

# NDEC<sup>1</sup> MATRIX FOR ANMC NATIONAL COMPETENCY STANDARDS<sup>2</sup> & CENA PRACTICE STANDARDS<sup>3</sup>

## ANMC National Competency Standards<sup>2</sup>

The ANMC criterion assessment is based on consideration of the specific ANMC Domain aspects against the entire NDEC program (education, accreditation, patient care and quality improvement). Eligibility was assessed against the actual program and the assumption that a NDEC accredited RN is an engaged, reflective, adult learner who consistently demonstrates existing work practices aligned with the ANMC Standards. The purpose of the assessment is to aid a LHD in NDEC governance and assist the individual accredited RN in providing evidence of continuing professional development (CPD).

ANMC <sup>2</sup> Domain Aspect	Criteria Meet by NDEC <sup>1</sup>	Comments
1. Practices in accordance with legislation affecting nursing practice and health care		
1.1	✓	The NDEC complies with legislative and common law requirements of nursing care through a delegated health care model. The model outlines a narrow scope of practice that the RN must comply with when caring for low risk / low acuity patients within a NSW Rural and Remote setting
1.2	✓	The NDEC complies with the principles of evidence based best practice for the management of low risk / low acuity patients within the NSW Rural and Remote Emergency Department context. It encompasses patient safety mechanisms, thorough patient assessment, comprehensive symptom management and patient education
1.3	✓	NDEC is an alternative model from existing 'usual care' of low risk / low acuity patients in the NSW Rural / Remote setting. It has been shown to be safer, with increased staff and patient satisfaction whilst better utilising finite resources. Reporting mechanisms are in place to report and track incidences. An auditing regime monitors continued safe practices
2. Practices within a professional and ethical nursing framework		
2.1	✓	The model is non-discriminatory in practice. The provision of care through the NDEC has been shown to offer increased access to better care in the NSW Rural and Remote setting. The scope of the model allows nursing care is to be provided in an individualised patient context. Escalation strategies are in-built in line with state and local policies.
2.2	✓	Policies and guidelines are integrated throughout the NDEC. These are used as the foundation of patient care. The model will be updated regularly in line with practice updates.
2.3	✓	As per 2.1. In addition, training, assessment and ongoing practice are to be completed with acknowledgement of individual patient needs and rights. Resources within the NDEC allow care to be tailored to the patient. Patient care under the NDEC is ultimately at the discretion of the treating nurse at the time of care.
2.4	✓	The NDEC was created by Rural and Remote Clinicians to better care for Rural and Remote communities. Feedback mechanisms to the Emergency Care Institute exist for clinicians to identify deficiencies and / or suggest improvements to the model
2.5	✓	The NDEC utilises identified core nursing skills within a Rural and Remote Emergency Department nurse's scope of practice to provide an entire episode of care through delegation. Only patient's who meet strict inclusion criteria can be managed under this model.
2.6	✓	Existing knowledge, skills and attitudes are integrated into a nurses ability to safely and effectively care for a patient using the NDEC
2.7	✓	Usage of the model is restricted to accredited RNs. Management cannot be delegated to a non-accredited RN or another health care provider

<sup>1</sup> Emergency Care Institute (2013) *Nurse Delegated Emergency Care*

<sup>2</sup> Australian Nursing and Midwifery Council of Australia (2006) *National Competency Standards for the Registered Nurse (4<sup>th</sup> Ed.)*

<sup>3</sup> College of Emergency Nursing Australia (2007) *Practice Standards for the Emergency Nursing Specialist (2<sup>nd</sup> Ed.)*

ANMC <sup>2</sup> Domain Aspect	Criteria Meet by NDEC <sup>1</sup>	Comments
<b>3. Critical thinking and analysis</b>		
3.1	✓	A nurse using the NDEC will be using an evidenced based model, grounded in the pursuit of improving Rural and Remote health outcomes. The NDEC relies on evidence based care practices and feedback from 'frontline' nurses
3.2	✓	As per 2.3 and 3.1. The RN is vital in providing specific, individualised patient care through judgment and care decisions.
3.3	✓	Part of ongoing RN accreditation is reflective practice including application of NDEC updates (as per 2.2). Quality documentation is vital to monitoring and auditing processes encompassing any future research projects that may study the NDEC
3.4		
3.5	✓	Ongoing accreditation entails an ongoing involvement in quality improvement at a local and state level.
<b>4. Participants in ongoing professional development of self and others</b>		
4.1	✓	As per 3.3. Auditing process will involve feedback on practice from senior staff (CNC / CNE / Nurse Manager etc).
4.2	✓	Regular refresher programs and updates will ensure ongoing compliance and safety of the NDEC. Mentoring from senior clinical staff will allow staff new to the role to seek support and feedback
4.3	✓	When a nurse is accredited in the role, there will be ongoing opportunity to contribute to mentoring of new RNs within the NDEC role. This is also scope to allow appropriate RNs to act as content experts for the different aspects of the NDEC education program (LHD governance specific)
4.4	✓	As per 3.3.
<b>5. Provision and Coordination of Care</b>		
5.1	✓	The NDEC provides an evidence based framework of management strategies to provide nurse care (including assessment) to patients presenting with low risk / low acuity problems to Rural and Remote EDs. The framework incorporates many existing validated assessment tools to direct further patient care.
5.2	✓	As per 5.1. A RN using the NDEC must collect then interpret assessment data from a patient to direct further care decisions. The NDEC has built-in safety mechanisms to exit a patient from the model if a patient has deviated from the normal expected progression or outcomes. Patient feedback of the model has demonstrated consistent high satisfaction with care provided, particularly when compared to 'standard' ED care.
5.3	✓	The RN must be able to utilise all sources of information to make decisions related to patient management using the NDEC. Many validated assessment tools are used to care for a patient using the NDEC in addition to general RN clinical assessment and observation skills. The information gathered is the assessed against different aspects of the NDEC to guide further patient management.
<b>6. Plans nursing care in consultation with individuals / groups, significant others and the interdisciplinary health care team</b>		
6.1	✓	Whilst the NDEC directs patient management decisions, the nurse must incorporate assessment data and accurately incorporate this to guide patient care.
6.2	✓	A remit of the NDEC is the efficient care of patients presenting to a Rural and Remote ED in congruence with contemporary national ED efficiency strategies
6.3	✓	Associated patient care documents record progression of care. Expected outcomes are mapped to ongoing patient management
6.4	✓	The discharge process aims to achieve ongoing continuity of care for low risk / low acuity complaints. Follow-up is organised through scheduled medical officer follow-up and RN follow-up phone call. Discharge factsheets direct patients / carers to further resources and agencies for ongoing information and support.
<b>7. Provides comprehensive, safe and effective evidence-based nursing care to achieve identified individual / group health outcomes</b>		
7.1	✓	The NDEC provides an effective management strategy for the care of low risk / low acuity patients presenting to Rural and Remote EDs
7.2	✓	The NDEC provides a prescriptive framework for the care of low risk / low acuity patients in Rural and Remote settings. The documented management (treatment) plans must be followed by accredited RNs
7.3		
7.4	✓	The NDEC caters for low acuity / low risk patients however the RN is expected to identify patient deterioration and use local Clinical Emergency Response Systems as indicated by the specific situation

ANMC <sup>2</sup> Domain Aspect	Criteria Meet by NDEC <sup>1</sup>	Comments
7.5		As per 2.7
7.6		As per 2.7
7.7	✓	Complete episodic care of the low risk / low acuity Rural and Remote patient is pivotal to the NDEC. Education on management of symptoms and follow-up after discharge is an integral part of this.
7.8	✓	The NDEC was designed to manage finite resources within Rural and Remote EDs. It has been shown to be particularly useful in the management of patients when there is no medical presence within a hospital
8. Evaluates progress towards expected individual / group health outcomes in consultation with individuals / groups, significant others and interdisciplinary health care team		
8.1	✓	Care is directed through Nursing Management Guidelines. Expected outcomes are inbuilt. The nurse must assess for expected progress to guide further management. Escalation of care is also included if a patient has deviated from the expected outcomes
8.2	✓	As per 8.1. Communicating to other health care providers (medical officers) that a patient has not progressed to expected endpoints are essential within this model. In addition, patient follow-up provides further opportunity for the RN to assess patient progression.
9. Collaborative and Therapeutic Practice		
9.1	✓	Establishing appropriate therapeutic relationships is essential to positive outcomes of patients being managed under the NDEC. It is an expectation that the RN will use appropriate communication principles and techniques throughout.
9.2	✓	As per 9.1. The NDEC (through ECI) provides resources and recommendations for communicating with culturally and linguistically diverse groups.
9.3	✓	The NDEC facilitates an individual's self determination of their health. The program aims to increase patient comfort through symptom relief and education of self management of low risk / low acuity symptoms.
9.4	✓	Explaining the NDEC to a patient / carer is part of the program. This allows the patient or carer to make informed health care decisions relating to their symptom management
9.5	✓	The NDEC has been validated as a safe model for the care of low acuity / low risk patients in NSW Rural and Remote settings. It encompasses principles of patient symptom management (comfort), infection control, work health and safety and the like.
10. Collaborates with the interdisciplinary health care team to provide comprehensive nursing care		
10.1	✓	The NDEC is a delegated care model where the nurse undertakes initial assessment and symptom management. The patient is then referred to a medical officer for further assessment and management if required. Inter-professional relationships are essential to the efficient functioning of the NDEC.
10.2	✓	Documentation templates allow the RN to concisely and accurately record patient assessment and management thus providing an ongoing communication record for other health care providers. If a nurse is unsure of a patient management aspect, they are encouraged to seek further senior clinical input. All health care team communications are to use the Introduction / Situation / Background / Assessment / Recommendation format
10.3	✓	As per 10.2
10.4	✓	As per 1.2, 2.2, 3.1, 5.1, 6.2.

## CENA Practice Standards for the Emergency Nursing Specialist<sup>3</sup>

The CENA criterion assessment is based on consideration of the specific CENA Practice Standard Domains<sup>3</sup> against the entire NDEC program<sup>1</sup> (education, accreditation, patient care and quality improvement). Eligibility was assessed against the actual program and the assumption that a NDEC accredited RN is an engaged, reflective, adult learner. Whilst it is recognised that the CENA Practice Standards are aimed at the Emergency Nursing Specialist, an accredited NDEC nurse may be a 'generalist' nurse within a Rural or Remote health facility. However, the NDEC is specific to Emergency Nursing Practice and this criterion assessment acknowledges this. Furthermore, the criterion assessment may assist a nurse wishing to pursue Emergency Nurse specialisation. Similar to the ANMC<sup>2</sup> assessment, the following will aid a LHD in NDEC governance and assist the individual accredited RN in providing evidence of CPD.

CENA <sup>3</sup> Domain Aspect	Criteria Meet by NDEC <sup>1</sup>	Comments
1. Clinical Expertise		
1.1	✓	The NDEC integrates the Australian Triage Scale in identifying low risk / low acuity patients. Through initial and ongoing assessment of the undiagnosed patient, the nurse provides patient centred care aimed at symptom management. Using the NDEC Nursing Management Guidelines, the nurse assesses interventions against expected outcomes and further plans patient management including escalation of care for patients deviating from the expected norm.
1.2	✓	The NDEC is a strategy for managing low risk / low acuity cohorts of patients within Rural and Remote EDs. Appropriate patient selection includes the exclusion of higher risk patient populations through absolute exclusion criteria and 'red flags'. A nurse uses assessment data to facilitate this decision then instigates appropriate care under the model
1.3	✓	The NDEC outlines expected outcomes. The nurse assesses patient progress against these outcomes and individualises care as indicated. The model facilitates faster throughput of low risk / low acuity patients in Rural and Remote EDs. It has been consistently demonstrated as a safe care model
1.4	✓	Safe patient discharge is a critical aspect of the NDEC. RNs demonstrate proficiency in all aspects of discharge including risk assessment, patient education, resource provision, medication administration and referral when a patient is discharge through NDEC.
1.5	✓	Family centred care is demonstrated throughout the NDEC, with a particular focus on the management of paediatric low risk / low acuity patients.
2. Communication		
2.1	✓	The NDEC relies on excellent communication skills – verbal, non-verbal and written. Templates are provided for different communication aspects. Continuity of care is maintained through appropriate effective communication
2.2	✓	Tailoring communication to individuals throughout the dynamic health encounter, where NDEC is being used, is vital. Updating progress and planned outcomes is part of the role of the NDEC accredited RN
2.3	✓	Templates are used for documentation. The <i>Introduction / Situation / Background / Assessment / Recommendation</i> strategy is used for all professional communications
3. Teamwork		
3.1	✓	The NDEC works due to the ongoing collaboration between nurses, doctors, allied health and Health Service Managers in the Rural and Remote setting. Patient care continuity is ensured through this collaboration
3.2		
4. Emergency Resources and Environment		
4.1	✓	It has been demonstrated that the NDEC is an effective management strategy for patient flow. It has been shown to be a safe model with increased patient / carer satisfaction
4.2		
4.3	✓	Finite resources are maximised within the Rural and Remote setting by utilising the NDEC. Managing a patient under the model requires integration of existing ED equipment, particularly adjuncts to patient assessment.
4.4		

CENA <sup>3</sup> Domain Aspect	Criteria Meet by NDEC <sup>1</sup>	Comments
5. Professional Development		
5.1	✓	Ongoing RN accreditation of the NDEC requires ongoing maintenance of relevant professional development. Self reflection and participation in quality improvement activities related to NDEC are essential
5.2	✓	Opportunities to be mentored and be a mentor are embedded within the NDEC model. Involving staff in auditing and self reflection processes also allows a sharing of experience and further refinement of the model thus contributing to other development within the NDEC
5.3		
6. Leadership		
6.1	✓	The NDEC demonstrates innovative, nurse lead practice improvements through delegated care. This model supports nurses maximising the impact of their scope of practice in the care of low risk / low acuity patients within a Rural and Remote context
6.2	✓	In response to contemporary issues affecting ED care provision, the NDEC was created. The NDEC addresses issues of equity and access, the National Emergency Access Target and the specialty of Emergency Nursing.
7. Legal		
7.1	✓	The NDEC complies with all existing relevant legislation, guidelines and Practice Standards, An accredited nurse will be practicing within this framework. Mechanisms are embedded to identify and respond to breaches.
8. Ethical		
8.1	✓	All aspects of the NDEC function within an accepted ethical framework
9. Research		
9.1	✓	The program is grounded in current evidence based best practice. Updates are based on advancements in this evidence base. NDEC practice data may spur further research and practice improvements in ED management of low risk / low acuity patients.