

Faster Cancer Treatment: Nurse Endoscopy

Template: Organisational readiness criteria for DHBs

This template has been prepared by Jacky Watkins, Project Manager, Northern Regional Alliance with oversight by Margaret Dotchin, Clinical lead endoscopy nursing project, Chief Nursing Officer, Auckland DHB and as part of a Service Improvement Initiative for the Ministry of Health's (MoH) Faster Cancer Treatment (FCT) Programme.

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Introduction

Capitalising on the momentum created by the Endoscopy Workforce Symposium (28 April 2014) with Health Workforce New Zealand (HWNZ) and the Ministry of Health a National Nurse Endoscopy Advisory Group (NEAG) was established to develop and implement endoscopy nursing roles as part of the expected workforce demands of the Bowel Screening program. The Northern Regional Authority set up a Nurse Endoscopist (NE) project to align with the national process

The HWNZ will maintain business relationships with universities and other relevant nursing and medical professional bodies to provide the theoretical components of the NE Skills Training Program, pre-requisite qualifications and training for medical supervisors and assessors.

In partnership with HWNZ, the role of the participating District Health Boards (DHBs) will be to:

- recruit trainee NEs, provide on-going employment and support the transition to independent endoscopy lists once the NE is qualified
- provide the supervised clinical practice component of the Nurse Endoscopist Skills Training Program
- provide mentoring and support to trainees
- conduct on-going assessment
- provide the staff, resources, systems and environment to support a sustainable NE role and service
- provide for the credentialing, re-credentialing and on-going professional development of NEs.

Before entering a training partnership with the HWNZ, interested DHBs will be required to demonstrate a level of organisational readiness to participate in and implement a workforce reform program with a specific focus on role redesign and expanding the scope of existing health workers in an acute care setting.

Criteria

A range of criteria have been developed to determine the capacity and organisational readiness of a DHB to establish a nurse endoscopy service which meets the Nursing Council New Zealand (NCNZ) guideline for expanded practice for Registered Nurses. The criteria for determining organisational readiness have been developed from the lessons learnt from the Health Workforce Australia Nurse Endoscopy Program in Victoria, adapted with permission.

The criteria are as follows:

Commitment to establish a nurse endoscopy service

- The DHB has established the need for a NE service and identified the benefits for the organisation, staff and consumers.
- The DHB has developed a service delivery model for the NE service.
- The DHB is committed to providing a NE service that is sustainable over the longer term.
- The DHB has established the clinical governance structures and arrangements required to support a NE service.
- The DHB has identified and engaged the relevant stakeholders required to support a NE service.

Capacity to provide and support training of NE trainees

- The DHB has the physical facilities and equipment required for the supervised clinical practice for NE trainees.
- The DHB is able to provide the supervised clinical practice for NE trainees.
- The DHB provides employment and appropriate support for NE trainees.
- The DHB has established policies and procedures to obtain patient consent for endoscopy procedures undertaken by NE trainees.
- The DHB has a strong supportive culture of training and professional development for staff.

Organisational commitment to workforce reform

- The preparedness of the DHB to reform 'on behalf of the system' and drive national transferability of the new workforce model.
- There is strong, simultaneous executive support and medical and nursing clinician led support and commitment to address the system and cultural barriers associated with workforce reform.
- The preparedness of the DHB and gastroenterology/surgical unit to undergo organisational change.
- The willingness of executive staff, medical and nursing clinicians and surgical services staff to learn with and accept support from others including the National Nurse Endoscopy Advisory Group (NEAG), other participating DHBs, the Ministry of Health, training organisations and consumers and carers.

Organisational readiness checklist

This checklist is a tool to assist district health board to review their status and monitor their progress against the criteria established to determine readiness and capacity to provide a nurse endoscopy service.

| | Yes | No | Notes | Review date |
|---|--------------------------|--------------------------|-------|-------------|
| Commitment to establish a nurse endoscopy service | | | | |
| The service has established the need for a NE service and identified the benefits for the organisation, staff and consumers as required by NCNZ RN expanded practice guidelines. | | | | |
| The service has a documented business case that addresses the future demand for endoscopy services, access and productivity issues and analyses the benefits of a NE service to the organisation, the staff, patients and other parts of the health system. | <input type="checkbox"/> | <input type="checkbox"/> | | |
| The service has developed a service delivery model for the NE service | | | | |
| <p>The DHB has a documented business case that outlines:</p> <ul style="list-style-type: none"> ▪ the type and level of clinical services that can be safely provided by the organisation ▪ a model of service delivery that clearly outlines the elements of the service ▪ the nature of the support required within the health facility for a NE service, including staffing profile and structure, facilities, equipment, support services and minimum safety standards ▪ a change management plan for introducing a NE service which considers the timeframes required for cultural change and the processes around providing endoscopy services • the proposed role of the NE based on organisational need and capability, evidence-based criteria on competence and performance and established training and experience. | <input type="checkbox"/> | <input type="checkbox"/> | | |
| The DHB is committed to providing a NE service that is sustainable over the longer term | | | | |
| The DHB has undertaken to provide on-going employment to NE trainees and support the transition to independent endoscopy lists once the NE is qualified. | <input type="checkbox"/> | <input type="checkbox"/> | | |
| The DHB has a clear process for on-going data collection and evaluation that will provide evidence of the sustainability of the NE service in the longer term. | <input type="checkbox"/> | <input type="checkbox"/> | | |

| | Yes | No | Notes | Review date |
|--|--------------------------|--------------------------|-------|-------------|
| The DHB has established the clinical governance structures and arrangements required to support a NE service as required by NCNZ RN expanded practice guidelines | | | | |
| <p>The DHB has a clear process for establishing a nursing expanded scope of practice accreditation committee and a peer review committee that will:</p> <ul style="list-style-type: none"> ▪ oversee the quality and safety of the procedures performed within the unit ▪ undertake the credentialing and re-credentialing of NEs ▪ oversight the NE's involvement in clinical audits, peer review activities and continuing education programs since the previous declaration ▪ review the NE's activity log book or a summary of clinical activity undertaken over specified period and where available, objective data on the outcomes of that clinical activity. | <input type="checkbox"/> | <input type="checkbox"/> | | |
| The DHB has identified and engaged relevant stakeholders required to support a NE service | | | | |
| The DHB has a documented business case that includes arrangements for engaging and maintaining stakeholder involvement in the establishment and operation of a NE service (e.g. site steering committee). | <input type="checkbox"/> | <input type="checkbox"/> | | |
| The DHB's NE project governance arrangements include key internal stakeholders. | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Capacity to provide and support training of NE trainees | | | | |
| The DHB has the physical facilities and equipment required for the supervised clinical practice for NE trainees | | | | |
| The DHB can ensure endoscopy training lists are undertaken in a day surgery or endoscopy centre with timely access to an acute hospital that provides intensive care or emergency service if required. | <input type="checkbox"/> | <input type="checkbox"/> | | |
| The DHB can ensure NE trainees have access to equipment required for training. | <input type="checkbox"/> | <input type="checkbox"/> | | |

| | Yes | No | Notes | Review |
|--|--------------------------|--------------------------|-------|--------|
| The DHB is able to provide the supervised clinical practice for NE trainees | | | | |
| The DHB is a Royal Australasian College of Physicians Specialist Advisory Committee (SAC) approved and accredited training site. | <input type="checkbox"/> | <input type="checkbox"/> | | |
| The DHB can ensure at least two medical practitioners are available to supervise and assess the NE trainee. The medical practitioners are to have: <ul style="list-style-type: none"> completed or are willing to complete early in the NE Program the 'Train the Trainer' course dedicated training, supervision, assessment and mentoring time for NE trainees | <input type="checkbox"/> | <input type="checkbox"/> | | |
| The DHB can provide each NE trainee with at least two training endoscopy lists per week (eight points per list compared to a 'standard' list of 10-12 points) and has supporting organisational processes such as patient triage and allocation to direct appropriate patients to the NE list. | <input type="checkbox"/> | <input type="checkbox"/> | | |
| The DHB can provides NE trainees with access to pre and post procedure clinics and clinical, pathology and other relevant meetings within the gastroenterology or colorectal surgical unit. | <input type="checkbox"/> | <input type="checkbox"/> | | |
| The DHB provides employment and appropriate support for NE trainees | | | | |
| The DHB can employ NE trainees in a 0.5 FTE to 1.0 FTE position. The minimum employment time for the NE trainee position is 0.5 FTE. | <input type="checkbox"/> | <input type="checkbox"/> | | |
| The DHB can provide NE trainees with the opportunity to complete the theoretical component of National NE training program. | <input type="checkbox"/> | <input type="checkbox"/> | | |
| The DHB can provide NE trainees with access to desk space, computer and other resources. | <input type="checkbox"/> | <input type="checkbox"/> | | |
| The DHB can ensure NE trainees participate in training and community of practice opportunities provided by the National NE training program. | <input type="checkbox"/> | <input type="checkbox"/> | | |
| The DHB has established policies and procedures to obtain patient consent for endoscopy procedures undertaken by NE trainees | | | | |
| DHB has a clear process for obtaining informed consent from patients for endoscopy procedures undertaken by NE trainees. | <input type="checkbox"/> | <input type="checkbox"/> | | |
| DHB has a clear process for training NEs to obtain informed consent from patients in accordance with NCNZ competencies and HDC patient code of rights. | <input type="checkbox"/> | <input type="checkbox"/> | | |
| The DHB has a strong supportive culture of training and professional development for staff | | | | |
| The DHB has a documented record of providing on-going training of medical, nursing, administrative and other staff within its organisation and appraising the competence of staff following training prior to unsupervised practice. | <input type="checkbox"/> | <input type="checkbox"/> | | |

| | Yes | No | Notes | Review |
|---|--------------------------|--------------------------|-------|--------|
| Organisational commitment to workforce reform | | | | |
| The preparedness of the DHB to reform 'on behalf of the system' and drive national transferability of the new workforce model | | | | |
| Establishing a NE service aligns with strategic objectives of the DHB. | <input type="checkbox"/> | <input type="checkbox"/> | | |
| The DHB has previously piloted or successfully introduced an advanced practice nursing &/or allied health role to deliver key services currently undertaken by medical clinicians. | <input type="checkbox"/> | <input type="checkbox"/> | | |
| There is strong, simultaneous executive support and medical and nursing clinician led support and commitment to address the system and cultural barriers associated with workforce reform | | | | |
| The DHB has identified medical and nursing champions or sponsors who are considered clinical leaders within the unit and /or organisation. | <input type="checkbox"/> | <input type="checkbox"/> | | |
| The DHB has obtained the support of a group of medical practitioners within the gastroenterology unit or colorectal surgical unit. | <input type="checkbox"/> | <input type="checkbox"/> | | |
| The DHB has the explicit, informed and documented support and commitment of the CEO and executive for a NE service and has an identified Executive Sponsor. | <input type="checkbox"/> | <input type="checkbox"/> | | |
| The preparedness of the DHB and gastroenterology/surgical unit to undergo organisational change | | | | |
| The DHB is stable or mitigation strategies are in place to manage effects of any concurrent organisational change. | <input type="checkbox"/> | <input type="checkbox"/> | | |
| The DHB and the gastroenterology/ surgical unit have established change management processes and documented past record of successful service and workforce redesign and innovation. | <input type="checkbox"/> | <input type="checkbox"/> | | |
| The industrial framework is supportive of advanced practice nursing role and facilitates implementation. | <input type="checkbox"/> | <input type="checkbox"/> | | |
| The willingness of executive staff, medical and nursing clinicians and surgical services staff to learn with and accept support from others including other participating DHBs, the Ministry of Health, Health Workforce New Zealand, training organisations, consumers and carers | | | | |
| The DHB has a successful documented record of working in partnership and collaboration with other health services, professional bodies, educational institutions and consumers and carers in service and workforce redesign and innovation projects. | <input type="checkbox"/> | <input type="checkbox"/> | | |
| The DHB has a good working relationship with the Ministry of Health. | <input type="checkbox"/> | <input type="checkbox"/> | | |

Signed:

Date:

Chief Executive Officer