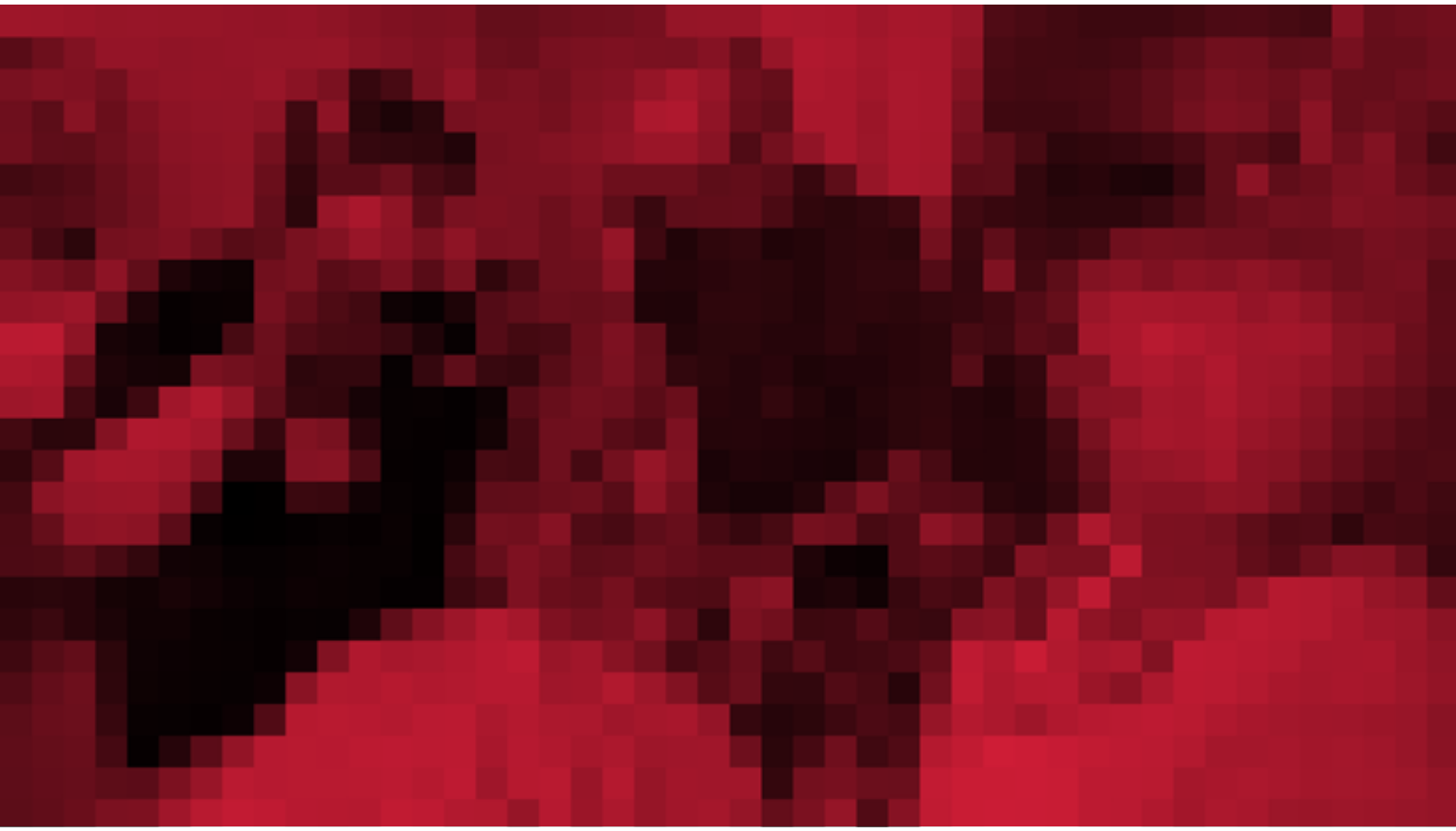
THE EMERGENCY NURSE PRACTITIONER CLINICAL PRACTICE STANDARDS



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INTRODUCTION

These standards were developed from research conducted nationally in Australia from late 2012 to early 2014.
The aims of the research were:

A. To develop knowledge on the parameters of practice of the emergency nurse practitioner

B. To develop and validate national specialty practice standards for emergency nurse practitioners

C. To contribute new knowledge on design and development of standards for advanced practice based on a 'capability' framework

The research was designed to investigate the parameters of practice and practice profile of Emergency Nurse Practitioners (ENPs) to develop specialty clinical practice standards. This research has produced new knowledge about the practice profile of ENPs.
The standards developed from the research are a practical instrument, valuable for:

1. Nursing regulatory boards in guidance of the endorsement process for Nurse Practitioners
2. The tertiary sector, for the ongoing development and design of educational programs for Nurse Practitioners students
3. The planning of ongoing professional development and further post graduate education for endorsed Nurse Practitioners
4. Health service managers and clinicians who implement Nurse Practitioners positions within their local health services
5. Professional colleges and associations who develop their own educational pathways for Nurse Practitioners

The findings will also facilitate standardised operational definitions for ongoing research and ENP role development

There are no existing specialty clinical Practice Standards for Nurse Practitioners (NPs) in Australia and therefore no robust teaching and learning framework for the clinical specialty. The Emergency Nurse Practitioner (ENP) is the largest and fastest growing specialty NP group in Australia *(Middleton et al; 2011)*.

In Australia and other countries there has been some confusion about the practice parameters of ENPs. Previous research has shown that ENPs manage ambulatory and fast track patients well and improve indicators around those patient groups.

RESEARCH DESIGN

A Mixed Methods Exploratory sequential design was used (Cresswell & Plano Clark; 2011). The Qualitative phase consisted of individual interviews with 20 ENPs across diverse geographical and practice contexts. The Quantitative phase consisted of a National 2 round Delphi Study.

QUALITATIVE PHASE

The interviews revealed the broad practice of ENPs and described advanced level practice as beyond competence- embracing the theory of 'capability'. An inductive approach was used in analysis of the rich and extensive data to identify conceptual themes and develop an interpretive framework.

The Modes of Practice framework provides a conceptual model of how ENPs work across all levels of patient acuity. The Rapid, Focused and Disposition Modes of Practice describe a new way of conceptualising ENP practice.

QUANTITATIVE PHASE

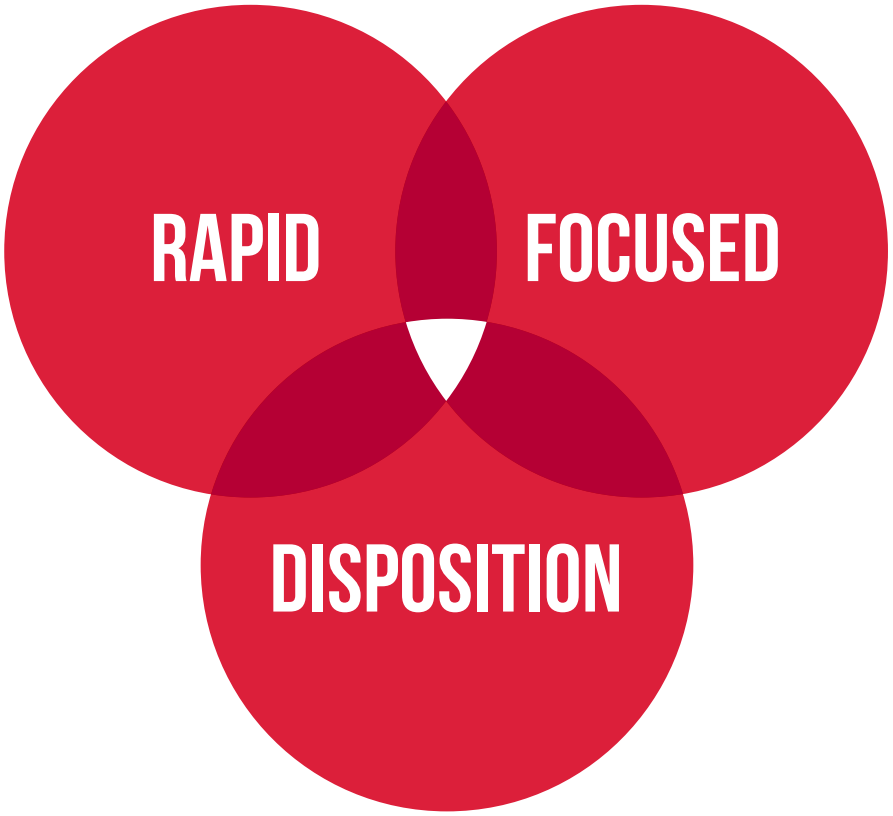
Forty five ENP participants enrolled in round1. Thirty ENPs completed both rounds. The 'reactive Delphi' (McKenna; 1994) technique was used whereby participants respond to previously prepared information. This information for the Delphi phase was rendered from the interpretive interviews in phase 1.

All items on the questionnaire (**13 Practice Standards & 35 Practice Activities**) were scored by participants as appropriate for inclusion through the Modes of Practice framework. The final outcome was over 80% consensus agreement on all items included in the specialty clinical practice standards for ENPs.

MODES OF PRACTICE

Whilst there is no single definable model of the ENP role in Australia, there are practice features that are common across all service models and all levels of patient acuity; these have been conceptualised as Modes of Practice

3 MODES OF PRACTICE
'HOW' ENPS PRACTICE



With increasing adoption of ENP service both nationally and internationally there is opportunity for collaborative, cross border research into ENP practice standards.

Outcomes of collaboration between national and international professional bodies and research teams would assist in providing a solid evidence base for ENP educational preparation and potential for a move towards international ENP practice standards.

ASSUMPTIONS ABOUT THE EMERGENCY NURSE PRACTITIONER ROLE

1 Emergency Nurse Practitioner practice is underpinned by
the College of Emergency Nursing Australasia (CENA) Practice Standards for the Emergency Nurse Specialist *(CENA;2013)*
the Nursing and Midwifery Board of Australia (NMBA) (Generic) Nurse Practitioner Standards of Practice *(NMBA; 2013)*

2 ENP practice may incorporate any presentation across all age groups and all Australasian Triage Scale categories.

3 ENP practice occurs across a variety of clinical settings in a variety of geographical locations, where the principles of emergency care and advanced and extended nursing practice are fundamental.

4 ENPs work autonomously and collaboratively; often with these elements overlapping and occurring simultaneously. ENPs work collaboratively in a co-ordinated team care approach for optimal patient outcomes and seek expert advice when necessary.

5 ENPs work within a multidisciplinary team environment and utilise team resources as appropriate for best practice clinical care.

6 The ENP uses evidenced based research and existing evidence based clinical guidelines/tools to support their individual clinical decisions.

The following ENP Clinical Practice Standards encompass the above fundamentals of practice and incorporate the principles of leadership, exemplary clinical care, collaboration and autonomy.

THE EMERGENCY NURSE PRACTITIONER MODES OF PRACTICE FRAMEWORK

The emergency care environment is characterised by unpredictability and caters for all age groups and health care presentations. Timely, clinically effective and safe care are fundamental requirements for this clinical service. The emergency care patient population is diverse, erratic and undifferentiated. Management of critical incidents, disasters, life threatening presentations and non-urgent care are all within the remit of emergency care.

The findings from research show that the NP working in an emergency care setting delivers care for any patient presentation across all age groups and clinical specialties *(O'Connell, Gardner & Coyer; 2014a)*. Drawing upon advanced knowledge and skills, ENPs work at a high cognitive level by untangling data, engaging in complex problem solving, and reaching conclusions about the individual needs of the patient in a time-critical often autonomous mode of practice. ENPs are identified by their colleagues as a clinical resource and a senior clinician working collaboratively within the Multi-Disciplinary Team (MDT) to achieve optimal outcomes for all episodes of care *(O'Connell, Gardner & Coyer; 2014a).*

Development of a practice standards framework for ENPs has been informed by these characteristics of the work context. The data from extensive ENP interviews consistently show that ENP work readiness is about preparing for a way or modality of practice rather than a repertoire of task-based skills. This is supported by the literature that claims skill-based competencies are most often aimed at novice nurses and are based upon the acquisition and performance of technical skills *(Watson et al; 2002)*. Competencies tend to be prescriptive and are devised for observable actions.

Emergency Nurse Practitioners perform at an advanced level demonstrating 'situated cognition' and 'context specificity' *(Durning et al, 2011: Dijksterhuis et al, 2013);* therefore practice standards for these expert nurses require incorporation of clinical reasoning expertise framed by the ability to provide and lead safe, effective clinical care across the diverse Modes of Practice in the emergency care environment. Nurse practitioners work in environments and roles that are dynamic and unpredictable necessitating attributes and skills to practice at advanced and extended levels in both familiar and unfamiliar clinical situations *(Gardner et al;2008).* Capability has been described as the combination of skills, knowledge, values and self-esteem which enables individuals to manage change, be flexible and move beyond competency *(O'Connell, Gardner and Coyer; 2014b).* A Capability framework was used in the development of these Clinical Practice standards.

The Emergency Nurse Practitioner clinical practice standards are structured around three emergency modes of practice interpreted from the research behind these practice standards namely; Rapid, Focused, and Disposition *(O'Connell, Gardner & Coyer; 2014a).*

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RAPID MODE

Rapid Mode is characterised by urgent attention and includes immediate actions ranging from life threatening such as resuscitation to non-life threatening such as “see & treat’ presentations. The practices that characterise the Rapid Mode relate to
I bringing order to available information to assist in immediate evaluation,
II problem solving and,
III addressing the urgent issue to achieve physiological stability and comfort.

Practice in this mode is often team based but also requires autonomous practice in treating individual patients or groups of patients. As a modality of practice, the Rapid mode is relevant to clinical urgency across all ATS categories. The conceptual themes in this mode are; Sorting, Troubleshooting and Relieve & Restore.

PRACTICE STANDARD

RAPID MODE 1

Performs an initial ***assessment*** of the emergency care patient rapidly identifying the nature and characteristics of urgent care needs.

PRACTICE ACTIVITIES

A
Conducts/reviews the primary survey to prioritise urgent care needs.

B
Performs rapid expert assessment by looking, listening, inspecting, auscultating and palpating appropriately for airway, breathing, circulation, disability & exposure, (ABCDE).

C
Determines adequacy and effects of breathing by assessing vital signs, attentive to hypoventilation, tachypnoea, tachycardia and breath sounds and auscultation of chest and comprehends the significance of findings.

D
Assesses adequacy of circulatory status and oxygen saturation/perfusion using clinical acumen and tools such as electrocardiography and respiratory/ventilation measurements.

E
Assesses neurological status in context of the presentation and current vital signs recognising altered mental states both chronic and acute, including patients with traumatic injury and suspected spinal injury. Assesses psychological status.

F
Where all life threatening abnormalities have been corrected and/or stabilised concentrates on rapid assessment of other urgent needs such as the requirement for analgesia or immobilisation/reduction of fracture/dislocation or immediate wound management etc. in a timely manner.

PRACTICE STANDARD

RAPID MODE 2

Determines the required urgent care ***intervention(s)*** related to airway, breathing, circulation, disability and exposure in the unstable patient and performs or facilitates the required urgent intervention in collaboration with the Multidisciplinary team.

PRACTICE ACTIVITIES

A

Ensures patency of patients airway using positioning, suctioning and airway adjuncts such as, Oropharyngeal/Nasopharyngeal airway, supraglottic airway or Endotracheal tube as appropriate.

B

Supports breathing with supplemental oxygen when required by an oxygen delivery device until restoration of adequate breathing pattern or provision of definitive mechanical ventilation for oxygenation and gas exchange.

C

Provides appropriate circulatory support via establishment of appropriate vascular access for fluid and drug administration using available tools such as ultrasound.

D

Recognises and intervenes in life threatening circulatory disorders due to cardiac and other conditions such as electrocution - hypothermia etc. and uses appropriate therapy such as defibrillation to correct life threatening arrhythmias.

E

Orders appropriate medications for treatment of ABCDE abnormalities, such as adrenaline, intubation drugs and fluid resuscitation and is knowledgeable in all possible routes of delivery of drugs/therapy.

F

In cases of trauma/injury where appropriate, provides management of c-spine including immobilisation and investigation of suspected spinal injury. Clears patients cervical spine using evidence based information to support decisions.

G

Facilitates/performs urgent diagnostic needs such as ABGs or trauma x-rays prior to a complete diagnostic work up, prioritising clinical urgency particularly when there are multiple issues.

PRACTICE STANDARD

RAPID MODE 3

Orders appropriate ***diagnostic*** investigations for the emergency care patient and interprets results.

PRACTICE ACTIVITIES

A

Judicious ordering of radiological investigations based upon clinical data, and relevant evidence based clinical guidelines/tools.

B

Judicious ordering of pathology tests and investigations based upon analysis of assessment data, clinical relevancy and attention to current evidence based guidelines and underlying science.

C

Interprets investigative findings and acts on abnormalities in a timely manner collaborating with the Multi-Disciplinary Team (MDT) where the ENP deems necessary.

PRACTICE STANDARD

RAPID MODE 4

Prescribes/facilitates appropriate pharmacological and non-pharmacological therapy for resuscitation and rapid care across all ATS categories.

PRACTICE STANDARD

RAPID MODE 5

Reviews interventions and diagnostics from Rapid Mode situations and evaluates findings for restitution whilst providing ongoing care.

PRACTICE ACTIVITIES

A Uses clinical assessment findings and baseline vital signs to determine the need for further Rapid interventions or modification of interventions as patients' health status change.

B Interprets initial diagnostics to inform the need for further/repeat diagnostics or different interventions.

C Maintains vigilance over episode of care until Rapid care needs are appropriately addressed or care is handed over to other member(s) of the MDT.

FOCUSED MODE

Practice in the Focused Mode follows rapid interventions such as ordering/administering analgesia where the ENP will return to conduct a more detailed assessment with the patient. Initial and ongoing assessment of patients' not requiring Rapid interventions and monitoring the consequences of treatment occur in this mode. The Focused mode of practice incorporates a complete assessment, deciphering presenting data and reaching a preliminary diagnosis in a systematic way. This mode of practice also incorporates the review of patients that have already had diagnostic and treatment interventions or whose clinical condition continues to evolve. Ongoing assessment of the patient and monitoring the consequences of treatment occur in this mode. The conceptual themes in this mode are Unravelling the encounter, Translation and Monitor and maintain.

PRACTICE STANDARD

FOCUSED MODE 1

Performs a comprehensive head to toe ***assessment*** incorporating all systems as appropriate on any patient that requires such, taking into account presenting complaint, mechanism of injury and past medical history.

PRACTICE ACTIVITIES

A

Conducts an extensive advanced physical examination (secondary survey) that incorporates each relevant body system using a deep knowledge of anatomy, physiology and pathophys iology and the characteristics of the emergency care patient.

B

Obtains and documents a comprehensive clinical history using appropriate clinical tools, data sources and communication strategies.

PRACTICE STANDARD

FOCUSED MODE 2

Determines and orders appropriate ***investigations*** based upon the focused assessment findings.

PRACTICE ACTIVITIES

A

Engages in judicious ordering of relevant pathology or radiological investigations relevant to practice in the Focused mode.

B

Determines the need for additional diagnostics to support appropriate ongoing treatment; for example further EUCs for patient with electrolyte imbalance.

PRACTICE STANDARD

FOCUSED MODE 3

Formulates a preliminary ***diagnosis*** including differential diagnoses.

PRACTICE STANDARD

FOCUSED MODE 4

Determines and orders/conducts appropriate ***treatments*** and procedures based upon the focused assessment findings.

PRACTICE ACTIVITIES

A

Confidently performs interventions for soft tissue injuries bony injuries, wound management and abnormalities to the integument for patients in a time appropriate manner.

B

Using extensive pharmacotherapeutic and pharmacokinetic knowledge, makes decisions about use of ongoing analgesia and medications.

C

Facilitates or performs insertion/removal of intravascular devices, chest tubes, urinary catheters, feeding tubes or other assistive invasive devices.

D

Determines a plan of care that is responsive to physiological data regarding the patient's capacity to eat, drink and mobilise safely.

PRACTICE STANDARD

FOCUSED MODE 5

Monitors the response to administered therapy using acquired data and any ongoing information such as diagnostic results and observations.

PRACTICE ACTIVITIES

A

Makes decisions about patients' clinical situation and analyses deviations in the patients' response to treatment or illness trajectory and adjusts clinical management accordingly.

B

Demonstrates scientific knowledge and diagnostic skill in the review of diagnostic test results for emerging homeostasis and relevance to patients ongoing needs including the need for consultation and referral.

C

Orders/ facilitates ongoing therapies according to assessment findings, patient needs and response to treatment.

DISPOSITION MODE

Disposition is the settlement of the ED episode of care including ongoing treatment and/or the completion of care. It encompasses discharge, referral, transfer, or admission. This mode may also incorporate decisions on withdrawal or withholding treatment in collaboration with patient, family and members of the health care team. The two conceptual themes of Disposition Mode of practice are Resolution and Packaging the Patient.

PRACTICE STANDARD
DISPOSITION MODE 1

Collates assessment data that contributes to safe and accurate care regarding the ongoing needs and disposition of the emergency care patient.

PRACTICE ACTIVITIES

A Reviews assessment data to inform appropriate and safe disposition decisions, taking into account the patients current condition and expected response to treatment.

B Facilitates discussion with the patient and where appropriate, the family and the MDT regarding the conclusions reached for the safe disposition of the patient.

PRACTICE STANDARD
DISPOSITION MODE 2

Refers appropriately for ongoing safe, judicious and timely care in collaboration with the Multi-Disciplinary Team when necessary.

PRACTICE ACTIVITIES

A Effectively arranges for the discharge, referral, transfer, or admission of the patient in accordance with best practice and patient/family consultation.

B Ensures relevant documentation for discharge, referral, transfer or admission is completed as appropriate for the patient.

C Demonstrates comprehensive knowledge of patient needs in developing and documenting a clear management /follow up plan that is understood by the patient and where appropriate the family including education of the patient and/or the carer including self-management.

PRACTICE STANDARD

DISPOSITION MODE 3

When active treatment is withheld or withdrawn, the ENP works as part of the Multi-Disciplinary Team to ***support*** the patient, family and colleagues.

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