

REGISTERED NURSE DIAGNOSTIC AGREEMENT

Purpose

The purpose of this agreement is to formally acknowledge and define the supporting processes to enable RN ordering for diagnostics as outlined in the Registered Nurse Diagnostic Policy.

Requirements

1. Evidence of completion of post-graduate certificate inclusive of advanced assessment and PDRP currency

Please attach documentation.

2. Completed Health Learn Radiology imaging referral course

Please attach documentation

3. Collaborative Team

Please provide a paragraph on how your team works collaboratively to provide your service outcomes.

Please list your collaborative team members (inclusive of an authorised prescriber) below

| Team Members | Designation |
|--------------|-------------|
| | |
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| | |

4. Line Manager Support

| Requirement | Signed | Name | Designation |
|--|--------|------|-------------|
| Line manager supports that service provision by the RN would be enhanced by RN access to diagnostics, and that the RN is working within a senior nursing scope | | | |

5. Result Accountability

Please outline your result accountability process.

Sign off support by an authorised prescriber is required to support your process

| Requirement | Signed | Name | Designation |
|--|--------|------|-------------|
| Authorised prescriber (NP/Dr) supports the result accountability process | | | |

6. Audit and Assurance

Please outline your audit and assurance plan.

Agreement Approval

This agreement is subject to the RN notifying the radiology department should their place of employment, assess to a collaborative team, or scope of practice change.

| Requirement | Signed RN | Signed Radiology Manager | Radiation Safety Officer |
|--|-----------|--------------------------|--------------------------|
| Evidence of completion of Postgraduate certificate inclusive of advanced assessment - copy of PG Dip attached | | | |
| Evidence of completed HealthLearn Radiology Imaging Referral Course. - copy of certificate attached. | | | |
| Evidence of collaborative team inclusive of authorised prescriber (NP/Dr) | | | |
| Evidence of line manager support | | | |
| Result accountability plan described and supported by authorised prescriber | | | |
| Evidence of a suitable audit and assurance plan | | | |