

USAGE OF NDEC, NURSING MANAGEMENT GUIDELINES AND STANDING ORDERS COMPETENCY ASSESSMENT TOOL

This competency assessment tool allows a facilitator to assess nurse confidence and competence in using Nurse Delegated Emergency Care (NDEC), associated Nursing Management Guidelines (NMGs) and relevant Standing Orders (SOs). The NMGs and SOs determine the management standards of low risk / low acuity patient's symptoms. Correct application of these documents is critical to the safe and efficient use of the NDEC.

Confidence ¹	Performance Criteria	Competent	NYC ²	Comments	CENA ³	ANMC ⁴
General Understanding of NDEC						
	<u>Describes what the NDEC is</u> <i>(A legal framework for the RN to manage low risk / low acuity patients in the ED through delegated care)</i>				1.1, 4.1, 4.3, 5.3, 6.1, 7.1, 8.1, 9.1	1.1, 1.2, 1.3, 2.2, 2.4, 2.5, 2.7, 3.1, 3.5, 6.1, 7.8, 10.3
	<u>Indicates the purpose of the NDEC</u> <i>(Designed for rural / remote EDs for the management of low risk / low acuity patients. Increases patient satisfaction, with greater access to timely care with improved efficient use of finite resources)</i>					
	<u>Explains the limitations and safety mechanisms within the NDEC</u> <i>(Has inclusion / exclusion criteria. Is evidenced based and comprehensively tested in rural / remote ED setting. Requires special training and assessment to be accredited to use NDEC. Accredited nurses are able to override NDEC if it is felt that patient needs formal medical review prior to D/C)</i>					
	<u>Explains patient eligibility criteria and demonstrates correct application of patient selection / exclusion</u> <i>(ATS 4 / 5; relevant NMG available; no red flags)</i>					
	<u>Describes how NDEC works in local facility</u> <i>(Where NDEC materials are located within ED (hard copy and electronic), operational hours, referral arrangements etc)</i>					
Patient / Carer Education and Consent						
	<u>Uses 'plain language' to explain NDEC to a patient / carer</u> <i>(Information is given in a direct and clear way. Jargon and unnecessary official, legal or bureaucratic wording is avoided. Other resources are accessed for culturally and linguistically diverse patients / carers as needed)</i>				1.5, 2.2, 2.3, 8.1	2.3, 3.2, 6.2, 7.7, 9.1, 9.2, 9.3, 9.4
	<u>Demonstrates an ability to gain valid verbal consent to treat a patient under the NDEC</u> <i>(Principles of valid consent are adhered to whilst being applied to NDEC)</i>				1.5, 2.2, 7.1, 8.1	1.1, 1.2, 2.1, 2.6, 6.2, 9.2, 9.4
Nursing Management Guidelines						
	<u>Describes the purpose of the NMGs</u> <i>(Guides the RN to include low risk / low acuity patients. Outlines assessment, investigation and further management of patient).</i>				1.1, 1.3, 7.1, 8.1	5.1, 5.2, 5.3, 7.1, 7.2, 7.3
	<u>Chooses the correct NMG associated with the patient presentation problem</u> <i>(Can be actual / supervised or simulated. Based on a patient's primary presentation complaint)</i>				1.2, 7.1	1.1, 1.2, 2.2, 2.5, 2.6, 5.2, 5.3, 6.1, 6.2, 7.1, 7.2
	<u>Uses the NDEC exclusion criteria and NMG red flags to distinguish the correct patients eligible to receive NDEC.</u> <i>(Demonstrates application of excluding patients who have red flags or including patients who have no red flags)</i>					
	<u>Describes how patients who are excluded from the model are cared for</u> <i>(usual care including medical officer notification / review)</i>				1.2, 1.3, 2.1, 2.2, 2.3, 3.1, 7.1	1.2, 1.3, 2.6, 5.3, 6.1, 6.4, 7.1, 7.4, 7.8, 8.2,

¹ **Completed by the participant.** Confidence is a declaration from the participant that they are confident in the particular performance criteria prior to formal assessment.

² NYC = Not Yet Competent. Competence is not adequately demonstrated.

³ CENA = Criteria mapped to: College of Emergency Nursing Australasia (2007) *Practice Standards for the Emergency Nursing Specialist* (<http://cena.org.au/CENA/Documents/Standards.pdf>)

⁴ ANMC = Criteria mapped to: Australian Nursing and Midwifery Council (2006) *National Competency Standards for the Registered Nurse* (<http://www.nursingmidwiferyboard.gov.au>)

	<p><u>Demonstrates proficiency in using NMGs to provide safe nurse delegated care</u></p> <p><i>(Completes relevant assessments, commences investigations, commences correct treatment and assess efficacy. Documents interactions)</i></p>				1.2, 1.3, 2.2, 2.3, 4.1, 4.3, 7.1, 8.1	1.2, 1.3, 2.2, 2.3, 2.5, 2.6, 5.2, 5.3, 6.1, 6.2, 6.3, 6.4, 7.2, 7.4, 7.8, 8.1, 8.2, 9.1, 9.2, 9.3, 9.4, 9.5, 10.2, 10.3
	<p><u>Outlines the strategy for managing patients whose condition deteriorates during the episode of care</u></p> <p><i>(Exit NDEC; follow usual care principles including clinical review or rapid response if required. Seek medical officer review)</i></p>				1.2, 2.1, 2.3, 3.1, 4.1, 7.1, 8.1,	1.2, 1.3, 2.2, 2.5, 2.6, 5.1, 5.2, 5.3, 6.3, 7.1, 7.4, 7.8, 8.2, 10.3
Standing Orders						
	<p><u>Describes the relationship between NMG 'red flags' and the SOs</u></p> <p><i>(NMG must sanction SO use. Any precautions or contraindications within a NMG needs to be considered when using the SO)</i></p>				1.3, 2.1, 2.2, 2.3, 3.1, 7.1, 8.1	1.1, 1.2, 2.2, 2.5, 6.3, 7.1, 7.2, 7.7, 8.1, 8.2
	<p><u>Outlines components common to all SO's</u></p> <p><i>(Indications, contraindications, dosages, administration instructions, side effects etc.)</i></p>					
	<p><u>Discusses who can administer medications from the S.O</u></p> <p><i>(only RNs who are accredited to use NDEC)</i></p>					
	<p><u>Produces correct documentation record of S.O. medication administration</u></p> <p><i>(as per medication charting requirements for nurse initiated medications)</i></p>					
	<p><u>Describes local policy for ensuring medical officer checking and countersigning of medication chart</u></p>					
Governance and Auditing Processes						
	<p><u>Can outline local auditing process for the NDEC</u></p> <p><i>(Individual practice audits of triage, documentation, assessment, NDEC use and NDEC compliance. Results fed back to RN)</i></p>				3.2, 5.1, 5.2, 5.3, 7.1, 9.1	3.5, 4.1, 4.4, 10.4
	<p><u>Can outline other monitoring methods for NDEC</u></p> <p><i>(Follow-up call logs; reasonable workload tools; in-charge reports; IIMS; direct staff, patient and carer feedback)</i></p>					
	<p><u>Can outline local and state governance process</u></p> <p><i>(Local governance described as per individual site arrangements. State governance is through the Emergency Care Institute (ECI). ECI responsible for NDEC updates etc.)</i></p>					

Competent (must meet all above criteria)

Not Yet Competent

Facilitator Name: _____ Facilitator Signature: _____

Facilitator Comments:

Participant Name: _____ Participant Signature: _____

Participant Comments:

Date: __ / __ / __ LHD: _____ Facility: _____