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# NURSE DELEGATED EMERGENCY CARE (NDEC) REGISTERED NURSE EDUCATION AND ACCREDITATION FRAMEWORK

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## Introduction

The Nurse Delegated Emergency Care Registered Nurse Education and Accreditation Framework (the “*Framework*”) has been developed by the Emergency Care Institute (ECI). The Framework is a syllabus document designed to assist individual site educators and Local Health District education teams to implement and maintain an effective and efficient training and accreditation program for Nurse Delegated Emergency Care (NDEC). The target participants are local Emergency Department (ED) Registered Nurses (RNs).

The Framework sets out requirements for ED RNs to be deemed competent using the Nurse Delegated Emergency Care (NDEC) patient care model.

NDEC is designed to provide timely, quality care for patients presenting to EDs in rural and remote areas with low risk, low acuity conditions. The model has been shown to provide patients with timely assessment, and management of symptoms with high levels of patient satisfaction<sup>1</sup>.

Initial education and competency-based accreditation is the focus of this document, however ongoing refresher training, assessment and recency of practice are essential to patient safety and RN skill maintenance.

## Program Aim

The Framework program aims to provide RNs with the essential knowledge, clinical skills and clinical acumen to work safely within the framework of NDEC in a rural or remote NSW ED.

The Framework is designed to augment clinical training already available to rural and remote ED RNs. Specifically; it is grounded in the learning from the *Between the Flags* Program<sup>2</sup>, the *DETECT* Program<sup>1</sup> (including *DETECT Junior*<sup>1</sup>), *NSW Paediatric Clinical Practice Guidelines*<sup>3</sup> and the *Emergency Triage Education Kit*<sup>4</sup>.

## Program Overview

### Learning Outcomes

The aim of the Framework is to provide rural or remote ED RNs with the skills to safely and competently treat patients with less urgent conditions using the NDEC model. At the completion of this learning program, the RN will be able to:

- \* Explain the historical context of NDEC and its development
- \* Describe the underpinning principles of NDEC
- \* Recognise the benefits and limitations of NDEC; including when it is necessary to consult a medical officer and when it is not
- \* Demonstrate application of the inclusion and exclusion criteria for NDEC including the Nursing Management Guideline Red Flags

<sup>1</sup> Consan Consulting (2009) *Rural Models of Care: Evaluation of the Walcha ED Pilot Project* (unpublished)

<sup>2</sup> Available via <http://nswhealth.moodle.com.au/login/index.php>

<sup>3</sup> Available via <http://doh.edmore.com.au/login.php?logout=1>

<sup>4</sup> Available via

<http://www.health.gov.au/internet/main/publishing.nsf/Content/casemix-ED-Triage+Review+Fact+Sheet+Documents>

- \* Demonstrate using the NDEC Nursing Management Guidelines to guide basic nursing assessment, management and documentation of low risk, low acuity patient presenting problems including
  - Burns (minor)
  - Ear problems
  - Eye problems
  - Foreign body
  - Head injuries (minor / mild)
  - Insect bites and stings
  - Limb problems
  - Marine creatures bites and stings
  - Pain
  - Rash
  - Respiratory type illnesses
  - Tick bite
  - Urinary symptoms
  - Vomiting and diarrhoea
  - Wounds
  - Urinary symptoms
- \* Demonstrate use of NDEC Medication Standing Orders including contraindications and limitations
- \* Demonstrate discharge procedures including describing the minimum requirements for a patient to be deemed suitable for discharge utilising NDEC
- \* Formulate discharge information / instructions for a patient / carer being managed via NDEC
- \* Demonstrate the patient follow-up procedures including the follow-up phone call regime of NDEC
- \* List the ongoing processes that ensure patient safety in NDEC

### **Site / Local Facilitators**

While the ECI is responsible for state-wide governance of NDEC, site and Local Health District (LHD) governance and clinician support is pivotal to the ongoing safety and success of NDEC. Part of the 'local' governance and support responsibilities is the allocation of site / LHD NDEC facilitators. These facilitators will be recognised, senior, experienced ED RNs; ideally with workplace training and assessment qualifications (TAE40110 - Certificate IV or equivalent). Such suitable RNs would generally be ED (or critical care, or suitable subspecialty) Clinical Nurse Consultants or Clinical Nurse Educators. Other roles that may be appropriate include Nurse Practitioners, Nurse Managers, Nurse Unit Managers or Clinical Nurse Specialists with ED expertise.

## **Program Context**

Rural and remote EDs within NSW face many challenges. Rural and remote clinicians list some of these challenges<sup>5</sup> as

- \* Training and education support – access and time to attend sessions
- \* Addressing consumer expectations – increasing patient satisfaction

<sup>5</sup> Emergency Care Institute (2012) Stakeholder Survey 2012 available via <http://www.ecinsw.com.au/sites/default/files/field/file/Combined%20final%20survey%20report%202012.pdf>

- \* Staffing and workforce shortages – recruiting and retaining skilled clinicians

NDEC addresses some of these challenges; specifically in relation to providing care to patients with low risk / low acuity presentation problems. Quality audits have demonstrated up to 80% of patients arriving at NSW rural and remote EDs present with low risk / low acuity symptoms<sup>6</sup>.

This Framework equips RNs to assess and manage low risk / low acuity patients presenting to rural and remote EDs using NDEC. Training and education support will occur through a comprehensive multi-modal education program designed to maximise delivery and access flexibility.

NDEC (as *the Walcha Model*) has been shown to increase the likely recruitment and retention of rural and remote clinicians, particularly general practitioners<sup>6</sup>.

## Mode and Duration

The Framework utilises adult learning principles and blended delivery modes. The NDEC education and accreditation process includes the following components:

- \* Formative evaluation and self-assessment of 'base-line' knowledge
- \* Documented completion of mandatory education (see below)
- \* NDEC e-learning program (8 modules) or equivalent face-to-face session
- \* A *localised* face-to-face session/s lead by site or LHD facilitators and clinical experts
- \* Formal competency assessment
- \* Self-reflective practice and evaluation
- \* Clinical supervision by senior ED clinicians
- \* Ongoing refresher program and relevant evidence based clinical updates

The duration of initial NDEC training and assessment will generally be 2 – 6 months (initial training, accreditation and mentoring). Refresher programs and clinical updates will be ongoing for continued endorsement of the RN to manage patients using NDEC.

## Participant Prerequisites

All potential participants must be nominated by an appropriate line manager. Nominations must be made via objective individual participant merit selection. Minimum prerequisites are:

- \* Registered Nurses (List A)
- \* At least 12 months post graduate acute clinical experience
- \* At least 6 months rural / remote ED experience (or equivalent)
- \* Current competency in rural / remote triage (including completion of a satisfactory triage practice snap-shot audit)
- \* The following mandatory training has been completed:
  - ✓ Between the Flags
  - ✓ DETECT and DETECT Junior
  - ✓ NSW Paediatric Clinical Practice Guidelines e-learning (or equivalent)
  - ✓ Emergency Triage Education Kit (or equivalent)

<sup>6</sup> Consan Consulting (2009) *Rural Models of Care: Evaluation of the Walcha ED Pilot Project* (unpublished)  
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Recognition of prior learning (RPL) is available to participants who can show evidence of completing an equivalent training and assessment package. The granting of RPL will be determined by an appropriate LHD delegate. An example of an equivalent package possibly suitable for RPL is the *Walcha Multi-Purpose Service Emergency Department Model of Care* within Hunter New England LHD. Participants seeking RPL will be required to provide appropriate evidence of learning and competency that meets the learning outcomes of the Framework. If RPL is granted, it is essential that the participant still receives relevant orientation to the specific local context and local adaptations of NDEC.

Apart from local context, local adaptations and required refresher / update programs, completion of the Framework will be recognised across NSW rural and remote EDs where NDEC is operational (subject to RPL approval as above).

## Registered Nurse Basic Skills Sets

As part of RN preparation for NDEC education and accreditation, basic skills sets have been identified as necessary 'formative' knowledge. The appendices include the following resources to gauge baseline knowledge and remediate gaps when identified.

- NDEC basic skills sets RN self-assessment tool (this assessment is also part of the NDEC e-learning program module 3 *RN requirements*)
- NDEC RN basic skills sets mapped to existing resources for review and completion if an area of need is identified during self-assessment tool

## Competency Requirements

To attain NDEC accreditation the following requirements must be completed and documented:

- 1) NDEC basic skills set RN self-assessment tool
- 2) Any skills training or education to address areas of need identified in self-assessment
- 3) NDEC e-learning modules (8) or face-to-face equivalent session/s
- 4) Completion of the e-learning quiz (or face-to-face equivalent) where the pass mark is 80%
- 5) NDEC face-to-face training session (localised content)
- 6) Demonstrate competence in NDEC physical assessment and patient history gathering
- 7) Demonstrate competence in (as per appropriate formal competency assessment)
  - Any relevant competency assessment items identified in point 1 and 2
  - Using the NDEC Nursing Management Guidelines and Standing Orders
  - NDEC patient discharge procedures
  - Basic eye problems management (including eye drop instillation and basic eye assessments) if required
  - Crutches fitting and patient education if required
- 8) Evidence of reflective practice using NDEC
- 9) Satisfactory snap shot audit results on participant practices using NDEC (completed within 4 months of the above training – see NDEC Quality Improvement Audit Guidelines).

## Ongoing Accreditation and Skill Maintenance

In order to maintain accreditation, NDEC RNs are required to:

- 1) Satisfy the requirements of the Nursing and Midwifery Board of Australia in relation to recency of practice<sup>7</sup>
- 2) Demonstrate safe NDEC practice in accordance with the initial accreditation requirements
- 3) Achieve satisfactory outcomes in ongoing post-implementation Clinical Practice Audits (see NDEC Quality Improvement Audit Guidelines)
- 4) Manage a minimum of 15 NDEC cases per year. An NDEC case includes occasions where a patient has a triage category of 4 or 5, there is a Nurse Management Guideline available to manage their symptoms, and they are excluded from the model because a Red Flag is present. RNs need to keep a log of NDEC cases to enable this. There is a tool for recording NDEC cases in the Appendices.
- 5) Complete NDEC education and practice updates either locally or through the ECI as they become available

## Program Evaluation

The NDEC program will be evaluated by participants, facilitators and managers (where appropriate). Evaluation will be sought during online, face to face and assessment processes.

Evaluations will be collated at a state level by the ECI for education reporting within the wider NDEC reporting framework.

These evaluation reports, in addition to stakeholder feedback and content update requirements, will guide ongoing NDEC and Framework developments and adjustments. These updates will ensure contemporary, relevant, evidence based program content.

## Key Performance Indicators

Key performance indicators for the Framework include

- Total number of completions of ECI NDEC e-learning package
- Number of RNs who have completed training and are NDEC endorsed at each site
- Total number of NDEC endorsed RNs state-wide
- Number of NDEC endorsed RNs who have completed relevant refresher and content updates (when appropriate)
- Total number of NSW NDEC trainers / assessors (including breakdown per LHD)

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<sup>7</sup> Nursing and Midwifery Board of Australia (2016) Fact sheet: Recency of practice [Online]  
<http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/FAQ/recency-of-practice.aspx>. Accessed 12/07/2016

## Glossary of terms

### **Auditing processes:**

This process occurs during NDEC implementation at a site to provide a base-line and then at regular intervals once NDEC is operational. The snap-shot audits that are completed aim to track triage assessment, compliance with the Nursing Management Guidelines, medication administration in accordance with the Standing Orders, discharge compliance and documentation. Audits are conducted locally and reported both locally with feedback to NDEC RNs and at a State level through the ECI. The ECI provides guidelines and templates to assist in the auditing process.

### **Between the Flags:**

*“The Between the Flags Program is designed to establish a 'safety net' in all NSW public hospitals and healthcare facilities that reduces the risks of patients deteriorating unnoticed and ensures they receive appropriate care in response if they do”.*

<http://www.cec.health.nsw.gov.au/programs/between-the-flags>

### **Clinical Supervision:**

*“The provision of guidance and feedback on matters of personal, professional and educational development in the context of a trainee's experience of providing safe and appropriate patient care”*

S. Kilminster, D. Cottrell, J. Grant & B. Jolly 2007, 'AMEE Guide No. 27: Effective educational and clinical supervision', Medical Teacher, 29(1): 2–19.

Accessed: 03/07/13 <http://informahealthcare.com/doi/abs/10.1080/01421590701210907> cited in <https://www.hwa.gov.au/sites/uploads/hwa-national-clinical-supervision-support-framework-201110.pdf>

### **Clinical updates:**

For NDEC to remain a relevant and evidence based model, regular updates will be required. These updates will occur in line with contemporary ED care improvements. It is imperative that nurses using NDEC stay up-to-date with these advancements. The clinical update regime will assist the NDEC accredited RN meet annual Continuing Professional Development Registration Standards

<http://www.nursingmidwiferyboard.gov.au/documents/default.aspx?record=WD10%2f135&dbid=AP&checksum=8UL9PD4%2byPR9h99u%2b6aIcA%3d%3d>

### **Competency:**

*“Is the consistent application of knowledge and skill to the standard of performance required in the workplace. It is also the ability to consistently perform work activities... applying skills and knowledge... to agreed standards over a range of contexts and conditions”.*

<http://www.hwa.gov.au/sites/uploads/national-competency-report-final-20120410.pdf>.

### **Competency assessment:**

The objective assessment of knowledge and skills (competency) against relevant criterion. Assessment is conducted by an appropriately qualified assessor (see *Facilitators*).

### **DETECT / DETECT Junior:**

It is a program that... *“was developed for Nurses, Midwives, Doctors and Allied Health Staff to confidently identify and manage patients who are showing signs of deterioration”.*

<http://nswhealth.moodle.com.au/DOH/DETECT/content/>

### **Discharge information / instructions:**

As part of an NDEC episode of care, the RN provides the patient and / or carer with appropriate information relating to ongoing symptom management and appropriate follow-up arrangements. Information may include verbal instructions, factsheets, discharge letters and demonstration of discharge equipment use.



**Emergency Care Institute (ECI) [www.aci.health.nsw.gov.au/networks/eci](http://www.aci.health.nsw.gov.au/networks/eci):**

The ECI is the State body responsible for NDEC and this Framework. The primary role of the ECI is to improve outcomes for patients presenting at EDs across NSW through coordination, networking and research. It part of the Agency for Clinical Innovation (ACI); one of the pillar organisations of NSW Health.

<http://www.health.nsw.gov.au/about/nswhealth/pages/structure.aspx#>

**Emergency Department (ED):**

NSW EDs are open 24 hours a day and provide unscheduled clinical care. Clinical care ranges from minor / minimal interventions for less urgent conditions to complex advance life support for life threatening conditions. In some small rural hospitals, doctors may be on call from home. NDEC allows the RN to manage low acuity / low risk patients in these facilities without having to call a doctor.

**Emergency Triage Education Kit:**

*The Emergency Triage Education Kit provides a nationally consistent approach to the educational preparation of emergency clinicians for the triage role, and promotes the consistent application of the Australasian Triage Scale.*

<http://www.health.gov.au/internet/main/publishing.nsf/Content/casemix-ED-Triage+Review+Fact+Sheet+Documents>

**Facilitators:**

These are suitably qualified NDEC trainers who deliver local training to participants. Facilitators are determined by each LHD. A typical facilitator profile will include extensive acute clinical experience, with specialist knowledge of NDEC and the rural and remote ED context. Generally the roles associated with NDEC facilitators would be ED/Critical Care Clinical Nurse Consultants, Clinical Nurse Educators, Clinical Nurse Specialists, Nurse Unit Managers or Health Service Managers. Formal qualifications in workplace training and assessment highly desirable.

**Follow-up procedures:**

NDEC requires two forms of follow-up. Initially the patient is given instructions for follow-up with a medical practitioner as part of the discharge process. Secondly, the patient receives a telephone call from a designated RN within 24 hours of discharge to check progress.

**Governance:**

Governance of NDEC occurs at two levels. *Within a LHD*; governance structures ensure local adaptation, implementation, compliance, reporting and safety of individual EDs and accreditation of RNs. *The ECI*; ensures state-wide oversight and governance of NDEC including state-wide implementation, resources, updates, safety, compliance, reporting and Facilitator programs.

**Line Manager:**

This is the participant's direct reporting manager. This may be an ED Nurse Unit Manager, a Nurse Manager, a Facility manager or equivalent.

**Local Health District (LHD):**

There are eight Local Health Districts which cover the Sydney metropolitan region and seven which cover rural and regional New South Wales. Together, these LHDs provide local governance to every public ED in NSW.

<http://www.health.nsw.gov.au/about/nswhealth/pages/structure.aspx#>

**Low risk / low acuity:**

This is the patient cohort that NDEC services. Patients are screened for risk factors through evidence based criteria. Only patients who meet the low risk / low acuity threshold are managed via NDEC.

**Merit Selection:**

Participant selection is based on principles of merit. These principles are based on the abilities, qualifications, experience, standard of work, performance and capabilities of an RN as they are relevant to NDEC.

[http://nswhealth.erecruit.com.au/applications/Default/Interview/Documents/nswhealth\\_application\\_guide.pdf?v20130312](http://nswhealth.erecruit.com.au/applications/Default/Interview/Documents/nswhealth_application_guide.pdf?v20130312)

**Nurse Delegated Emergency Care (NDEC):**

NDEC is a comprehensive patient management strategy designed to facilitate complete patient care within rural and remote ED settings. Patient care is delegated to the RN via an agreed, endorsed framework. The framework includes Nursing Management Guidelines, Standing Orders and discharge criterion for medical officer follow-up. Completion of this *Framework* will accredit a RN to utilise NDEC.

**Nurse Delegated Emergency Care Education Framework (the *Framework*):**

This document forms a matrix for initial and ongoing NDEC education and accreditation. It is based on adult learning philosophy and workplace training and assessment principles. It has been designed to assist LHDs and Facilitators to program a training and assessment program for NDEC.

**Nursing Management Guidelines (NMG):**

These are a series of presentation symptom related guidelines that outline management for the RN including assessment, interventions, investigations, documentation and follow-up.

**Nursing Medication Standing Orders:**

Directly related to the Nursing Management Guidelines, the Standing Orders authorise the RN to administer a narrow list of medications to aid investigation and symptom relief for the presentation problem.

**Recognition of prior learning (RPL):**

This is a process for giving participants credit for previous / existing knowledge, skills and experiences in regards to those required to use NDEC. Evidence must be adequate to meet this *Framework* learning outcomes. [https://www.training.nsw.gov.au/training\\_providers/resources/skillsonline/rpl\\_resources.html](https://www.training.nsw.gov.au/training_providers/resources/skillsonline/rpl_resources.html)

**Reflective practice:**

*Reflection is the examination of personal thoughts and actions. For practitioners this means focusing on how they interact with their colleagues and with the environment to obtain a clearer picture of their own behaviour.*

<http://www.nursingtimes.net/nursing-practice/clinical-zones/educators/a-practical-approach-to-promote-reflective-practice-within-nursing/204502.article>

**Refresher programs:**

These ongoing programs ensure accredited RNs maintain competency and confidence with NDEC. The clinical updates, if applicable, will form part of the refresher program.

**Registered Nurses (RNs):**

*A person licensed to practice nursing under an Australian State or Territory Nurses Act or Health Professionals Act. Referred to as a Registered Nurse Division 1 in Victoria. (Glossary of a registered nurse – ANMC competency standards)*

<http://www.nursingmidwiferyboard.gov.au/documents/default.aspx?record=WD10%2f1342&dbid=AP&chksum=N5ws04xdBIZiTTSDKnSTQ%3d%3d>

**Reporting framework:**

This refers to the local and State reports that will be generated via NDEC. This NDEC *Framework* will form a subsection of this reporting structure.

**Rural and remote Emergency Departments:**

Generally this refers to EDs delineated as Level 1 or 2 or 3. These are smaller facilities, generally located within smaller hospitals, including Multi-Purpose Service facilities. NDEC has been tested and validated within Level 2 and 3 EDs.

## Appendix

- NDEC Competency Assessment Matrix\*
- NDEC Matrix for ANMC and CENA Standards\*
- Competency Assessment tool - USAGE OF NDEC, NURSING MANAGEMENT GUIDELINES AND STANDING ORDERS\*
- Competency Assessment tool – NDEC PATIENT DISCHARGE PROCEDURES\*
- Competency Assessment tool - NDEC Basic Eye Problems Management (including eye drop instillation and basic eye assessments)\*
- NDEC Quality Improvement Audit Guidelines\*\*
- NDEC RN Case Log\*\*

\*available at: <https://www.aci.health.nsw.gov.au/networks/eci/clinical/ndec/ndec-education-and-accreditation>

\*\*available at: <https://www.aci.health.nsw.gov.au/networks/eci/clinical/ndec/ndec-auditing>