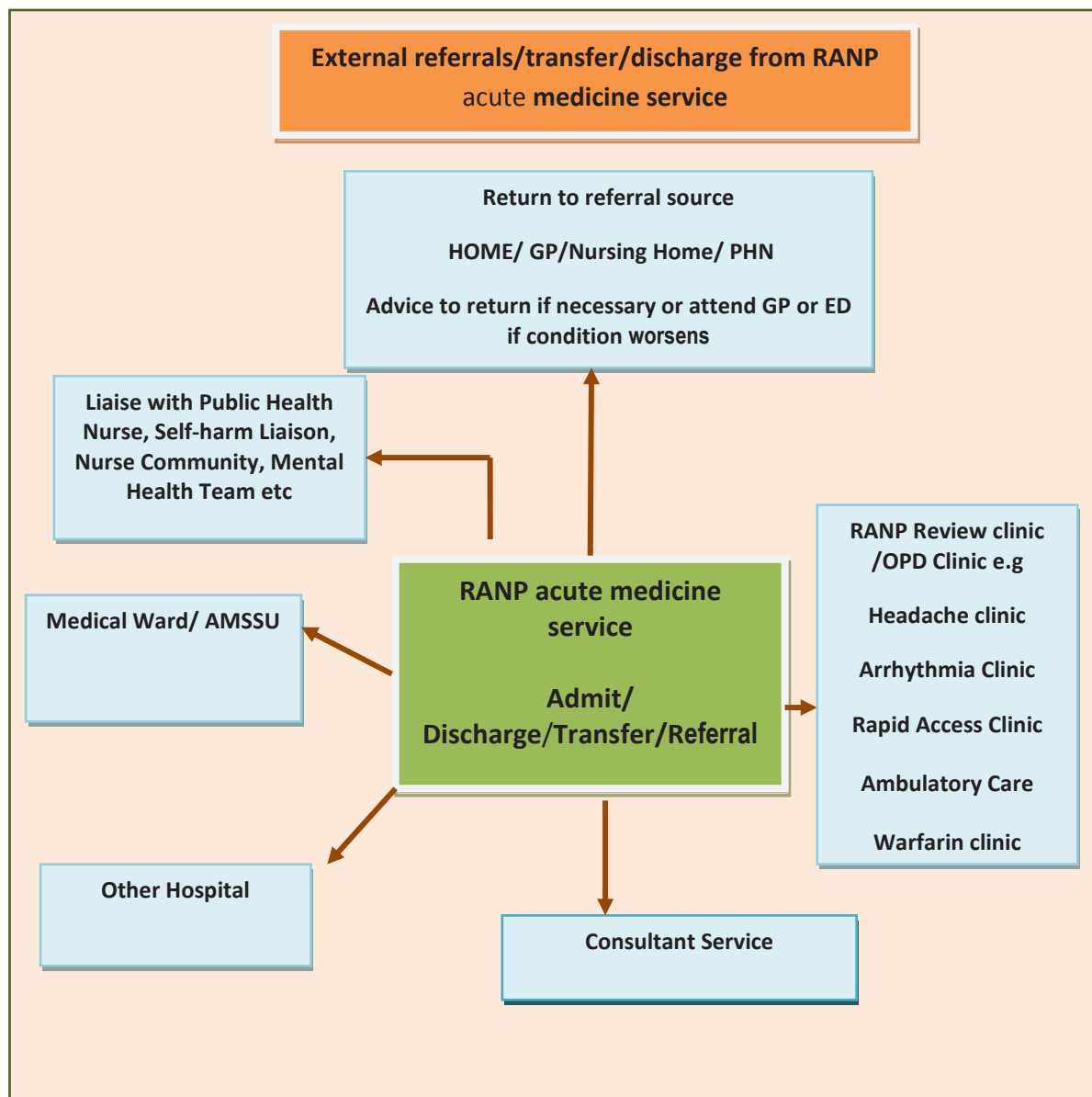
The RANP acute medicine may also offer patients appointments in his/her OPD Review Clinic/ Rapid Access or ambulatory care service clinic to:

- Evaluate for therapeutic effectiveness.
- Provide outpatient diagnostics.
- Follow-up on results and telephone consultation.
- Arrange further referrals.
- Provide health promotion opportunities and discuss life style choices.

On discharge the RANP acute medicine will provide necessary information/education to patient, the family/caregiver regarding treatment plan, life style modifications, follow-up appointments, accessing service and clinic contact details. During the

consultation process for the development of this document consultant physicians emphasised the focus of the role of the RANP is assessment, intervention and follow-up.

Figure 6: Suggested referral pathway for discharge / transfer from RANP acute medicine services



In summary, the RANP acute medicine discharge practice is underpinned by the HSE '*Integrated Care Guidance: A practical guide to discharge and transfer from hospital*' (2014b) which is designed to support healthcare providers to improve their discharge and transfer processes from the acute hospital setting back into the

community and thereby, support the delivery of high quality safe care. This guide supports service providers in demonstrating how they are meeting the National Standards for Safer Better Healthcare (NSSBH), (HIQA, 2012) and the '*Unscheduled Care Technical Guidance*' *High Impact Changes* Improving Patient Flow (SDU, 2013). The guide outlines nine key steps in effective discharge and transfer of care which will facilitate faster, safer discharges for patients. These steps include identifying whether the person has simple or complex discharge needs, setting an expected date of discharge/transfer and reviewing treatment plan with the person on a daily basis. The RANP Acute medicine practice is governed by this guidance document.

Furthermore, the quality standards required by HIQA in relation to the structure and content of discharge letters serve as guidance for best practice in discharge / transfer documentation (HIQA, 2012).

3.6. RANP ACUTE MEDICINE SCOPE OF PRACTICE

Scope of practice is a concept that several professions use in the context of professional regulation. It sets out the procedures, actions and processes that are permitted for the individual who is registered or licensed to practice. Scope of practice for nurses and midwives in Ireland is determined by legislation, European Union (EU) Directives, international developments, health and social policy, national and local guidelines, education and the individual practitioner's levels of competence (NMBI 2015a). The scope of practice can be defined as "the range of roles, functions, responsibilities and activities which a registered nurse is educated, competent and has authority to perform" (NMBI 2015a, p.7). Scope of practice is not static. It changes and expands over the course of a registered nurses career, both in response to professional practice and education, along with dynamic changes in healthcare, patient safety and identified population and service needs.

Direct patient care is provided through the RANP caseload management. The following procedures, actions and processes determine the scope of practice for the

RANP acute medicine during a complete episode of care. The RANP acute medicine's scope allows him/her to:

- Undertake advanced clinical assessment and the application of in-depth knowledge.
- Request investigations and interprets diagnostic investigations and make decisions on appropriate plan of care.
- Implement, monitor and evaluate therapeutic regimen.
- Prescribe pharmacological, non-pharmacological interventions and request ionising radiation for adults when they have completed the relevant qualification.
- Initiate and accept appropriate referrals.
- Provide appropriate discharge and follow-up.

During direct patient care giving, the RANP acute medicine practices autonomously at an advanced practice level, utilising expertise, competent and advanced levels of decision making, to comprehensively assess (physical, psychological, social, cultural and spiritual) patients in the context of their condition/diagnosis. Following advanced assessment, the RANP acute medicine will initiate interventions, plan and manage care collaboratively with patients to get them to a state of health and wellness. The RANP acute medicine accepts accountability and responsibility for the decisions made and practices in accordance with agreed PPPGs (HSE, 2016; NMBI, 2015a; NMBI, 2017). The RANP will evaluate care provided and alter the patient care plan if the desired outcome is not achieved. The RANP acute medicine competencies are achieved through formal education to master's level and supervised clinical practice in order to fulfil for his/her scope of practice. The RANP acute medicine will continue to maintain and develop such competencies in the management of acutely medically unwell adults who fall within his/her scope of practice.

Indirect patient care by the RANP acute medicine will be enacted through leadership, education, interaction with other healthcare professionals, guideline development, formal academic teaching, clinical teaching and research. The RANP acute medicine research portfolio will contribute to firm establishment of acute medicine nursing in the Irish context ensuring service provision meets service needs.

The RANP acute medicine will consider future expansion of their scope of practice in line with evaluation of population health and illness, service user's needs and the strategic plan for the health services, the hospital group, local community health organisation and primary care services. The RANP acute medicine will take opportunities for continuous professional development and education to facilitate the expansion of the services within and beyond the AMAU/MAU/AMSSU. Future expansion should see the development and the integration of acute medicine nursing into the primary care and community setting, nursing homes and people's homes particularly for the older persons' population.

During the consultation process for this guiding framework, consultant physicians expressed that consideration be given to encourage the role of the RANP to encompass teaching and research in higher education institutions and thus facilitate transfer to the clinical area of the skills learned. The consultants also envisaged the RANP acute medicine providing a support role to nursing colleagues and specialists in the community to maintain and support service user care in the community.

3.7. ROLE DIFFERENTIALS: DIFFERENCE BETWEEN RANP, CNSp AND REGISTERED NURSE

The RANP acute medicine is a new role in Ireland. There are no previously established CNSp roles in the field although many CNSp roles are aligned to medical sub-specialities now located within acute medicine units for example, respiratory, acute heart failure, rheumatology and dermatology. Department of Health policy (DoH, 2017a) sets out a framework for maximising the potential contribution of nurses to health and service delivery through the establishment of a career pathway for postgraduates toward enhanced, specialist and advanced practice, with wider scopes of practice acknowledged through credentialing based on learning, competency and experience (Fig 2.).

Based on the evaluation of advanced practice and nurse specialist roles, core concepts, skills and competencies a comparison in Table 1 below highlights the role

differentials (Manley, 1997; NCNM, 2005a; NCNM, 2005b, 2008a, 2008b; Benner, 1984, 2009; Christensen, 2009; DoH, 2011; NIPEC, 2014; Casey *et al*, 2016; Carney, 2016). It proposes the crucial factor in determining advanced nursing practice is the level of decision-making the practitioner has and the level of responsibility and accountability for the decisions made rather than the nature or difficulty of the task undertaken by the practitioner (NCNM, 2008a). The advanced practitioner development involves the acquisition of the necessary knowledge, technical and interpersonal skills, capability and competencies to plan, deliver, evaluate and grow the advanced practice service as service needs change and trends emerge.

The requirements and diversity of a RANP service includes primary care nursing, acute medicine nursing, emergency nursing, critical care nursing and gerontology nursing, each with its own knowledge and clinical base. Therefore there is an expectation that the RANP service may include a range of CNSps, staff nurses and the multidisciplinary team all working with the RANP to provide care to this diverse group of patients. The CNSp may be specialised in gerontology or critical care or acute medicine or emergency nursing or medical sub specialities (for example diabetes, heart failure, and rheumatology) and work in liaison with RANP acute medicine service. To support clarity in understanding the different nursing roles and how they interlink and vary, **Table 5** is put forward as an example of the differences and similarities. This is not an exhaustive list.

Table 5: Difference between ANP, CNSp and Nurse

	Staff Nurse	CNSp	RANP
Knowledge	Knowledge of disease processes	Specialist knowledge of disease processes	Advanced knowledge of disease processes
Caseload	All patients are registered under named Consultant	Specialist caseload registered under named Consultant	Defined caseload registered under RANP who has full responsibility for care giving and decision making. RANP may also work with consultant registered patients in agreed collaboratives.
Assessment	Separate nursing and medical assessment	Separate nursing and medical assessment	Comprehensive combined assessment by RANP
Clinical decision making	Plan care with medical team who prescribes overall plan of care and make decisions for treatments and interventions	Plan care with medical team who prescribes overall plan of care and make decisions for treatments and interventions. May initiate some treatments and interventions as per PPPGs. May provide	Uses clinical knowledge, reasoning and clinical judgement to make clinical decisions to plan care, initiate treatment, order/commence investigations/commence

		<p>some treatment as per PPPGs.</p> <p>May provide some interventions as per PPPGs</p>	<p>diagnostics</p> <p>interpret and action results/make diagnose/prescribe and provide plan of care and treatments/provide interventions/make referrals/provide holistic nursing care/ reassess patients to alter prescribed care</p>
Discharge	Discharge decisions made by medical team. May have nurse led and criterion based discharge	Discharge decisions made by medical team. May have nurse led and criterion based discharge	Decision to discharge/refer or transfer made by RANP.
Patient Review	By medical team usually in OPD and/or GP	By medical team usually in OPD or in specialist unit or GP. Some CNSp may review patients at home	By RANP in rapid access clinic/OPD RANP review clinic or by GP

Essential Qualification & Education Requirements	Registered nurse NMBI bachelor of science or equivalent Level 8	Registered nurse NMBI bachelor of science or equivalent Level 8 Post graduate diploma Level 9 specialised area	Registered nurse NMBI registered advanced practitioner NMBI post graduate diploma Level 9 master degree Level 9 Named clinical supervisor/s to attain competencies
Clinical Supervision	By preceptor/ mentor/ facilitator	By mentor i.e. RANP and named consultant	By Clinical Lead/designated clinical supervisor team
Research & audit	Contribute to and may publish	Contribute to and may publish, Leads audits for own area	Leads research into own area of advanced practice and publishes. Is responsible for actioning all audits results for own caseload
Provision of CPD	Contribute to and may provide	Contribute and provide in specialised areas	Leads and facilitates for own service and hospital wide as designated by Director of Nursing.
Leadership	Contributes to development of nursing	Provides clinical and professional leadership for specialist area of	Provides clinical and professional leadership for area of discipline, for

		discipline and nursing overall as required	service, team and nursing overall as required
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3.8. CLINICAL SUPERVISION

Clinical supervision has emerged both internationally and in Ireland in nursing as a means of using reflective practice and shared experiences to support continuous professional development (CPD). Lynch *et al*, (2008) define clinical supervision as ‘*a formal process between two or more professionals. The focus is to provide support for the supervisee(s) in order to promote self-awareness, professional development and growth within the context of their professional environment.*’ Clinical supervision is an educational strategy that incorporates adult learning principles that value experiential and reflective learning (Kolb, 1984; Burnard, 2002; Benner, 2009; Knowles *et al*, 2005; HSE, 2017). Reflection is fundamental to the development of clinical decision-making skills appropriate for expert practice. Evidence based decision making involves combining the knowledge gained from clinical practice, from patient preferences and research evidence in order to make an expert judgement.

Clinical supervision is considered an essential support for nurses progressing into advanced practice roles (Christensen, 2009; Doerksen, 2010; Gilfedder *et al*, 2010; Sullivan-Bentz *et al*, 2010). Reflective learning is a rigorous and intelligent thinking exercise applied to analyse complex situations in order to make meaning and gain a deeper understanding of the experience (Duffy, 2007). The capacity to reflect on practice is a desired aspect of nursing, particularly for advanced practice (Freshwater, 2008) and was observed by Benner (1984) to be a key characteristic of the expert practitioner. Creating a structure and process to develop reflecting skills within the supervisee can be considered a goal of clinical supervision. Clinical supervision is also an important process in supporting nurses within organisations with elements of clinical governance in the following ways:

- Quality improvement

- Risk management and performance management
- Systems of accountability & responsibility

Ongoing clinical supervision will provide the RANP acute medicine with a structured approach to deeper reflection on clinical practice. This can lead to improvements in practice and service user care and contribute to clinical risk management. The RANP acute medicine will engage in ongoing clinical supervision as an essential element of the service with his/her consultant/supervisor guided for example by the ONMSD (2015) Clinical Supervision Framework for Nurses Working in Mental Health Services⁷. See also Appendix 7 for cANP / RANP Clinical Supervision Service Level Agreement Template.

The RANP acute medicine undertakes and records supervised advanced practice (at least 500 hours) prior to registration. This supervised practice provides the opportunity to develop competencies in the clinical area with an expert in the area of practice. Wainwright et al (2010) found that progression from novice to expert can be facilitated by self-reflection with an expert mentor. The competencies to be developed through supervision are agreed by the local steering group. The clinical lead acute medicine / clinical supervisor is responsible for sign off of the competencies. The RANP acute medicine is required to provide a brief synopsis outlining clinical supervision to date and cumulative total hours. A range of clinical supervision episodes (maximum 10 cases) from the 500 hours clinical supervision, which is representative of varying caseload presentations and age range using the following sample table format (**Table 6**):

The RANP acute medicine will also maintain his/her portfolio which offers considerable opportunity for reflection and ongoing development. It facilitates self-assessment by the RANP in relation to their domains of competence thus promoting safe and effective practices in acute medicine.

⁷ https://www.hse.ie/eng/about/Who/ONMSD/NMPDU/NMPDDN/Clinical_Supervision_Framework.pdf

Table 6: Clinical Supervision Episode Record Template

Date of session:	
Name of clinical supervisor:	
Central issues addressed:	
New learning from session:	
Agreed action plan:	
Date of next session:	

Source: <https://www.nmbi.ie/>

3.9. INTEGRATION OF THE RANP ACUTE MEDICINE ROLE IN THE MULTIDISCIPLINARY TEAM

The NCNM's evaluation of the extent and nature of nurse-led services in Ireland, has clearly recommended, that nurse-led services must be delivered within the context of a multidisciplinary approach/partnership (NCNM, 2005 a & b). The Report of the National Task Force on Medical Staffing (DoHC, 2003), suggested that the relationship between medical and non-medical staff, working within their training and expertise, was the future model for ensuring a high quality service for patients. As well as working with medical colleagues the RANP acute medicine works closely with health and social care professionals and is well positioned to promote and drive change leading to integration of services (DoH, 2017a). The RANP as senior nursing clinical decision maker can influence patient flow, timely access to services, interventions, diagnostics and therapeutics, hospital admission avoidance and therefore potentially reduce waiting lists through working relationships and collaboration with multidisciplinary team colleagues.

The RANP acute medicine is well placed to ensure that nursing is working at the maximum of its capability, competence and scope of practice within the multidisciplinary team. The leadership capacity of the RANP acute medicine enables elements of the DoH (2017a) Policy for Graduate, Specialist and Advanced Nursing and Midwifery Practice to be brought to successful fruition improving patient and service user experience and outcome. Creating enabling governance and accountability structures supports promotion and participation in inter-professional education and collaborative interdisciplinary team working; enhances collaborative interprofessional mentoring supports and systems. Such structures, inclusive of access to diagnostic testing and referral pathways within the acute and community health services (DoH, 2017a) also support the RANP acute medicine to provide a full episode of care whilst enabling all nurses to work to the maximum of their capability and competence. This will ultimately lead to a patient-centred health service responsive to population health need and choice. It also ensures that the value of the nursing contribution to healthcare as a distinct profession is safeguarded while complementing services provided by the interdisciplinary team (NMBI, 2017).

3.10. LEGISLATION, RULES, REGULATIONS GUIDELINES and GOVERNING NURSING PRACTICE FOR THE PROPOSED RANP ACUTE MEDICINE SERVICE

For a comprehensive guide to the guiding and governing documents, legislation, regulation and PPPGs that support and are central to Advanced Nursing practice see **Appendix 4**.

3.11. POLICIES, PROCEDURES, PROTOCOLS AND GUIDELINES (PPPG) FOR RANP ACUTE MEDICINE SERVICE

Advanced practice is guided by evidence based policies, procedures, protocols and guidelines (PPPGs) supported by current evidence. These PPPGs specify processes, based on best available scientific evidence (NMBI, 2016). RANPs must be familiar with, appraise, and apply relevant legislation, regulations, policies, procedures, guidelines, codes of practice, and strategies, current and emerging

literature related to the service and which impacts on the role of the RANP (NMBI, 2016).

PPPGs supporting the particulars of the RANP **acute medicine** service for example but not exclusive to acute medicines are: *(Insert list as appropriate to the RANP acute medicine scope of practice and service under the following headings. See Appendix 4 for additional examples)*

- RANP's role in the management of (cite as relevant to the specific service).
- RANP's role in referring patients/women to (cite as relevant to the specific service).

The RANP will develop evidence based guidelines to support clinical practice in their service and ensure all PPPGs are signed in accordance with local governance arrangements⁸. (NMBI, 2016). The *HSE National Framework for developing policies, procedures, guidelines and guidelines* (HSE, 2016)⁹ and NMBI 'Guidance to Nurses and Midwives on the development of policies, guidelines' (ABA, 2000) are available be used as guidance when developing PPPGs. The clinical effectiveness unit in the DoH provides guidance on the development of national clinical guidelines (DoH, 2105; NMBI, 2016).

3.12. RESOURCES REQUIRED FOR AN RANP ACUTE MEDICINE SERVICE

Adequate infrastructure and material resources are factors identified in the literature as important supports for the RANP role (Woods, 1997; Manley, 1997). The NMPDU will work closely with service through an agreed ADoN liaison that will drive the development of advanced practice locally on behalf of the DoN/M. This liaison ADoN

⁸ <http://www.nmbi.ie>

⁹ Available at:
<http://www.hse.ie/eng/about/Who/qualityandpatientsafety>

will ensure appropriate resources and structures are available to enable the development of advanced practice service.

Consideration needs to be given to resource implications such as:

- Physical environment (examination room, couch, office, computer, mobile phone).
- Administrative support for the RANP.
- Access to resources (library facilities).
- Attendance at conferences.
- Leadership and professional scholarship competences.
- Continuous professional development.
- Networking /sharing of information with colleagues (multidisciplinary meetings case conferences, teaching/lecturing).

The following resources should be available:

- A dedicated clinical area to assess, diagnose, treat and care for patients.
- A dedicated clinical room with space for desk, examination couch, protected storage, computer point and X-Ray viewer from which the RANP acute medicine will work from.
- Access to online nursing and medical journals and access to HSE library services.
- An IT system which will run reports for data collection purposes which will also facilitate the RANP acute medicine in fulfilling their role in relation to audit of practice and undertaking research.

3.13. SUBMISSION OF PORTFOLIO

The applicant's portfolio must demonstrate clear evidence that the person who is applying for registration as an ANP has the competences for advanced practice as per the Advanced Practice (Nursing) Standards and Requirements (NMBI, 2017).

The core competences for advanced practice nursing are as follows:

- Professional values and conduct of the registered advanced nurse practitioner.
- Clinical-decision making.
- Knowledge and cognitive competencies.
- Communication and interpersonal competences.
- Management and team competences.
- Leadership and professional scholarship competences.

A complete submission will require the following documents to be submitted electronically via the hyperlink available on the “My Account – Advanced Practice Registration” (you will need to create an account with NMBI if you do not already have one: (Details can be found at: <https://www.nmbi.ie>

- Portfolio (PDF format).
- Completed self- assessment form (word format only).
- Completed advanced practice registration form.
- Transcripts must be received directly from the higher education institution to the NMBI, which demonstrate achievement of clinical competences

It should be noted that the applicant’s portfolio may be shared with other experts/ members of NMBI’s advanced practice panel in terms of reviewing the criteria for advanced practice.

On submission the portfolio will be allocated to a professional officer for a preliminary review. If the portfolio contains the relevant information to meet criteria for registration the professional officer will progress the applicant to the review panel.

Further information can be accessed at: <https://www.nmbi.ie> (NMBI, 2018)

4.0. DISCUSSION

This guiding framework is offered to services to support them in defining the scope and role of RANP acute medicine services; establishing governance structures and agreements; supporting the service and the candidates to meet the NMBI eligibility criteria for registration as a RANP, and to provide a standard for developing advanced practice across the acute floor and integrated with other professions and service delivery organisations now and into the future.

The document also provides clarity in relation to the vision for advanced practice for acute medicine nurses in Ireland and nurse managers in regards to developing their services with a clear focus on the journey of the unwell medical patient, beginning in the community and returning to the community.

In the course of its work the Expert Advisory Group undertook extensive site visits and consultation with clinicians, nurses at front line and senior nursing management levels across hospitals and community service areas, with nursing policy makers and regulators.

In December 2016 the first two RANPs acute medicine were registered with the NMBI. This very positive development has marked the commencement of a process of implementation of a robust RANP acute medicine service.

Implementing the RANP acute medicine services across the health service in Ireland presents the nursing profession with a unique opportunity to be proactive in shaping the future of health care and be part of the creation of a better health system for the Irish population.

4.1. EXAMPLES OF cANP / RANP SERVICE IMPACT

Service exemplars of the impact of early implementation of cANP / RANPs in acute medicine on improving the patient journey and experience are available throughout the acute medicine units included in and outside of the DoH demonstrator programme.

A cANP (subsequently RANP) led DVT care pathway was introduced at St Vincent's University Hospital, Dublin, in 2015. This candidate was appointed prior to the DoH demonstrator site programme. Following the development of a standardised guideline, the cANP's caseload was extended to include stream lining of investigations and management of patients presenting with suspected DVTs, and to do so on ambulatory care basis. Anticipated positive benefits were identified as reduced patient experience time (PET), increased access to diagnostics, improved compliance with risk stratification and increase in same day discharges.

Improvement measurements taken before and after the introduction of the pathway showed improved compliance with risk stratification (34% pre introduction and 42% post introduction), increased same day access to venogram (37% pre introduction and 54% post introduction) and increased same day discharge to 79% post introduction of the pathway. The DVT service incorporates pharmacy education and the provision of a contact number for patient should they have any queries prior to clinic review.

The AMU virtual clinic at St Vincent's University Hospital is also a nurse led (RANP) service which allows for review of diagnostic tests and communication of these results to both patients and general practitioners. Since 2015 this clinic has reviewed over 520 patients with a mean reduction in average length of stay (AvLOS) of 0.53 days whilst also contributing to improved communication with both the patient and community services. Additional benefits include safer discharge, reduction in length of stay, re admission avoidance, reduction in outpatient clinic reviews and improved communication.

A candidate ANP acute medicine in Our Lady of Lourdes Hospital, Drogheda demonstrated impact on patient experience time, hospital diversion, and referral rates during a three month period in 2018. Of 136 patients managed as part of her caseload 90% were discharged home on the same day, 6% were admitted and 4% referred to other health care professionals. 97% of patients on her case load were assessed, investigated, care planned and discharged within four hours with only 3% requiring a same day attendance of greater than 6 hours prior to discharge. The greatest proportion of patients seen presented with respiratory symptoms, chest pain and suspected deep venous thrombosis. She prescribed 13 medicinal products during this period.

Since registration as an ANP the scope of practice of this nurse has expanded to include provision of a virtual clinic and measurement of caseload and key indicators has commenced. Requesting of ionizing radiation investigations will also begin to increase the capacity of the RANP caseload and to reduce patient experience and waiting times.

4.2. CONCLUSION

Advanced nursing practice maximises the use of nursing expertise, exemplary knowledge, skills, capability and competencies to enhance service provision and improve outcomes for patients whilst also providing an opportunity for nurses who wish to remain in the acute medicine clinical practice area to pursue an acute medicine clinical nursing career pathway in the unscheduled care / acute floor environment.

The Expert Group wish to thank all who contributed so openly to discussions, workshops and in written feedback all of which has helped to identify potential areas of practice for future RANPs acute medicine and to shape the content of this document as a “Guiding Framework for Sites Developing Registered Advanced Nurse Practitioners Acute Medicine”.

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Appendix 1: Membership of Expert Advisory Group and Working Groups

Expert Advisory Group

Richard Walsh (Chairperson)	Director of Nursing National Acute Medicine Programme
Mary Frances O Reilly	Director NMPDU HSE West & ONMSD National Lead Development of RANP / RAMPs
Eithna Coen	NMPDU Project Officer (Advanced Nurse Practice) HSE South East
Ann Donovan	Group Chief Director of Nursing and Midwifery, Ireland East Hospital Group (Representing Group Chief Directors of Nursing and Midwifery)
Dr. Yvonne Smyth	Consultant Physician, University Hospital Galway / Co- Clinical Lead NAMP / RCPI
Virginia Pye	Director of Public Health Nursing Lead ONMSD (Representing Public Health Nursing)
Deirdre Lang	Director of Nursing National Clinical Programme for Older Persons(NCPOP) (Representing Older Persons Nurse Interest Group)
Valerie Small,	RANP, St James hospital & RANP Lead National Emergency Clinical Care Programme ONMSD
Berneen Laycock	Assistant Director of Nursing AMNCH Hospital Tallaght (Representing Acute Medicine Nurse Interest Group)
Emily Bury	RANP, acute medicine, St Vincent's University Hospital, Dublin
Patricia McQuillen	NMPDU Project Officer HSE South, (Representing General Practice –Practice Nursing)
Kavita Nagarajan	RANP acute medicine, Mater Misericordiae University Hospital, Dublin.

Working Group 1 - Literature Review:

Eithna Coen (Convenor)	RAMP. NMPDU Project Officer (Advanced Nurse Practice) HSE South East
Emily Bury	RANP acute medicine, St Vincents University Hospital, Dublin

Working Group 2 - cANP & RANP Acute medicine Job Descriptions

Mary Frances O'Reilly, (Convenor)	Director NMPD West Mid West, ONMSD Lead Advanced Practice
Patricia McQuillen	NMPDU Project Officer HSE South, Practice Nurse Co-Ordinator
Kavita Nagarajan	RANP Mater Misericordiae University Hospital, Dublin.
Eithna Coen	RAMP, NMPD Project Officer (Advanced Practice) NMPD South East
Emily Bury,	RANP, acute medicine, St. Vincent's University Hospital, Dublin
Áine Lynch	Interim Director NMPDU (Dublin South, Kildare and Wicklow)
Caroline Kavanagh	Nurse Tutor, NMPDU, Swords Business Campus
Fiona Willis	NMPDU Project Officer NMPDU HSE South Cork / Kerry

Working Group 3 - Consultation and site visits

Richard Walsh	Director of Nursing, National Acute Medicine Programme
Mary Frances O'Reilly	Director NMPD West Mid West, ONMSD Lead Advanced Practice
Eithna Coen	RAMP, NMPD Project Officer (Advanced Practice) NMPD South East
Ann Donovan	GCDONM Ireland East Hospital group
Dr. Yvonne Smyth	Consultant Physician, University Hospital Galway / Co- Clinical Lead NAMP / RCPI

Workshop Facilitators: Richard Walsh, Eithna Coen, Emily Bury, Kavita Nagarajan, Carmel Hoey, Mary Frances O'Reilly, Avilene Casey, Jonathan O'Keefe, Fiona Willis.

Appendix 2: Terms of Reference

Expert Advisory Group – advanced nurse practitioner acute medicine

ONMSD Business Plan Projects 2016

Convene a working group to examine opportunities and make recommendations for the development of registered advanced nurse practitioners (RANPs) acute medicine in acute medical assessment (AMAU) / acute medical assessment and medical short stay units (AMSSUs).

Terms of Reference

Aim

To provide a standardised approach for services in the development of RANPs acute medicine posts aligned with the National Acute Medicine Programme (NAMP) Model of Care, and in so far as possible with the integrated clinical care programmes e.g. patient flow, older people, and the recommendations of the ED task force (2015) and professional guidance documents.

Objectives

1. Prepare a project plan to meet the aim outlining actions, timelines and named responsible individuals.
2. Undertake consultation process at strategic organisational level with acute hospital, and community health organisation stakeholders regarding existing plans, and potential opportunities with the aim of securing formal stakeholder commitment to the proposed role development from a clinical viewpoint and also a financial and HR perspective.
3. Review international literature on the development of RANP roles in acute medicine
4. Develop candidate ANP acute medicine job description (as per nationally agreed candidate ANP job description), standardised job description for RANP (as per NMBI requirements), and determine essential criteria/qualifications/post specific requirements/competences; and, determine RANP proposed caseload and agreed scope of practice whilst enabling flexibility in the models and scope of practice to be identified
5. Complete a draft report for the Director ONMSD and Clinical Lead, NAMP outlining progress against stated objectives.

6. Provide an information and resources document to support service areas

Timeline and life of group

April 2016 to End August 2016 (subject to review)

Appendix 3: Consultation and Guiding Framework Preparation Process

Objective two of the Terms of Reference of the Expert Group was to: Undertake a consultation process at strategic organisational level with acute hospital, and community health organisation stakeholders regarding existing plans, and potential opportunities with the aim of securing formal stakeholder commitment to the proposed role development from a clinical viewpoint and also a financial and HR perspective.

A work-stream to consult with key stakeholders was agreed early into the development of the guideline. This was to ensure that the Expert Group was fully informed of front line developments, intentions for developing ANP services, potential scope of practice and integration across the health services, perceived enablers and barriers at local, regional and national levels.

Throughout the process each member of the expert group liaised with the practice areas and disciplines they represented in order to fully advise them on the content of draft documents and to feedback on potential areas for inclusion or amendment.

A formal eight step process was undertaken over the period May 2016 to November 2018.

May – July 2016	20 th October 2016
<p>Site Visits to AMAU/ MAU and AMSSUs representative of Model two, three and four hospitals.</p> <p>During these visits the sub group met with Directors of Nursing, CNMs, consultant physicians and front line nursing staff.</p> <p>Hospitals visited included, University Hospital; Roscommon and Bantry General Hospital (Model 2); University Hospital Galway And University Hospital Waterford (Model 4) and St Luke's Hospital Kilkenny (Model 3).</p>	<p>Invitation through Consultant Physician Expert Advisory group member to acute medicine physicians to participate in a focus group. Attended by 3 consultant physicians. 5 key areas of enquiry:</p> <ul style="list-style-type: none"> • Understandings of the experience, qualifications, educational /clinical preparation and governance necessary to support candidate ANPs prior to commencing the journey to establish an ANP service • Experience to date of the process of ANP Preparation

	<ul style="list-style-type: none"> • Scope of RANP practice in acute medicine • Contributions RANPs are anticipated to make to improving patient care • Opportunities for development of additional RANPs across AMAUs / MAUs /AMSSUs
<p>23rd November – December 14th 2016</p> <p>Draft 1 of guideline circulated to and written comments sought from:</p> <p>ONMSD leadership team Group Chief Directors of Nursing & Midwifery Directors of Public Health Nursing Directors of Nursing Older Persons Services Directors NMPD NMPD practice nurse facilitators NMPD ANP development officers Directors of Nursing acute hospitals CNMs and staff nurses AMAU/MAU/AMSSUs AMNIG Association of Advanced Nurse Practitioners Nursing Division Department of Health Project Officer NMBI</p> <p>Three written responses received</p>	<p>November 25th 2016</p> <p>Briefing and focus group with Group Chief Directors of Nursing and Midwifery</p> <p>Key areas of enquiry</p> <ul style="list-style-type: none"> • acute medicine RANPs in an integrated care environment • Priority for developing RANPs acute medicine • Scope of RANP Practice in acute medicine • Workforce planning • Business planning process
<p>December 14th 2016</p> <p>Invitations to participate in focus groups were issued to public health, older persons residential, and acute hospital service DONs and assistant DONs, NMPD Directors and Project Officers, Practice Development coordinator's, candidate and RANPs (older persons, emergency and acute medicine), CNMs and staff nurses acute medicine units, and practice nurses.</p> <p>All participants provided with advance copy of draft Guidelines.</p> <p>Four focus groups, attended by a total of 27 people were held on December 14th.</p> <p>Key areas of enquiry:</p> <ul style="list-style-type: none"> • Thoughts on draft document • Opportunities for developing ANP acute 	<p>November 2016 to March 2017</p> <p>Analyses of consultation.</p> <p>Further consultation with Department of Health (at this time Departmental Policy in respect to Advanced Nursing Practice was reaching final stages of preparation prior to consultation in March and April 2017)</p> <p>Revised Draft Guiding Framework to Expert Group</p> <p>Draft re-circulated to key stakeholders for comment.</p> <p>Analyses of responses and amendments</p>

medicine services <ul style="list-style-type: none"> • Commence and contributing to the process of developing ANPs in own hospital area • supporting services to prepare sites and staff, identify scopes of practice, secure candidate posts 	
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Following publication of the Department of Health Draft Policy on Graduate, Specialist and Advanced Practice in Nursing in April 2017, the ONMSD as a key stakeholder in policy implementation requested that the work of the expert group be directed temporarily to supporting the implementation of the DoH demonstrator site for advanced practice initiative. Members of the Expert Group were nominated to membership of the Steering Group thus bringing their expertise in the area of advanced practice development and the learning from the work of the expert group to date in the area of acute medicine nursing to the steering group.

Work recommenced on the Guiding Framework in January 2018.

January 2018 to April 30th	May 2018 – Nov 30th 2018
Subgroups reconvened. Literature review updates. Draft Job Description templates (cANP / RANP) validated with HSE HR. Finalisation dependent upon enactment of NMBI regulations.	Amendment to Guidance Framework and appendices incorporating NMBI regulations and revised legislation. Updated Memoranda of Understanding, SLA, Business Case(s) Templates Updated Table of Legislation Policy and Guidelines influencing RANP practice Circulation of amended draft to key stakeholders. Four written responses received. Expert advisory Group agree recommendation to Director ONMSD Final draft to ONMSD for approval.

The Expert group wish to acknowledge the following who contributed to the final document either through professional guidance and knowledge, written response, direct meeting and / or focus group attendance. Their views have been taken account in the revisions made to the document, culminating in this published version.

Anne Murphy	Asst. Director of Nursing, Naas General Hospital.
Avilene Casey	Area Director of Nursing, ONMSD, Clinical Strategy and Programmes Division, HSE
Berneen Laycock	Project Officer, Department of Health, on behalf of Chief Nurses Office DoH
Carmel Hoey	NMPD Officer NMPD HSE West & Project Officer National Clinical Programme Older People RCPI
Caroline Egan	CNM2, AMAU, St Luke's Hospital, Kilkenny
Catherine Quinn	Staff Nurse, MAU, Nenagh General Hospital, ULH Group
Ciaran Conlon	Assistant Director of Nursing, Our Lady of Lourdes Hospital, Drogheda
Clare O'Neill	CNM3, Mater Misericordia Hospital, Dublin
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Dolores Heery	Directorate Nurse Manager, Mater Misericordia Hospital, Dublin
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Dr. Catherine McGorrian	Consultant Physician, AMAU, St Vincent's University Hospital, Dublin
Dr. Emer Kelly	Consultant Physician, AMAU, Mater Misericordia Hospital, Dublin
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Dr. Gerard White	RANP Emergency Care, Cork University Hospital /University College Cork
Dr. Mary Doolin	Project Officer, Nursing and Midwifery Board of Ireland
Dr. Patrick Cotter	RANP Emergency Care, Cork University Hospital/University College Cork Higher Education Institutes Consortium Advance Practice Programme Leads response
Dr. Yvonne Smyth	Clinical Lead National Acute Medicine Programme & Consultant Physician, AMAU, University Hospital Galway
Elizabeth Breslin	NMPD Officer, on behalf of NMPD North West, Donegal.
Fiona Willis	NMPD Officer, HSE South (Cork/Kerry), and on behalf of NMPD & CNMEs Cork/Kerry
Group Chief Directors of Nursing and Midwifery	Ireland East Hospital Group, South /South West Hospital Group. Dublin Midlands Hospital Group, Saolta Hospital Group, University of Limerick Hospital Group, R.C.S.I. Hospital Group
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Higher Education Institutes	Consortium Advanced Practice UCC, NUIG, UCD, TCD.
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Sheila Cahalane	NMPD Project Officer, Dublin South, Kildare & Wicklow
Sheila McGuinness	Group Chief Director of Nursing and Midwifery, R.C.S.I. Hospital Group
Tanya King	Director of Nursing, Mater Misericordia Hospital, Dublin

The Expert group also wish to acknowledge the Directors of Nursing and nursing staff in the following hospitals who facilitated site visits and discussions on the potential for ANP developments

University Hospital, Galway	AMU / AMSSU (Model 4 Hospital)
St Lukes Hospital, Kilkenny	AMAU (Model 3 Hospital)
University Hospital, Roscommon	MAU (Model 2Hospital)
Bantry General Hospital	MAU (Model 2Hospital)

Appendix 4: Legislation, Rules, Regulations, & Guidelines Governing Nursing / Midwifery Practice for the RANP acute medicine service

Please note this listing is an example only and is not exhaustive. It is important to keep abreast of changes and updates, many of which are available at the website addresses contained in the document. The cANP / RANP ACUTE MEDICINE should select those examples applicable to his / her scope of practice and service for inclusion in Job and Role Descriptions.

Nursing and Midwifery Board of Ireland www.nmbi.ie Protecting the public by supporting nurses and midwives to maintain practice standards				
Name	Type	Source	Brief Description	Revision
<u>Recording Clinical Practice: Professional Guidance</u>	Guideline	NMBI	<p>This guidance from the Nursing and Midwifery Board of Ireland, formerly An Bord Altranais, aims to assist nurses and midwives to:</p> <p>Appreciate the professional and legal issues around compilation and management of documentation.</p> <p>Value professional responsibility associated with good practice in record management.</p> <p>Offer practice advice in attaining and maintaining acceptable standards of recording clinical practice.</p>	November 2002 Reskinned 2015
<u>Quality Clinical Learning Environment: Professional Guidance</u>	Guideline	NMBI	The document examines the clinical learning environment and provides guidelines on designing and managing the clinical learning experience. It also looks at the clinical learning and assessment process and how students should maintain documents and records.	April 2003 Reskinned 2015
<u>Ethical Conduct in Research: Professional Guidance</u>	Guideline	NMBI	The aim of this guidance is to ensure that there is awareness of ethical research principles and the protection of the rights of all those involved in research.	January 2007 Reskinned 2015

<u>Prescriptive Authority for Nurses and Midwives: Standards and Requirements</u>	Standard	NMBI	These standards and requirements developed by the Nursing and Midwifery Board of Ireland (NMBI), formerly An Bord Altranais, set out the educational standards and requirements for prescriptive authority for nurses and midwives to prescribe medicines leading to qualification as a registered nurse prescriber.	April 2007 Reskinned 2015
<u>NMBI Guidance to Nurses and Midwives on Medication Management</u>	Guideline	NMBI	An Bord Altranais (NMBI) prepared these guidelines to assist nurses and midwives to understand their roles and responsibilities in medication management.	July 2007
<u>Ionising Radiation (Nurse Prescriptive Authority): Standards and Requirements</u>	Standard	NMBI	Designed to provide guidance to education providers and health care institutions involved in the education of nurses in relation to the development, delivery and evaluation of education for nurse authority to prescribe ionising radiation.	February 2008 Reskinned 2015
<u>Working with Older People: Professional Guidance</u>	Guideline	NMBI	This NMBI publication aims to define the standard of nursing care to be expected by all older people, their family and informal carers who are in receipt of nursing care in various settings.	April 2009 Reskinned 2015
<u>Practice Standards and Guidelines for Nurses and Midwives with Prescriptive Authority</u>	Standards & Guidelines	NMBI	This document was published by An Bord Altranais, now the Nursing and Midwifery Board of Ireland (NMBI), and addresses the professional responsibilities of nurses and midwives for their prescribing practices. These standards and guidelines for prescribing medicines should be viewed as the overarching mechanism with which a nurse/midwife is expected to practice.	September 2010
<u>Guidance to Nurses and Midwives on Social Media and Social Networking</u>	Guidelines	NMBI	The Guidance to Nurses and Midwives on Social Media and Social Networking can help registered nurses and midwives, nursing and midwifery students and nursing and midwifery managers to learn about the benefits of social media and social networking and understand basic guidelines for its safe use.	June 2013

<u>Code of Professional Conduct and Ethics for registered nurses and registered midwives</u>	Standard	NMBI	The purpose of the Code is to guide nurses and midwives in their day-to-day practice and help them to understand their professional responsibilities in caring for patients in a safe, ethical and effective way.	December 2014
<u>Practice Standards for Midwives</u>	Standard	NMBI	Registered midwives practising in Ireland must comply with these Midwives Practice Standards, as well as any other developments that impact or inform the evidence-based practice of midwifery in Ireland.	May 2015
<u>Scope of Nursing and Midwifery Practice Framework</u>	Standard	NMBI	This Framework provides guidance to all nurses and midwives in determining their roles and responsibilities in relation to the provision of safe, quality patient care. It encourages nurses and midwives to critically examine their scope of practice and expand it, where appropriate.	October 2015
<u>Advanced Practice (Nursing) Standards and Requirements</u>	Standard	NMBI	The Nursing and Midwifery Board of Ireland (NMBI) defines the standards and requirements for nursing and midwifery education programmes at Ireland's Higher Level Institutions (HEIs). This document defines the standards and requirements for education programmes leading to registration as a Registered Advanced Nurse Practitioner.	March 2017
<u>Advanced Practice (Midwifery) Standards and Requirements</u>	Standard	NMBI	The Nursing and Midwifery Board of Ireland (NMBI) defines the standards and requirements for nursing and midwifery education programmes at Ireland's Higher Level Institutions (HEIs). This document defines the standards and requirements for education programmes leading to registration as a registered advanced midwife practitioner.	April 2018

Health Service Executive

www.hse.ie

Name	Type	Source	Brief Description	Revision
<u>A Practical Guide to Clinical Audit</u>	Guide	HSE QID	In order to undertake effective clinical audit, healthcare professionals must have the necessary knowledge of the clinical audit process. Evidence shows that data collection is frequently confused with clinical audit. The Quality and Patient Safety Division has developed 'A Practical Guide to Clinical Audit' to eliminate such confusion and to equip healthcare professionals with the necessary knowledge to plan, design and conduct a clinical audit.	2013
<u>Open Disclosure: National Policy Supporting Documents:</u> Evaluation of the National Open Disclosure Pilot (2016) Open Disclosure: Communicating when things go wrong. (patient information leaflet) Open Disclosure: National Guidelines – Communicating with service users and their families following adverse events in healthcare. (information for staff) Supporting Staff following an adverse event – The 'ASSIST ME' Model Open Disclosure: A Brief Guide for Health and Social Care Staff	Policy	HSE QID and National State Claims Agency	An open disclosure programme was piloted at two hospitals, the Mater Misericordiae University Hospital, Dublin and Cork University Hospital from October 2010 until October 2012. Utilising the learning from the pilot programme the HSE has developed, in conjunction with the State Claims Agency, a national policy and national guidelines on open disclosure with supporting documents which include a patient information leaflet, a staff support booklet and a staff briefing guide.	2013

<u>HSE National Consent Policy:</u> Part 1: General Principles Part 2: Children and Minors Part 3: Research Part 4: Do Not Attempt Resuscitation	Policy	HSE QID	<p>The National Consent Policy provides one overarching HSE policy to guide staff. The need for consent, and the application of the general principles in this policy, extends to all interventions conducted by or on behalf of the HSE on service users in all locations. Thus, it includes social as well as healthcare interventions and applies to those receiving care and treatment in hospitals, in the community and in residential settings. How these principles are applied, such as the amount of information provided and the degree of discussion needed to obtain valid consent, will vary with the particular situation</p>	2013 Update to Part 2: Children and Minors 2017
<u>Framework for Improving Quality in Our Health Service</u> <u>Part 1: Introducing the Framework</u>	Framework	HSE QID	<p>The "Framework for Improving Quality" resource has been developed to influence and guide our thinking, planning and delivery of care in our services. It is firmly orientated towards quality, safety and to improve patient experience and outcomes.</p> <p>The Framework provides a strategic approach to improving quality whether at the front-line, management, board or national level. It has a clear aim to foster a culture of quality that continuously seeks to provide safe, effective, person centred care across all services.</p>	2016
<u>HSE National Framework for the Development of Policies, Procedures, Protocols and Guidelines</u>	Framework	HSE QID	<p>The PPPG framework provides a comprehensive process and methodology to support the development of PPPGs in meeting this cohesive approach via the application of rigorous methodological standards.</p> <p>This framework will support service providers to develop and implement PPPGs to meet the required national standards (i.e.) (Department of Health [DoH], Health Information & Quality Authority [HIQA], and Mental Health Commission [MHC] etc.).</p>	2016
<u>Improvement Knowledge and Skills Guide</u>	Guideline	HSE QID	<p>This guide will help to support the ongoing learning and professional development of all staff both clinical and non-clinical by providing a list of improvement knowledge and skills which can help to educate, train and guide staff on how to deliver improvement in the health service.</p>	2017

<u>Report of the Irish National Audit of Dementia Care in Acute Hospitals 2014</u>	Report	HSE QVAD	<p>This first Irish National Audit of Dementia care in acute hospitals (INAD) aimed to examine the quality of care received by people with dementia when admitted to acute hospitals in Ireland.</p> <p>Thirty five acute hospitals were audited in 2013. There were four parts to INAD as follows: (i) hospital organisational audit; (ii) ward organisational audit; (iii) ward environment audit and (iv) healthcare record audit. The results of the audit and subsequent recommendations are available at: https://www.ucc.ie</p> <p>INAD represents a joint initiative between The Centre for Gerontology and Rehabilitation, School of Medicine, University College Cork; The Centre for Ageing, Neuroscience and the Humanities, Trinity Centre for Health Sciences, Tallaght Hospital; and the HSE Quality and Patient Safety Audit Services. INAD was funded by Atlantic Philanthropies and The Meath Foundation. The project was overseen by a multidisciplinary steering committee representing all relevant stakeholders.</p>	2014
<u>HSE Integrated Risk Management Policy:</u> <u>Incorporating a review of the Risk Management</u> Process Part 1: Managing Risk in Everyday Practice – Guidance for Managers Part 2: Risk Assessment and Treatment – Guidance for Managers Part 3: Managing and Monitoring Risk Registers – Guidance for Managers	Policy	HSE QVAD	<p>The HSE recognises the importance of adopting a proactive approach to the management of risk to support both the achievement of objectives and compliance with governance requirements.</p> <p>A key feature of managing risk in everyday practice relates to recognising the risks relating to the service you manage and having in place the systems and processes to reduce the risk of these occurring or if they do, to minimise their impact.</p> <p>To support you in delivering on your commitments in relation to managing risk, the HSE's Integrated Risk Management Policy and a number of guidance documents have been developed.</p>	2017

<u>Your Service Your Say: The Management of Service User Feedback for Comments, Compliments and Complaints</u>	Policy	HSE QA VD	'Your Service, Your Say' The Policy and Procedures for the Management of Consumer Feedback to include Comments, Compliments and Complaints in the HSE. Included are numerous resources, tools and information leaflets	2017
<u>Incident Management Framework</u> Templates & Forms After Action Review Guideline for System Analysis Investigation of Incidents, Rev 3, August 2016 Supporting Tools Look Back Review Process Guideline Serious Reportable Events National Incident Management system	Framework	HSE QA VD	This Framework has been co-designed in collaboration with representatives from all levels of service and has been informed by listening sessions carried out with staff and service users. The National Incident Management System (NIMS) is a core enabling system to improve patient and service user safety with more than 110,000 incidents report annually.	2018
<u>National Policy for Pronouncement of Expected Death by Registered Nurses Working Group [For use in HSE residential, HSE long-stay and HSE specialist palliative care services only]</u>	Policy	HSE ONMSD	The National Policy for Pronouncement of Expected Death by Registered Nurses [For use in HSE residential, HSE long-stay and HSE specialist palliative care services only] (2017) follows a national project to explore and establish the necessary governance arrangements which are required to provide for the safe pronouncement of expected death by registered nurses in specific circumstances. The project specifically relates to pronouncement (not certification) of expected deaths by registered nurses in HSE Residential Care, Long Stay Care and Specialist Palliative Care settings only.	2017

<p><u>HSE Clinical Strategies and Programmes Division:</u></p> <p>https://www.hse.ie</p>	<p>PPPGs and Models of Care</p>	<p>HSE CSPD</p>	<p>The Clinical Strategy and Programmes Division (CSPD) is structured around three interrelated components; the National Clinical Programmes (NCPs), Integrated Care Programmes (ICPs) and the Office of the Nursing & Midwifery Services Director (ONMSD). These three strands are interwoven and their success relies on the support of each other.</p> <p>The main goal of the CSPD is to rethink the delivery of health and social care in order to improve and standardise patient care across all healthcare settings, irrespective of location, by bringing together clinical disciplines and enabling them to share innovative, evidence-based solutions in the interest of providing improved person-centered care.</p>	<p>2018</p>
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<p><u>HSE Quality Improvement Division:</u></p> <p>https://www.hse.ie</p> <hr/> <p><u>Resources include but are not limited to:</u></p> <p>Framework for Improving Quality</p> <p>Framework for Improving Quality in Our Health Service Social Care - Application of Framework for Improving Quality</p> <p>National Safety Programmes</p> <p>HCAI/AMR Medication Safety Pressure Ulcers to Zero Decontamination</p> <p>Other Quality Improvement Programmes</p> <p>Global Health Assisted Decision Making Open Disclosure Audit Support Consent</p>	<p>PPPGs and Guidelines on Quality Improvement</p>	<p>HHSE QID</p>	<p>The Quality Improvement Division was established in 2015 to support the development of a culture that ensures improvement of quality of care is at the heart of all services that the HSE delivers. The mission of the QID is to work in partnership with patients, families and all who work in the health system to innovate and improve the quality and safety of our care.</p>	<p>2018</p>
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<p><u>HSE Quality Assurance and Verification Division:</u></p> <p><u>Resources include but are not limited to:</u></p> <p>Risk Management Incident Management Healthcare Audit Protected Disclosures Appeals Service Complaints and Governance Learning Team MERU (Medical Exposure Radiation Unit)</p>			<p>https://www.hse.ie/</p> <p>The Quality Assurance and Verification Division was established in 2015 to monitor and report on the quality and safety of health and social care services, by building on capacity of the organisation to respond to and learn from service user and service provider feedback, as well as risk and safety incident management. The Division promotes, assures and encourages high quality and safety standards at all times, as well as carrying out interventions and improvements when deemed necessary.</p> <p>The following list of functions form part of the Quality Assurance and Verification Division:</p> <p>Risk Management Incident Management Healthcare Audit Protected Disclosures Appeals Service Complaints and Governance Learning Team MERU (Medical Exposure Radiation Unit)</p>	
<p><u>HSE Safeguarding Vulnerable Persons at Risk of Abuse: National Policy and Procedures</u></p>	PPPG	HSE	<p>National Policy detailing procedures for responding to concerns or allegations of abuse (Physical, Sexual, Psychological, Financial or Material, Neglect, Discriminatory & Institutional) in older persons & adult disability services. It details the Principles that are critical to safeguarding - Human Rights, Person Centeredness, Advocacy, Confidentiality, Empowerment & Collaboration.</p>	December 2014
<p><u>HSE National Wound Care Guidelines 2018</u></p>	PPPG	HSE	<p>These guidelines were developed by the HSE in collaboration with academic institutions and professional organisations involved in wound management in Ireland. The guidelines are applicable to all professionals involved in wound management and associated staff.</p>	2018
<p><u>HSE Standards and Recommended Practices for Healthcare Records Management</u></p>	PPPG	HSE	<p>This is a guide to the standards of practice required in the management of healthcare records in the HSE, based on current legal requirements and professional best practice.</p>	May 2011

Health Information and Quality Authority

www.hiqa.ie

HIQA is an independent authority that exists to improve health and social care services for the people of Ireland.

HIQA Standards are included in this document – a number of guidance documents, reports and publications which are frequently updated and may be relevant to you service are also available on the HIQA website.

Name	Type	Source	Brief Description	Revision
<u>National Standards for the Conduct of Reviews of Patient Safety Incidents</u>	Standards	HIQA	The Health Information and Quality Authority (HIQA) and the Mental Health Commission (MHC) jointly developed these standards to promote improvements in how services conduct reviews of patient safety incidents and intend to set a standard for cohesive, person-centered reviews of such incidents.	October 2017
<u>National Standards for the prevention and control of healthcare-associated infections in acute healthcare services</u>	Standards	HIQA	HIQA's revision of the national standards for the prevention and control of healthcare-associated infections in acute healthcare services outlines 29 standards that reflect up-to-date infection prevention and control best practice, with the objective of reducing healthcare-associated infections. Healthcare-associated infections are infections such as surgical site infection, pneumonia, urinary tract infection, bloodstream infection and gastroenteritis.	May 2017
<u>National Standards for Safer Better Maternity Services</u>	Standards	HIQA	The National Standards that support the implementation of the National Maternity Strategy are set out in this document. The Standards will sit within the overarching framework of the National Standards for Safer Better Healthcare with the aim of promoting improvements in conjunction with the new National Maternity Strategy.	December 2016
<u>National Standards for Residential Care Settings for Older People in Ireland</u>	Standards	HIQA	These are the National Standards for Residential Care Settings for Older People in Ireland. These Standards supersede all previous standards for residential care settings for older people in Ireland and come into effect on 1 July 2016.	May 2016

<u>National Standards for Special Care Units</u>	Standards	HIQA	These National Standards for Special Care Units have been developed to ensure that children living away from home are provided with safe, high quality services. Special care units are secure, residential facilities for children in care aged between 11 and 17 years. They are detained under a High Court care order for a short-term period of stabilisation when their behaviour poses a real and substantial risk of harm to their life, health, safety, development or welfare. Children reside in a special care unit where placement in such a unit is considered necessary for their care and welfare.	March 2015
<u>National Standards for Residential Services for Children and Adults with Disabilities</u>	Standards	HIQA	These standards set out what a good quality, safe residential service for people with disabilities should be. They include separate sections for children with disabilities and adults with disabilities, describing how safe and effective care can be provided.	May 2013
<u>National Standards for the Protection and Welfare of Children</u>	Standards	HIQA	These standards aim to follow a child's journey within the HSE child protection system to ensure that the child's safety and welfare is protected.	July 2012
<u>National Standards for Safer Better Healthcare</u>	Standards	HIQA	These standards are immensely important for patients, placing them at the heart of the care process. They are aimed at protecting patients and improving services, and will form the basis for future licensing of all healthcare facilities in Ireland.	June 2012

<u>2009 National Standards for the Prevention and Control of Healthcare Associated Infections</u>	Standards	HIQA	Preventing and controlling HCAs is not just a priority for Ireland, it is a global challenge. Considerable research and improvement initiatives have been undertaken nationally and internationally to reduce the level of HCAs and contribute to the safety and quality of care for patients. For acute healthcare services, see National Standards for the prevention and control of healthcare-associated infections in acute healthcare services: 2017. Standards for community settings are expected during 2018.	May 2009
<u>Guidance on the Statement of Purpose for Special Care Unit (SCU)</u>	Guidance	HIQA	This guidance and supporting template is intended to assist registered providers in devising or updating their service's Statement of Purpose. It provides information on what is required to be referenced in the completed Statement of Purpose template and should be used in conjunction with the relevant regulations and standards. The Statement of Purpose is required in order to register or renew the registration of a designated centre.	March 2018
<u>Guidance on the Statement of Purpose for designated centres for older people (DCOP)</u>	Guidance	HIQA	This guidance and supporting template is intended to assist registered providers in devising or updating their service's Statement of Purpose. It provides information on what is required to be referenced in the completed Statement of Purpose template and should be used in conjunction with the relevant regulations and standards. The Statement of Purpose is required in order to register or renew the registration of a designated centre.	February 2018
<u>Enhanced Authority Monitoring Approach (AMA) - Guidance</u>	Guidance	HIQA	This guidance provides a summary of the Health Information and Quality Authority's (HIQA's) approach to the regulation of designated centres. It outlines the key enhancements to its approach arising from its review of the Authority's Monitoring Approach (AMA). These enhancements apply from 1 January 2018.	February 2018

<u>Guidance - assessment of fitness for designated centres</u>	Guidance	HIQA	The purpose of this guidance document is to outline to providers (intended and registered) and persons participating in the management of designated centres how the Office of the Chief Inspector will assess their fitness.	February 2018
<u>Guidance on the Statement of Purpose for designated centres for children and adults with disabilities (DCD)</u>	Guidance	HIQA	This guidance and supporting template is intended to assist registered providers in devising or updating their service's Statement of Purpose. It provides information on what is required to be referenced in the completed Statement of Purpose template and should be used in conjunction with the relevant regulations and standards. The Statement of Purpose is required in order to register or renew the registration of a designated centre.	February 2018
<u>Monitoring notifications handbook for designated centres for older people (DCOP)</u>	Guidance	HIQA	Guidance for registered providers and persons in charge of designated centres for older people. The person in charge of a designated centre for older people must notify the Office of the Chief Inspector of the occurrence of certain events in the centre. The Office of the Chief Inspector refers to these as monitoring notifications.	February 2018
<u>Monitoring notifications handbook for disability (DCD)</u>	Guidance	HIQA	Guidance for registered providers and persons in charge of designated centres for person's children and adults with disabilities. The person in charge of a designated centre for persons with disabilities must notify the Office of the Chief Inspector of the occurrence of certain events in the centre. The Office of the Chief Inspector refers to these as monitoring notifications.	February 2018
<u>Guidance for the assessment of centres for persons with disabilities (DCD)</u>	Guidance	HIQA	This guidance relates to designated centres to which the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities apply.	February 2018

<u>Guide to infection prevention monitoring in acute hospitals</u>	Guidance	HIQA	This guide explains the approach that HIQA takes when monitoring the compliance of acute hospitals with the National Standards for the prevention and control of healthcare-associated infections. It refers to unannounced inspections only.	May 2017
<u>Guide to Medication Safety Monitoring in Acute Hospitals</u>	Guidance	HIQA	This guide outlines phase one of the Health Information and Quality Authority (HIQA's) medication safety monitoring programme in public acute hospitals in Ireland. HIQA plans to adopt a phased approach for monitoring medication safety in public acute hospitals in Ireland, with each phase building on the previous phase or phases.	October 2016
<u>This guidance for dementia care in residential centres for older people has been developed to guide service providers in the provision of high quality, safe and effective care for residents with dementia.</u>	Guidance	HIQA	This guidance for dementia care in residential centres for older people has been developed to guide service providers in the provision of high quality, safe and effective care for residents with dementia.	July 2016
<u>Guide to Nutrition and Hydration Monitoring in Acute Hospitals</u>	Guidance	HIQA	This guide outlines HIQA's monitoring and quality improvement programme for unannounced nutrition and hydration inspections in public acute hospitals (excluding paediatric and maternity services). The aim of this programme is to review the arrangements hospitals have in place to ensure that patients are adequately assessed, managed and their care evaluated to meet their nutrition and hydration needs. It supersedes all previous versions.	June 2016

<u>Guidance on Restraint Procedures</u>	Guidance	HIQA	Restrictive procedures should only be used in limited circumstances after other options to keep people safe have been exhausted. Such procedures should only be used in strict adherence to international human rights instruments, national legislation, regulations, policy and evidence-based practice guidelines.	April 2016
<u>Supporting people's autonomy: a guidance document</u>	Guidance	HIQA	The purpose of this guidance on autonomy is to help services to demonstrate how they show respect for human dignity, how they provide person-centred care, and how they ensure an informed consent process that values personal choice and decision-making. By ensuring that people's autonomy is respected, service providers will improve the quality of care, safety and quality of life of people who use health and social care services.	February 2016
<u>Guidance - Communicating in plain English, Adults</u>	Guidance	HIQA	Communicating in plain English; It is important to remember that different people and communities will have different communication needs. This guide will help you to communicate more clearly with your adult service users and their families and friends. It will help you think about how you present information so that the reader or listener will understand it the first time they read or hear it.	November 2015
<u>Guidance - Communicating in plain English for Children</u>	Guidance	HIQA	Communicating in plain English with children and their families; this guide will help you to communicate more clearly with children, their parents or other caregivers, and friends. It will help you to think about how you present information so that children and others will understand it the first time they read or hear it.	November 2015

<u>Medicines Management Guidance</u>	Guidance	HIQA	This guidance document has been developed to help enable service providers meet the medicines needs of older people, and children and adults with disabilities living in residential care. It signposts to some of the resources that help in the provision of high quality, safe and effective care outlined in the National Standards for Residential Care Settings for Older People in Ireland and the National Standards for Residential Services for Children and Adults with Disabilities.	October 2015
<u>Guide to the review of antimicrobial stewardship in public acute hospitals, 2015</u>	Guidance	HIQA	The guide outlines why the Authority has decided to focus on this patient safety issue, how the review process will be conducted, and what the desired outcomes from this review will be.	June 2015
<u>Guidance on Directory of Residents</u>	Guidance	HIQA	This memo offers guidance to registered providers on the records to be kept in respect of Regulation 19(1) and (3) and Regulation 21 (1)(c) of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons [Children and Adults] with Disabilities) Regulations 2013.	June 2015
<u>Guidance on Intimacy and Sexual Relationships</u>	Guidance	HIQA	The need for intimate emotional, physical and sexual closeness is a basic human need. Every human being benefits from the sense of closeness and mutual support that comes from having a network of relationships developed through school, work, hobbies and community activities.	November 2014

National Clinical Effectiveness Committee National Clinical Guidelines

<http://health.gov.ie/national-patient-safety-office/ncec/national-clinical-guidelines/>

National Clinical Guidelines are systematically developed statements, based on a thorough evaluation of the evidence, to assist practitioner and service users' decisions about appropriate healthcare for specific clinical circumstances across the entire clinical system. The aim of National Clinical Guidelines is to provide guidance and standards for improving the quality, safety and cost effectiveness of healthcare in Ireland.

Name	Type	Source	Brief Description	Revised
<u>National Clinical Guideline No. 1: National Early Warning Score (NEWS)</u>	National Clinical Guideline	NCEC DoH	National Clinical Guideline with recommendations for the National Early Warning Score for the recognition of and response to deteriorating adult patients.	2013 Updated 2014 Under review 2018
<u>National Clinical Guideline No. 2: Prevention and Control of MRSA</u>	National Clinical Guideline	NCEC DoH	National Clinical Guideline with recommendations for the prevention and control of MRSA.	December 2013
<u>National Clinical Guideline No. 3: Clostridium Difficile</u>	National Clinical Guideline	NCEC DoH	National Clinical Guideline with recommendations for the prevention and control of Clostridium Difficile	June 2014
<u>National Clinical Guideline No. 4: Irish Maternity Early Warning System</u>	National Clinical Guideline	NCEC DoH	National Clinical Guideline with recommendations for the Irish Maternity Warning System for the recognition of and response to deteriorating patient during pregnancy and for six weeks post pregnancy.	November 2014 Under Review 2018
<u>National Clinical Guideline No. 5: Clinical Handover in Maternity Services</u>	National Clinical Guideline	NCEC DoH	National Clinical Guideline with recommendations for Clinical Handover within Maternity Services.	November 2014

<u>National Clinical Guideline No. 6: Sepsis Management</u>	National Clinical Guideline	NCEC DoH	National Clinical Guideline with recommendations for the recognition of and response to Sepsis.	November 2014 Methodology update Feb 2015 NICE accreditation March 2015 HSE Clinical Advisory Statement March 2016
<u>National Clinical Guideline No. 7: Diagnosis, Staging and Treatment of Patients with Breast Cancer</u>	National Clinical Guideline	NCEC DoH	National Clinical Guideline with recommendations for the diagnosis, staging and treatment of patients with Breast Cancer.	June 2015
<u>National Clinical Guideline No. 8: Diagnosis, Staging and Treatment of Patients with Prostate Cancer</u>	National Clinical Guideline	NCEC DoH	National Clinical Guideline with recommendations for the diagnosis, staging and treatment of patients with Prostate Cancer.	June 2015 Clinical update March 2016
<u>National Clinical Guideline No. 9: Pharmacological Management of Cancer Pain in Adults</u>	National Clinical Guideline	NCEC DoH	National Clinical Guideline with recommendations for the pharmacological management of cancer pain in adults.	November 2015
<u>National Clinical Guideline No. 10: Management of Constipation in Adult Patients receiving Palliative Care</u>	National Clinical Guideline	NCEC DoH	National Clinical Guideline with recommendations for the management of constipation in adult patients receiving Palliative Care.	November 2015

<u>National Clinical Guideline No. 11: Clinical Handover in Acute and Children's Hospital Services</u>	National Clinical Guideline	NCEC DoH	National Clinical Guidelines with recommendations for Clinical Handover within Acute and Children's Hospital Services.	November 2015
<u>National Clinical Guideline No. 12: Paediatric Early Warning System</u>	National Clinical Guideline	NCEC DoH	National Clinical Guideline with recommendations for recognition of and response to deterioration on children using the Paediatric Early Warning System.	November 2015 Clinical Update November 2016
<u>National Clinical Guideline No. 13: Diagnosis, Staging and Treatment of Patients with Gestational Trophoblastic Disease</u>	National Clinical Guideline	NCEC DoH	National Clinical Guideline with recommendations for the diagnosis, staging and treatment of patients with Gestational Trophoblastic Disease.	November 2015
<u>National Clinical Guideline No. 14: Management of an Acute Asthma Attack in Adults (aged 16 years and older)</u>	National Clinical Guideline	NCEC DoH	National Clinical Guideline with recommendations for the management of acute asthma attack in adult patients aged 16 years and older.	November 2015
<u>National Clinical Guideline No 15: Hepatitis C Screening</u>	National Clinical Guideline	NCEC DoH	National Clinical Guideline with recommendations for Hepatitis C Screening.	July 2017
<u>National Clinical Guideline No. 16: Diagnosis, Staging and Treatment of Patients with Lung Cancer</u>	National Clinical Guideline	NCEC DoH	National Clinical Guideline with recommendations for the diagnosis, staging and treatment of patients with Lung Cancer.	November 2017

<u>National Clinical Guideline No. 17: Adult Type 1 Diabetes Mellitus</u>	National Clinical Guideline	NCEC DoH	National Clinical Guideline which will provide the diabetes multidisciplinary team, patients and the HSE with a framework that will ensure that adults with type 1 diabetes have equitable access to high quality care, thus improving patient's outcomes and reducing diabetes complications.	June 2018
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Legislation

<http://www.irishstatutebook.ie/>

Legislation for healthcare is drafted to give effect to decisions on policy by Government. Proposals for legislation are called "Bills" and they must be passed by both Houses of the Oireachtas (Dáil Éireann and Seanad Éireann) and signed by the President to become law. A process of consultation with Government Departments and groups likely to be affected by the Bill will have taken place beforehand. Secondary legislation, in the form of Statutory Instruments, is governed by the Statutory Instruments Act 1947. There are five main types of statutory instrument orders, regulations, rules, bye-laws and schemes.

Name	Type	Source	Brief Description	Revised
<u>Health Act 2007</u>	Act	Gol	The Health Act 2007 provided for the establishment of the Health Information and Quality Authority (HIQA). "The object of the Authority is to promote the safety and quality in the provision of health and social services for the benefit of the health and welfare of the public," the Act States.	2007
<u>The Nurses and Midwives Act 2011 (Government of Ireland 2011)</u>	Act	Gol	Ireland is at the forefront of advanced practice regulation, development and implementation through powers granted in The Nurses and Midwives Act (2011) SI 3 of 2010. http://www.irishstatutebook.ie/t	2011
<u>Nurses Rules (ABA 2010b)</u>	Act	Gol	Includes amendments for the introduction of the new RANP and RAMP Divisions of the Register. Further information in relation to the Nurses Rules can be accessed at http://www.nursingboard.ie	2010

<u>Nurses and Midwives Rules (2018)</u> http://www.irishstatutebook.ie	SIs	Gol	Includes amendments to allow for the candidate register (SI 217 of 2018); Education and Training (SI 218 of 2018); Register of Nurses and Midwives (SI 219 of 2018); Recognition of Professional Qualifications (SI 220 of 2018) and Registration (SI 221 of 2018).	2018
<u>Children First Act 2015</u>	Act	Gol	Legislates how child protection must be placed at the core of any organization working with children.	2015
<u>Data Protection Act (1988 & 2003)</u>	Act	Gol	Governs nursing practice with relation to confidentiality and computerised patient records. http://www.irishstatutebook.ie	1988 as amended 2003
<u>Freedom of Information Act 2014</u>	Act	Gol	All data may be accessed on application. A data protection order may be made by the Freedom of Information Officer of the organisation. http://www.irishstatutebook.ie/	2014
<u>The Mental Health Act 2001</u>	Act	Act	http://www.irishstatutebook.ie/	2001
<u>Assisted Decision Making (Capacity) Act 2015</u>	Act	Gol	The Assisted Decision Making (Capacity) Act was signed into law on the 30th December 2015. This Act applies to everyone and is relevant to all health and social care services. The Act is about supporting decision making and maximising a person's capacity to make decisions. The Act will have significant implications for health and social care providers in the provision of safe person-centred care, based on respecting the individual rights of each person.	2015

Department of Health

<https://health.gov.ie/>

<https://health.gov.ie/office-of-the-chief-nursing-officer/>

Our Mission is to improve the health and wellbeing of people in Ireland: by keeping people healthy; providing the healthcare people need; delivering high quality services and getting best value from health system resources.

Name	Type	Source	Brief Description	Revised
<u>Framework for Safe Nurse Staffing and Skill Mix in General and Specialist Medical and Surgical Care Settings in Ireland 2018</u>	Framework	DoH	The Taskforce on Staffing and Skill Mix for Nursing began its work in September 2014. The core objective of the Taskforce is to develop frameworks to support the determination of safe nurse staffing and skill mix (whereby nurse staffing refers to the nursing team including both the nurse and healthcare assistant roles) in a range of major specialities.	2018
<u>Department of Health (2016) Position Paper One. Values for Nursing and Midwifery in Ireland</u>	Position Paper	DoH	The Values Initiative is led by the Chief Nursing Officer, Department of Health, in partnership with the Office of the Nursing and Midwifery Services Director (ONMSD) HSE, and the Nursing and Midwifery Board of Ireland (NMBI)	2016
<u>National Cancer Strategy 2017 - 2026</u>	Strategy	DoH	This National Cancer Strategy 2017 -2026 aims to meet the needs of cancer patients in Ireland for the next decade. Rapid advances have been made in cancer diagnostics and treatments. The objective is to ensure that cancer services respond to both the challenges and the opportunities for future development so that care is of a uniformly high quality across our population.	2017
<u>Committee on the Future of Healthcare</u>	Report	DoH	This special select committee was established in June 2016 with the aim of achieving cross-party consensus on the long-term vision for health care and health policy, and to make recommendations to the Dáil in that regard. The committee has published its final report which was agreed in May 2017. The report represents a new vision for the future of healthcare in Ireland.	2017

<u>Framework for National Performance Indicators for Nursing & Midwifery</u>	Framework	DoH	<p>The purpose of this Framework is to:</p> <p>set out the policy context for the use of nursing and midwifery performance indicators (PIs) to demonstrate the relationship between inputs and outcomes/impact;</p> <p>provide guidance on PIs including clarifying the relationship between Structure, Process and Outcome PIs; and</p> <p>ensure that there is a standardised approach to their development, prioritisation, endorsement and implementation.</p>	2017
<u>Developing a Policy for Graduate, Specialist and Advanced Nursing & Midwifery Practice Consultation Paper</u>	Consultation Policy	DoH	<p>The draft policy proposes a framework to:</p> <p>Create a critical mass (700 by 2021) of registered advanced nurse practitioners/ registered advanced midwife practitioners (RANP/RAMP's) through a developmental pathway for graduate and specialist nurses and midwives;</p> <p>Change the way we educate and train nurses and midwives from graduate level;</p> <p>Change how we utilise and deploy the nursing and midwifery resource;</p> <p>Measure impact and effectiveness of the new framework.</p>	2017
<u>Developing a Community Nursing and Midwifery Response to an Integrated Model of Care Consultation Document</u>	Consultation	DoH	<p>The model of care proposed is one that offers the individual, family and community a range of choices. The policy proposes to meet service users' choices and needs as close to home as possible, improve hospital avoidance and patient flow, and ensure timely access to services and early discharge.</p>	2017

Other relevant international evidence

Name	Type	Source	Brief Description	Revised
<u>Nurses in advanced roles in primary care: Policy Levers for Implementation, OECD Health Working Papers, No. 98, OECD Publishing, Paris.</u> http://dx.doi.org/10.1787/a8756593-en	Publication	OECD	This publication considers policy makers response to health workforce policy to ease provider shortages, improve access to quality care, and reduce costs. The role of advanced nurse practitioners in improving population access to expert care is well articulated.	2017
<u>Global Strategic Framework for strengthening nursing and midwifery 2016- 2020</u> http://www.who.int	Publication	WHO	Nursing and midwifery professions can transform the way health actions are organized and how health care is delivered if they are regulated and well supported.	2016

Appendix 5: Business Case Template – Non DoH Demonstrator Site



Business Case Template Advanced Nursing/Midwifery Practitioner Services 2018

Note: Electronic and MS Word copies of the template are available from NMPDU Project Officers

Introduction

Advanced nursing and midwifery practitioner services are developed as a direct response to current, emerging and future patient/women and their babies/service/health needs and organisational requirements at local and national level. Advanced practice services must have a vision for areas of nursing/midwifery led practice, developed beyond the current scope of nursing/midwifery practice. The focus will be on person-centredness, quality, safety, driving integration between services, improving timely access to services, promoting hospital avoidance, improving patient flow and allowing early discharge, along with a commitment to the development of these areas (Department of Health 2017). The value of the nursing/midwifery contribution as a distinct profession must be safeguarded and articulated in the development of new services led by RANPs/RAMPs (NMBI 2017 p.9; NMBI 2018 p.7). The steps outlined in the Strategic Framework for Role Expansion of Nurses and Midwives (Department of Health 2011) support the necessary considerations for nursing and midwifery service development.

The identification and confirmation of these specific service developments within HSE and HSE funded service areas is the responsibility of Chief DoNM Hospital Groups/DONs/DOMs/Service Managers. The ONMSD through the NMPDUs provide support and guidance to the DON/DOM/services in the preparation of business cases for presentation to the Senior Management Teams for approval and sign off. The business case should be supported with all available evidence.

Guidance on next steps

- Compile and present a business case to senior management team for approval and sign off
- Financial approval for WTE
- Recruit and appointment of ANP/AMP candidate
- Establish a Key Stakeholder Governance Group/ Local Implementation Group
- Support the cANP/cAMP in meeting the eligibility criteria for registration as a RANP/RAMP with the Nursing and Midwifery Board of Ireland: Academic Preparation; Clinical Supervision; Clinical Practice; Portfolio Development

References:

- *Adapted from: Service Needs Analysis: Informing Business and Services Plans, National Council for the Professional Development of Nursing and Midwifery, November (2009)*
- *Department of Health (2017) Policy for Graduate, Specialist and Advanced Nursing and Midwifery Practice, Dublin: Office of the Chief Nursing Officer, Department of Health*
- *Nursing and Midwifery Board of Ireland (2017) Advanced Practice (Nursing) Standards and Requirements*
- *Nursing and Midwifery Board of Ireland (2018) Advanced Practice (Midwifery) Standards and Requirements*

- *The Department of Health (2011) Strategic Framework for Role Expansion of Nurses and Midwives: promoting quality patient care*

Template for Business Case	
Name(s) and title of DON/DOM/ Service Manager developing the business case	
Name of hospital/hospital group/CHO area	
Name & Addresses of other organisations involved - if applicable	
	Business Case should address
Proposition	<p>This should include the:</p> <p>Title, role, and location of the proposed service</p> <p>Number of ANPs/AMPs proposed for the service</p> <p>Proposed hours of the service</p>
Context	<p>Brief rationale for the proposed post to include details of the service:</p> <ul style="list-style-type: none"> • What service does the unit/service/catchment area provide? • What client group is served by the unit/service/catchment area? • What are the possible future developments for the service? • What is the team structure? • What area is covered by this service? • How the proposed post fits into the service plan for the organisation • How the post will impact on the service user and the healthcare setting • Integration of the role including collaboration with other specialties and with other services e.g. hospitals/ hospital groups/ CHO area
Service Needs Analysis	<p>The identification of the need for advanced practice roles is the first vital step in the process of establishing the post or service.</p> <p>International/national/local evidence forms part of the needs analysis and involves reviewing relevant information for example:</p> <ul style="list-style-type: none"> • Epidemiology or disease patterns

	<ul style="list-style-type: none"> • Population health/demographics • Scale of the challenges within the organisation • Hospital/service data/organisational drivers i.e. local service plan, local statistics on disease trajectory/results of audits/waiting list targets/Key Performance Indicators/ED attendance & presentation categories/ PET in ED and AMAU/ Length of stay/delayed discharges etc • Relevant regional and national health policy documents e.g. National Clinical & Integrated Care Programmes, National Service Plan, Healthy Ireland Strategy, Sláintecare, CNO DoH Policy documents, Local Organisational requirements • Geographic context of service provision e.g. population served, catchment area, outreach service options, care closer to home etc. • Current roles and potential areas for development of services to patients / clients i.e. nursing/midwifery role differentials <p>Data supporting the identification of the need for RANP/RAMP service to include:</p> <ul style="list-style-type: none"> • Identification of gaps within services that an RANP /RAMP service can address • How the RANP/RAMP service will contribute to the overall delivery of patient care • How will the proposed RANP/RAMP service meet objectives of access to services, hospital avoidance, early discharge, addressing waiting lists, improving patient flow, and integration of care / services - Demonstrate by using data and highlight the skillset /competencies that the RANP/RAMP will bring to the service. <p>Estimated savings:</p> <ul style="list-style-type: none"> • Look at healthcare spending currently which can be different to what is budgeted for- for example unexpected rises in cases, new technologies etc. • Identify what could be saved by the introduction of this new role. • Outline a plan for the proposed future sustainability of the RANP/RAMP service
Organisational Impact	<p>National and international research has identified the benefits of advanced nurse/midwife practitioner roles which lead to improved health outcomes. These include:</p> <ul style="list-style-type: none"> • Shorter waiting times • Increased patient satisfaction • Improved health education for patients • Increased quality and cost effective care • Reduction in complaints • Improved staff satisfaction • Improved continuity and consistency of care. <p>(Mason et al., 2013; Cole et al., 2001; Griffen & Melby,</p>

	<p>2006; Coopers & Lybrand Health Practice, 1996; Dolan et al., 1997; Dunn, 1997; MacLaine, 1998; Byrne et al., 2000a; Walsh, 2001; Sakr et al., 2003; Roblin et al., 2004; McGee & Kaplan, 2007; Small, 1999; Dunne, 2001).</p> <p>Articulate the benefits of the proposed role under the headings outlined below for e.g.</p> <p><u>Service impact:</u></p> <ul style="list-style-type: none"> • Quality streamlined service • Caseload management will be provided by an expert experienced registered practitioner • Provision of education and support to other nursing/midwifery and other healthcare colleagues • Quantify the impact of the role on key performance areas such as: quality, reduced waiting times, increased patient satisfaction • Reduction in re-admission rates • Reduction in waiting lists and times • Identify key performance indicators to be used to obtain patient and service outcomes as a result of the introduction of the role. <p><u>Patient Impact:</u></p> <ul style="list-style-type: none"> • Quality of life benefits for patients attending advanced practice service • Reduced hospital visits for patients through access to telephone service/outreach services etc. • Patients availing of the advanced practice service will receive comprehensive and holistic care for their condition • Early interventions will minimise interruptions to treatment regimens and unnecessary hospital admissions thus improving patient outcomes • Improved continuity of care which will reduce patient anxiety • Key contact for patients or significant other if they develop any concerns • Seamless follow-up for patients • Acknowledge and address disease progression issues thus improve patients' and carers' quality of life • Reduced waiting times for patients attending advanced practice led clinic • Improved patient and staff satisfaction. <p><u>Nursing /Midwifery impact:</u></p> <ul style="list-style-type: none"> • Opportunity to provide health promotion, education and intervention • Opportunity to initiate and conduct nursing/midwifery research and audit, to inform future practice and care delivery • Utilisation of evidence based nursing /midwifery research in practice • Appropriate utilisation of nursing /midwifery resources.
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<p>Governance and Supervision arrangements</p>	<p>The RANP / RAMP is a senior clinical decision maker within organisations. An integral and underpinning component of all aspects of the advanced practice role is the application of governance structures to ensure quality, risk, and safety are managed effective and efficiently and effectively in all aspects of the role, both from the perspective of the individual practitioner, the organisation and the service user. An organisational chart should be included which outlines the reporting relationships within the organisation. The governance arrangements need to stipulate that the organisation is in compliance with the Advanced Practice (Nursing) Standards and Requirements (NMBI 2017) / Advanced Practice (Midwifery) Standards and Requirements (NMBI 2018). Reference should be made to governance arrangements that span organisational boundaries i.e. Hospital/Hospital Group/CHO area etc. A description of the professional and clinical supporting mechanisms which are in place to support the advanced practice role should be provided and needs to include the following:</p> <p><u>Professional:</u> Director of Nursing and Midwifery, liaison with Assistant Director of Nursing/Midwifery / Directorate Manager, and liaison with clinical Nursing Colleagues</p> <p><u>Clinical:</u> Consultants in specialist area, clinical supervision, both formal and informal and clinical exposure</p> <p><u>Professional Development-ongoing portfolio maintenance:</u> Ongoing education, maintenance of competence, review of scope of practice, master classes, monthly CPD teaching sessions, poster presentations etc.</p> <p><u>Clinical Supervision:</u> The registered advanced nurse/ midwife practitioner (RANP/RAMP) will undertake clinical supervision in the following ways:</p> <ul style="list-style-type: none"> • Informally on a daily basis with consultant • Case discussions: The RANP/RAMP will as part of the team present clinical cases for discussion with the consultant • Formal clinical supervision: a scheduled thirty-sixty minute session each month will be dedicated to formal clinical supervision between the consultant and the RANP/RAMP.
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Human Resource & Financial considerations	Human Resources: <ul style="list-style-type: none"> • Whole time equivalent (WTE) allocation • Recruitment process, appointment of a candidate ANP/AMP • Cost of achieving educational requirements for the post • Skills and competency development e.g. clinical exposure in another site • Cost implications and associated backfill replacement costs • Time costs in terms of developing the site for accreditation • Identify savings in staff costs such as reduction in the requirement to call medical personnel. Other costs: Estimated costs, non-recurring (once off) costs, <ul style="list-style-type: none"> • Equipment, training, evaluating and continuing costs. • Demonstrate the commitment to provide the necessary supports for e.g. location of clinical space/office space, ICT support, etc
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If Applicable:

		Date:
Signature of business case developer		
Signature of Director of Nursing/Midwifery		

Appendix 6: List of NMPDU Officers who Support Advanced Practice Post Development

NMPD Area	NMPD Officer	Email address	Telephone
ONMSD Lead	Mary Frances O'Reilly Director NMPD West Mid-West Clinical & Administration Block A, Merlin Park University Hospital, Galway	Mary.oreilly4@hse.ie	091 – 775839 087 - 9087552
HSE North West	Liz Breslin Nursing/Midwifery Planning and Development Officer, NMPDU, Bishop Street, Ballyshannon, County Donegal	Liz.breslin@hse.ie	071 - 98 22106 087 – 9435500
HSE West/ Mid-West	Carmel Hoey Nursing /Midwifery Planning and Development Officer, NMPDU West/Midwest, Merlin Park University Hospital, Galway	Carmel.hoey@hse.ie	087 – 7903569
HSE Dublin North	Angela Martin Nursing & Midwifery Planning & Development Officer, HSE, Unit 7, Swords Business Campus, Balheary Road, Swords, Co. Dublin	angela.martin@hse.ie	01 – 8908703 087 – 2397993
HSE Dublin North East	Gillian Whyte Nursing & Midwifery Planning & Development Officer Mellifont Unit, St Brigid's Training Complex, Ardee, Co Louth	Gillian.Whyte@hse.ie	041 6860704 0871730422
HSE South East	Eithna Coen Project Officer NMPDU HSE-South (SE) Office Complex, Kilcreene Hospital, Kilkenny	Eithne.coen@hse.ie	056 – 7785628 086 - 0412070
HSE South	Fiona Willis, NMPD Officer NMPDU, Administration Building St Mary's Health Campus Gurranbraher, Cork	fiona.willis@hse.ie	021- 4921238 087-0533807
HSE Midland	Dr Mary Doolan, Project Officer NMPDU, Scott Building, First Floor Midland Regional Hospital	mary.doolan@hse.ie	057 – 9357858 087 3500695

	Tullamore Campus Arden Road, Tullamore, Co. Offaly		
HSE Dublin South, Kildare & Wicklow	Sheila Cahalane Project Officer, NMPDU Dublin South, Kildare and Wicklow HSE Offices, Mill Lane, Palmerstown, Dublin 20.	sheila.cahalane1@hse.ie	01 6201697 087 3500695

Appendix 7: Clinical Supervision Service Level Agreement cANP / RANP

Note: This template is offered for Guidance and may be adapted by Hospital / Hospital Group / CHO for local use. Electronic and MS Word copies obtainable from NMPD Officers



cANP/ RANP (*Insert Speciality*)

Clinical Supervision

Service Level Agreement

xxx Hospital / Hospital Group

xxx Service/CHO Area

Contents:

Section 1

Introduction

- 1.1 Parties to the Agreement
- 1.2 Scope of the Agreement
- 1.3 Agreement Commencement Date

Section 2

Service Description

- 2.1 Consultant Clinical Supervision
- 2.2 The cANP/RANP

Section 3

Communications and Operations

- 3.1 Review Details
- 3.2 Reports
- 3.3 Contact Details
- 3.4 Procedure to make changes to the Service Level Agreement

Section 4

Signatories

Section 1: Introduction

Clinical Supervision for candidate advanced nurse practitioners (cANP's) and registered advanced nurse practitioners (RANP's)

Clinical Supervision is an integral part of the cANP/RANP role. It is regular, protected time to facilitate, in-depth reflection of clinical practice and acts as a vehicle for developing and sustaining quality clinical care and enhancing professional development. It promotes shared learning and may provide an exchange of different approaches to a clinical situation which may then be used to inform and change future practice or identify areas for audit or research.

Lead Clinical Supervisor: An identified lead Clinical Supervisor Consultant/GP and RANP (if established within the service), responsible for the supervision of the cANP/RANP in developing and establishing his/her collaboratively agreed caseload. Where there are a number of aspects to a caseload, the responsibility for Clinical Supervision may be shared by one or more supervisors and appropriate governance arrangements are put in place. For example, integrated care involving a hospital based Consultant/GP and RANP.

The cANP/RANP will establish clinical supervision structures and undertake clinical supervision in the following ways:

Formal Clinical Supervision

The cANP/RANP will meet with their identified Clinical Supervisor Consultant/GP and RANP for a minimum of one hour per month to discuss clinical care in a structure manner, in a safe, supportive and confidential environment. This arrangement enables a reflective critical analysis of care to ensure excellence in practice and quality patient services.

It provides an opportunity to:

1. Discuss clinical incidents on which reflective scripts are based
2. Discuss the patient in a safe and supportive way
3. Promote professional accountability
4. Identify scope for skill and knowledge development
5. Identify aspects of clinical practice that could form basis for audit, research, guideline formation and policy development

Informal Clinical Supervision

Informally on a daily basis decisions made by the cANP/RANP in the management of his/her caseload is open for input and discussion by the relevant Consultant/Registrar/GP/RANP.

The rationale for his/her decision can be reviewed by the Consultant/GP/RANP and a learning event occurs. These episodes are recorded as part of his/her reflective journal. The purpose of the reflective journal is to provide evidence of the integration of theory into the clinical experience

- Case Discussions: The cANP/RANP will document discussions with the Consultant/GP/RANP relating to specific clinical cases and their follow-up. The learning from these events will be identified and documented as part of a reflective practice. These may include discussion via telephone.
- The cANP/RANP will attend CPD days, teaching sessions as well as engaging in case discussions, audit of practice and self-study relevant to his/her caseload. Learning from these will be captured as part of a reflective diary and can be brought to discussions at formal clinical supervision sessions.
- A Consultant /GP/RANP/ Registrar will be available to the cANP/RANP to provide unscheduled clinical supervision in the form of consultation and advice on case load management.

The cANP/RANP will maintain a record of Clinical Supervision sessions, agreed activities, actions and learning outcomes.

Reflection

The primary cognitive process of clinical supervision is reflection. It gives meaning to our experiences and it can inform and influence our future behaviour (Brunero & Stein-Parbury, 2008). Reflection is

fundamental to the development of clinical decision-making skills appropriate for expert practice. Evidence based decision making involves combining the knowledge gained from clinical practice, from patient preferences and research evidence in order to make an expert judgement (Thompson et al 2004).

- The cANP/RANP will use reflection to ensure that care remains patient centred and based in the patient experience.
- He/she will use reflective writing in the form of a reflective journal to facilitate the process. A reflective journal records events and reactions to them, it also helps to provide a different perspective or clarity to any initial thoughts. Reflective writing requires the cANP/RANP to go deeper and to analyse the rationale and consequences of his/her actions and to learn from the experience.
- The cANP/RANP will also maintain his/her portfolio which offers considerable opportunity for reflection and on-going development. It facilitates self-assessment by the cANP/RANP in relation to their domains of competence thus promoting safe and effective practices in nursing. From these reflective episodes the quantum of learning will be identified and recorded by the cANP/RANP for review at the next clinical supervision meeting. Wainwright et al (2010) found that progression from novice to expert can be facilitated by self-reflection with an expert mentor.

1.1 Parties to the Agreement

This service level agreement (SLA) is between the [Insert Speciality] cANP/RANP and the xxx Consultants/GP/RANP working within xxx Hospital Group/xxx Hospital or CHO area/ xxx Service/Hospital.

1.2 The Scope Of the Agreement

This agreement documents the following:

- a. The Department of [Insert Speciality] commitment to provide on-going support, formal, informal supervision and shared learning with the [Insert Speciality] cANP/RANP. This supervision will enable the [Insert Speciality] cANP/RANP to attend case conferences, ward rounds, multidisciplinary meetings, clinics, conferences, teaching sessions and department meetings e.g. clinical audit, procurement, quality and safety, risk management and/or other relevant meetings as required.
- b. The [Insert Speciality] cANP/RANP will participate in formal and informal supervision with the xxx team.

The purpose of the SLA is as follows:

- To ensure that relevant commitments are in place for both parties to support on-going clinical supervision and shared learning.

- To ensure maximum provision is made to support the maintenance/development of [Insert Speciality] cANP/RANP or competence.

1.3 Agreement Commencement Date

The signature and date in Section 4 indicates the concurrency of this document.

This current version (1.0) covers the two/ xxx year period from [insert date] to [insert date]. This SLA takes into account the requirement for the [Insert Speciality] cANP/RANP to undertake clinical supervision in order to meet the requirements and standards set by the Nursing and Midwifery Board of Ireland (NMBI) for registration as an RANP and on-going Clinical Supervision arrangements thereafter. This SLA is signed by the cANP/ RANP.

Section 2 - Service Description

2.1 Consultant /GP/ RANP/ Clinical Supervisors.

In keeping with a clinical reporting relationship, the Consultant/GP and RANP [Insert Speciality], at xxx Hospital / CHO area, is responsible for supporting the cANP/RANP formal and informal supervision and shared learning.

In relation to this service level agreement, the [Insert Speciality] Department will:

1. Participate in a formal and informal supervision programme with the cANP/RANP.
2. Provide, maintain and develop the network infrastructure to support the cANP/RANP clinical competence development and maintenance.
3. Make provision for the cANP/RANP attendance and role participation at case conferences, ward rounds, grand rounds.

2.2 The cANP/RANP

The [Insert Speciality] cANP/RANP will:

1. Avail of all opportunities to access formal and informal supervision in order to maintain and develop clinical skills, competence and knowledge.
2. Ensure responsibility for material preparation, case studies, audits etc to maximise clinical supervision effect.
3. Take responsibility for documentation of clinical supervision and actions to be taken.

4. Adhere to Code of Professional Conduct and Ethics for Professional Nurses and Midwives (NMBI 2014), other relevant regulations and best practice guidelines.

Section 3 - Communication and Operations

3.1 Review Details

A review of the service level agreement should take place on an annual basis to review formal and informal clinical supervision/shared learning benefits, clinical competence, quality and safety issues. This annual review will coincide with the cANP/RANP) and the Department of [Insert Speciality] supervision meetings.

3.2 Reports

A log of case studies, audits/research reviewed and items of interest will be maintained by the [Insert Speciality] cANP/RANP and will form the basis of the review.

3.3 Contact Details

cANP/RANP Contact Details:

[Insert Candidate's Details Here]

3.4 Procedure to make changes to the SLA

SLA change requests should be made through the [Insert Speciality] cANP/RANP Stakeholder Group.

Section 4 - Signatories

The Parties to this service level agreement agree to the contents set out herein.

Name

Director of Nursing

Signature _____ Date _____

Name

Consultant/GP/RANP [Insert Speciality]

Signature _____ Date _____

Name

Consultant/GP/RANP [Insert Speciality]

Signature _____ Date _____

Name

cANP/RANP [Insert Speciality] xxx Hospital / CHO

Signature _____ Date _____

References:

Brunero, Scott; Stein-Parbury, Jane (2008), Effectiveness of Clinical Supervision in Nursing: An Evidenced Based Literature Review: Australian Journal of Advanced Nursing, 25:(3); 86-94

Thompson C, Cullum N, Mc Caughan D, *et al* (2004) Nurses, information use, and clinical decision making—the real world potential for evidence-based decisions in nursing: *Evidence-Based Nursing* 2004;7:68-72

Wainwright, S.F., Shepard, K.F., Harman, L.B and Stephens, J. (2010) Novice and experienced physical therapist clinicians: a comparison of how reflection is used to inform the clinical decision-making process. *Physical Therapy*. 90(1): 75-88.

For further information and guidance refer to:

Clinical Supervision Framework for Nurses working in Mental Health Services (Office of the Nursing and Midwifery Service Director 2015) Available at:

http://www.hse.ie/eng/about/Who/ONMSD/NMPDU/NMPDDN/Clinical_Supervision_Framework.pdf

Appendix 8a: Terms of Reference Advanced Practice (Nursing) (Department of Health Demonstrator Project) Hospital Group / CHO Area Local Implementation Group (LIG)



Advanced Practice (Nursing) (Department of Health Demonstrator Project) (xxx) Hospital Group/ CHO Area **Local Implementation Group** Terms of Reference

Note: These terms of reference can be adapted for use by the Hospital Group/ CHO or individual Hospital. Copies can be obtained from NMPD Officers.

Introduction

The *Policy for Graduate, Specialist and Advanced Nursing and Midwifery Practice Consultation Paper*, Office of the Chief Nurse, (DoH, 2017) proposes creating a framework for advanced practice (nursing) capable of developing a critical mass of registered advanced nurse practitioners (RANPs) to address emerging and future service needs, including driving integration between services. It includes an implementation phase delivered through demonstrator sites that support the development of RANP roles to meet service need.

Support at local level is required to facilitate the development of candidate advanced nurse practitioners (cANP's) as they progress to become registered advanced nurse practitioners (RANPs) in the areas of chronic disease management, older persons care and unscheduled care. In achieving specific competences the cANP develops his/her capabilities to extend his/her practice in line with service needs and evidence based competencies.

Overview of the xxx Hospital Group/CHO Area Local Implementation Group (Local Implementation Group - LIG)

The xxx Hospital Group / CHO LIG support the Department of Health demonstrator project by finding collaborative solutions to emerging challenges. Each demonstrator site within the group establishes its own hospital LIG responsible for local planning and day-to-day implementation, operation and oversight of the relevant demonstrator site. The support of each individual hospital LIG is critical in order to facilitate the implementation of the demonstrator project in full, within the given timeframe, and to meet the requirements of the Department of Health policy. Issues that arise at local level should be reported back to the xxx Hospital Group/CHO LIG through the chair.

The chair of the xxx Hospital Group / CHO LIG is the Group Chief Director of Nursing and Midwifery. Implementation of all elements and phases of the demonstrator site project will be communicated from the Department of Health through the chair of the xxx Hospital Group/CHO LIG. The chair will report progress to the Chief Director of Nursing representative on the National Steering Committee at the Department of Health.

Aims of the xxx Hospital Group Local Implementation Group

The main aims of the xxx Hospital Group/ CHO LIG are to:

- Facilitate, enable and drive the development and integration of candidate advanced nurse practitioner(s) (cANP's) within the **xxx** Hospital Group/ CHO
- Support candidate ANPs in meeting the NMBI criteria for registration as an Advanced Nurse Practitioner, as set out in the *Advanced Practice (Nursing) Standards and Requirements* (NMBI, 2017)
- Develop a formal memorandum of understanding between {insert the name of the relevant HEI} and **xxx** Hospital Group/ CHO in line with NMBI *Advanced Practice (Nursing) Standards and Requirements* (NMBI, 2017).

Objectives of the **xxx** Hospital Group/ CHO LIG

The objectives are as follows:

- Agree the arrangements for governance of planning, implementation, operation and monitoring of the projects across the hospital group / CHO
- Co-ordinate, plan, implement and monitor the care pathways at community and hospital level, as relevant
- Monitor alignment with National Clinical and Integrated Care Programmes
- Ensure compliance with *Advanced Practice (Nursing) Standards and Requirements* (NMBI, 2017).
- Report progress to the National Steering Committee
- Identify and mitigate or escalate risks as appropriate.

Roles and Responsibilities of the **xxx** Hospital Group / CHO LIG

The roles and responsibilities are as follows:

- Provide a forum to discuss progress from each hospital and to share what's working well and/or issues that are emerging that need addressing such as financial, human resources, information technology, or other considerations
- Ensure structures are in place to support the candidate ANPs in achieving professional development and clinical competences required to meet NMBI Criteria for Registration
- Ensure appropriate hospital and {insert **HEI**} support is available for clinical supervisors who provide clinical supervision to candidate ANPs
- Devise a memorandum of understanding between {insert the name of the **HEI**} and the **XXX** Hospital Group / CHO
- Support the establishment of governance arrangements across care settings for example service level agreements to support care pathways at community and hospital level for the demonstrator hospitals/CHO, as required
- Consider emerging and future service needs, including integration between services
- Support the department of health draft *Policy for Graduate, Specialist and Advanced Nursing and Midwifery Practice*, including the evaluation process.

Membership of the **XXX** Hospital Group LIG

The ONMSD project lead and the Department of Health project lead will provide support to the **XXX** Hospital Group LIG, as required. Support will also be available from the NMPDUs {insert}, and the National Clinical and Integrated Care Programmes.

Suggested membership of the **xxx** Hospital Group / CHO LIG may include the following

Director of Nursing / Director Public Health Nursing
Chief Executive Officer of Health Care Provider or nominee
National Clinical and Integrated Care Programme representatives
Community health organisation representative
Finance/HR/ICT Director or nominee or other(s) (as applicable)
Quality/Safety/Risk/Clinical Audit Manager

Senior Nurse Managers for each of the relevant clinical areas (CNMs/PHNs)
ADON / ADPHN / nominated site lead
Nurse Practice Development (if available)
Local nursing staff association representatives
Candidate ANP(s) (xxx)
Registered advanced nurse practitioner (if available)
Consultant(s)/ Clinical Lead
Patient / Service User representative
Nursing and Midwifery Planning & Development Officer
HEI /Academic Partner representative
Health and Social Care representatives (as appropriate)
Pharmacy / Radiology/ Laboratory representative (as required)
Patient / Service User / Public Interest representatives as appropriate
Administration Support
Representatives from other areas may be invited as required

Accountability

The Local Implementation Group is operationally accountable to the Chief Director of Nursing and Midwifery. National issues or concerns will be escalated to the National Steering Committee.

Chairperson

The Chairperson will be the Chief Director of Nursing and Midwifery.

Frequency and Duration of Meetings

The xxx Hospital Group LIG will meet monthly initially

Quorum:

{Adapt as relevant to the xxx Group / CHO Area}

Minutes and Agenda of Meetings

The agenda and minutes of previous meeting will be sent out one week in advance of the scheduled meeting and accompanied by any supporting documentation.

Administrative Support

Administrative support should be available to the Local Implementation Group as required.

Term

The Advanced Practice (Nursing) Health Care Providers' Local Implementation Group Terms of Reference (TOR) is effective from the establishment of the group and will be ongoing until terminated by agreement between the parties.

Approved by: _____

Date: _____

Chairperson of the Advanced Practice (Nursing) Health Care Providers' Hospital Group/CHO Local Implementation Group

Appendix 8b: Terms of Reference Advanced Practice (Nursing) (Department of Health Demonstrator Project) Hospital Group / CHO Area Local Working Group (LWG)



candidate Advanced Practice (Nursing) (Department of Health (DOH) Demonstrator Project) **Local Working Group** Terms of Reference

Note: These terms of reference can be adapted for use by the Hospital Group/ CHO or individual Hospital. Electronic and MS Word Copies can be obtained from NMPD Officers

Introduction

The *Policy for Graduate, Specialist and Advanced Nursing and Midwifery Practice Consultation Paper*, Office of the Chief Nurse, (DoH, 2017) proposes creating a framework for advanced practice (nursing) capable of developing a critical mass of registered advanced nurse practitioners (RANPs) to address emerging and future service needs, including driving integration between services. It includes an implementation phase delivered through demonstrator sites that support the development of RANP roles to meet service need.

Support at local level is required to facilitate the development of candidate advanced nurse practitioners (cANP's) as they progress to become registered advanced nurse practitioners (RANPs) in the areas of chronic disease management, older persons care and unscheduled care. In achieving specific competences the cANP develops his/her capabilities to extend his/her practice in line with service needs and evidence based competencies.

Aims of the **xxx** Hospital Group/CHO Local Working Group

The main aims of the **xxx** Hospital Group/ CHO LWG are to:

- Oversee and steer the development of the ANP service and to report on progress to the Hospital/CHO Local Implementation Group.
- Support candidate ANPs in meeting the NMBI criteria for registration as an Advanced Nurse Practitioner, as set out in the Advanced Practice (Nursing) Standards and Requirements (NMBI, 2017)

Objectives of the **xxx** Hospital Group/ CHO LWG

The objectives are as follows:

- Agree effective governance structures to support the role of the cANP/ RANP **xxx**.
- Monitor alignment with National Clinical and Integrated Care Programmes
- Ensure compliance with Advanced Practice (Nursing) Standards and Requirements (NMBI, 2017).
- Report progress to the Local Implementation Group
- Identify and mitigate or escalate risks as appropriate.

Overview of **xxx** Hospital Group/CHO Local Working Group

Advanced nurse practitioner roles are developed as a direct response to population health need and organisational requirements, as identified through local and national planning processes. The identification and confirmation of these specific role developments within HSE service areas is the responsibility of Chief Directors of Nursing and Midwifery, DON's, DOM's, DONM's and Service Managers in collaboration with the NMPD Director.

Roles & Responsibilities

The main purpose of the candidate ANP role is to:

- Develop the job description and supporting documentation under the direction of the Health Care Provider's Advanced Practice Stakeholder Local Working Group, to enable the individual nurse to meet the NMBI Criteria for Registration as an Advanced Nurse Practitioner as set out in Advanced Practice (Nursing) Standards and Requirements (NMBI, 2017).
- Undertake the academic preparation and develop the clinical and leadership skills, competencies and knowledge required to meet the criteria to be registered as a RANP with NMBI. The scope of the cANP role must reflect the incremental development of expertise and as such, the cANP cannot deliver care as an autonomous practitioner.
- Develop and submit their personal portfolio and all other necessary documentation to NMBI in order to register as a RANP.

Local Working Group Members

- Identify service need for the role by examining supporting data from local area, local population demographic and need – presentations, diagnoses, gender, age profile, reality of current service etc.
- Provide direction to the cANP **xxx** in establishing the new service.
- Discuss and agree the Scope of Practice at an advanced level.
- Agree the broad range of illnesses/conditions/health needs that can be managed by the cANP/RANP **xxx**.
- Agree the inclusion and exclusion criteria for the caseload.
- Agree the range of therapeutic interventions to be provided by the cANP/ RANP **xxx**.
- Determine the specific competences required by the cANP/ RANP **xxx** to manage the agreed caseload and ensure supporting structures are in place to enable achievement of competences (HEI & Associated Health Care Provider).
- Agree appropriate referral pathways to and from the cANP/ RANP **xxx**.
- Develop a Service Level Agreement (SLA) for Clinical Supervision.
- Identify and establish structures to support the advanced practice service e.g. Policies, Procedures, Protocols and Guidelines (PPPGs) / Service Level Agreement (SLAs)/ Memoranda of Understanding (MOU).
- Promote market and advocate the importance and value of the development of the RANP **xxx** service within **xxx** Hospital /CHO.
- Discuss and agree Key Performance Indicators applicable to the service that are consistent with DOH objectives.
- Ensure that the service being developed is aligned to national policy direction e.g. National Clinical and Integrated Care Programmes.
- Assist the cANP in preparing the job description.
- Support the individual nurse(s) in meeting the NMBI criteria for registration as an Advanced Nurse Practitioner, as set out in the Advanced Practice (Nursing) Standards and Requirements (NMBI, 2017).

Membership of the **xxx Hospital Group LWG**

The NMPDUs {insert} will provide support to the **xxx** Hospital Group LWG, as required. Support may also be available from the National Clinical and Integrated Care Programmes.

Suggested membership of the xxx Hospital Group / CHO LWG may include the following

- Director of Nursing / Assistant Director of Nursing
- Consultants/ Consultant/ Clinical Lead
- Candidate ANP
- NMPD Officer
- ADON xxx Directorate
- Clinical Nurse Manager
- Health and Social Care Professional Representatives (as appropriate)
- Pharmacy, Radiology and Laboratory Representatives (as appropriate)
- Representatives from other areas may be invited as required

Accountability

The Local Working Group is operationally accountable to the Hospital Group /CHO Local Implementation Group.

Chairperson

The Chairperson will be the Director of Nursing / Assistant Director of Nursing.

Frequency and Duration of Meetings

The xxx Hospital Group/CHO LWG will meet monthly initially

Quorum:

{Adapt as relevant to the xxx Group / CHO Area}

Minutes and Agenda of Meetings

The agenda and minutes of previous meeting will be sent out one week in advance of the scheduled meeting and accompanied by any supporting documentation.

Administrative Support

Administrative support should be available to the Local Working Group as required.

Term

The Advanced Practice (Nursing) Local Working Group Terms of Reference (TOR) is effective from the establishment of the group and will be ongoing until terminated by agreement between the parties.

Approved by: _____

Date: _____

Chairperson of the Advanced Practice (Nursing) Hospital Group/CHO Local Working Group

Appendix 1

Meeting Notes Template

Candidate advanced nurse practitioner xxx Department of Health (DOH) Demonstrator Local Working Group Meeting Notes

NNth **xxx** 2018

In Attendance:

Apologies:

Agenda Item	Discussion/Decision/Action	Responsibility for Action	Timeframe
1. <i>Welcome &</i> 2. <i>Introductions</i>			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

Appendix 2

candidate ANP job description template (add in)

Appendix 9a: Example Gantt Chart /Work Plan to Support Local Implementation Group Development of RANP Service

Note: This chart can be adapted by LIGs. Electronic an MS Word copies available from NMPD Officers

[illegible]

[illegible]

Appendix 9b: Example Gantt chart /Work Plan to Support Local Working Group Development of cANP to meet Criteria for Registration as an RANP

Note: This chart can be adapted by Local Working / Implementation Groups.

[illegible]

[illegible]

Appendix 10a: Memorandum of Understanding Template – Long Format

Note: This Memorandum of Understanding is offered as guidance and can be adapted for use by the Hospital Group/CHO area or individual Hospital/ Services. Electronic and MS Word Copies of Appendix 10a are available from NMPD Officers.



Memorandum of Understanding

This Memorandum of Understanding (MOU) is a formal agreement that sets out a framework for coordination of service arrangements, co-operation and data/information exchange, in the provision of registered advanced nursing practitioner services

between

xxx Service, xxx Hospital, xxx Hospital Group/ xxx Healthcare Service, CHO Area (registered advanced practice nursing service provider)

and

xxx Service, xxx Hospital, xxx Hospital Group/ xxx Healthcare Service/Facility, CHO Area (registered advanced practice nursing service recipient)

Background

The role of the RANP **xxx** is to optimise the care and treatment of a specific patient/client caseload within **xxx Service /health facility** by providing safe, timely evidence based nurse/midwife-led care, utilising advanced practice skills and expertise.

The RANP **xxx** will engage and collaborate with healthcare staff involved in the care of the patient(s)/client(s) in planning and delivering care, and provide education to nursing staff as required.

Purpose

This MOU applies to the RANP **xxx Service** and **xxx Service, xxx Hospital, xxx Hospital Group/ xxx Healthcare Service, CHO area**.

The MOU is established to outline the lines of accountability and the reporting relationships from a professional and clinical perspective between RANP **xxx** and the partners outlined above.

Arrangements will be agreed and documented between the RANP **xxx** and the **xxx Healthcare Service/ Facility** in relation to RANP **xxx** service access and provision, its structure, processes, timeframes and the requirements of advanced practice as it pertains to the care of **xxx** patient(s). These may include:

- Accountability and the reporting relationships
- Response to referrals received from **xxx** service

- Venue for delivery of care at xxx
- Access to resources i.e. Information Technology
- Communication pathways
- Discharge, transfer and referral/arrangements.

Services beyond and above what is agreed in this MOU require discussion and further agreement with the patient(s), consultant/GP, and the Director of Nursing of the healthcare facility/service and the RANP line manager.

The xxx advanced practice nursing service delivers all aspects of care within the legislative and regulatory framework, health service provider (i.e. governance structure) and within RANP scope of practice and specific caseload.

Reporting Relationships

Professional Accountability

The RANP xxx will remain professionally accountable to the Director of Nursing, xxx Service, xxx Hospital, xxx Hospital Group/ xxx Healthcare Service, CHO Area or designated deputy, while providing care in xxx Service, xxx Hospital, xxx Hospital Group/ xxx Healthcare Service, CHO Area.

Clinical Accountability

The RANP xxx will remain clinically accountable to the Consultant xxx /GP xxx while providing care in xxx Service, xxx Hospital, xxx Hospital Group/ xxx Healthcare Service, CHO Area.

Indemnity

Indemnity arrangements for the RANP xxx are provided by the State Claims Agency.

Information Requirements & Data Protection

The RANP xxx will adhere to xxx Hospital/Service Recording of Clinical Practice Policy, NMBI Recording Clinical Practice Guidelines and any other PPPG's pertinent to the management of patient information.

The RANP xxx will protect data by adhering to the Data Protection PPG's and comply with General Data Protection Regulation requirements.

Review, Modification or Termination of the MOU

This MOU shall become effective upon signature by the authorised partners and will remain in effect until modified or terminated by any one of the partners by mutual consent.

This MOU may be modified by mutual consent of the Director of Nursing, xxx Service, xxx Hospital, xxx Hospital Group/ xxx Healthcare Service, CHO Area and the Director of Nursing of _____ (Insert name of xxx Service, xxx Hospital, xxx Hospital Group/ xxx Healthcare Service, CHO Number).

Contact Information for Signatories to Memorandum of Understanding:

RANP xxx

Name:

Telephone No:

Email:

RANP Supervising Consultant/Consultants, GP/GP's

Name:

Telephone No:

Email:

Director of Nursing: xxx Service, xxx Hospital, xxx Hospital Group/ xxx Healthcare Service/ CHO Area (Register Advanced Practice Nursing xxx service provider)

Name:

Address:

Telephone No:

Email:

Director of Nursing: xxx Service, xxx Hospital, xxx Hospital Group/ xxx Healthcare Service/ CHO Area (Register Advanced Practice Nursing xxx service recipient)

Name:

Address:

Telephone No:

Email:

Signatories:

The Parties to this Memorandum of Understanding agree to the contents set out herein.

RANP xxx, xxx Hospital/Service

Name:

Signature: _____ Date: _____

RANP Supervising Consultant/Consultants, GP/GP's

Name:

Signature: _____ Date: _____

Name:

Signature: _____ Date: _____

Director of Nursing: xxx Service, xxx Hospital, xxx Hospital Group/ xxx Healthcare Service, CHO Area (registered advanced practice nursing xxx service provider)

Name:

Signature: _____ Date: _____

Director of Nursing: XXX Service, XXX Hospital, XXX Hospital Group/ XXX Healthcare Service, CHO Number (registered advanced practice nursing XXX service recipient)

Name:

Signature: _____ Date: _____

Appendix 10b: Memorandum of Understanding Template – Short Format

Note: This Memorandum of Understanding is offered as guidance and can be adapted for use by Hospital Group/ CHO area or individual hospital/services. (Acknowledgements to Emily Bury, RANP acute medicine, St Vincent's University Hospital, Dublin). Electronic and MS Word copies of Appendix 10B are available from NMPD Officers.



Memorandum of Understanding

between **xxx** Department/Service and registered advanced nurse practitioner service, **xxx**

This Memorandum of Understanding (MOU) sets out for the terms and understanding between the **xxx** Department/Service/Organisation and **xxx** Department/ Service at **xxx** and the registered advanced nurse practitioner (RANP) Service, **xxx** (e.g. **Acute medicine**) to enable the RANP **xxx** (e.g. **Acute medicine**) to refer to the **xxx** service in **xxx** Service/ Organisations within a defined and agreed caseload as outlined in the RANP **xxx** Job description.

Purpose

The RANP **xxx** service includes a caseload that requires the input of the **xxx** service to ensure provision of optimal care and management of patients. This caseload includes patients presenting with **xxx**

Reporting relationships for the RANP **xxx**

The RANP **xxx** will be professionally accountable to the Director of Nursing.

The RANP **xxx** will be clinically accountable to the Consultant **xxx**.

Indemnity

Indemnity arrangements for the post and service are provided by the State Claim Agency's Clinical Indemnity Scheme; the registered advanced nurse practitioner, **xxx** (e.g. **older persons**) works within a defined and agreed scope of practice and in accordance with approved protocols, policies, procedures and guidelines (PPPGs) and clinical supervision arrangements.

Head of **xxx** Department,

xxx Consultant,

Director of Nursing,

xxx

xxx

xxx

Date: _____

Date: _____

Date: _____

Office of the Nursing and Midwifery Services Director

Health Service Executive

Dr. Steevens Hospital

Ireland

Cite as: Expert Advisory Group Advanced Nursing Practice
Acute medicine (2018). Guiding Framework for the
Development of Registered Advanced Nurse Practitioner acute
medicine, Office of Nursing and Midwifery Services Director &
National Acute Medicine Programme, Clinical Strategy and
Programmes Division, HSE, Dublin.

I.S.B.N. 978-1-78602-110-6

Office of the Nursing and Midwifery Services Director

Health Service Executive

Dr. Steevens Hospital

Ireland

Cite as: Expert Advisory Group Advanced Nursing Practice
Acute medicine (2018). Guiding Framework for the
Development of Registered Advanced Nurse Practitioner
acute medicine, Office of Nursing and Midwifery Services
Director & National Acute Medicine Programme, Clinical
Strategy and Programmes Division, HSE, Dublin.

I.S.B.N. 978-1-78602-110-6