

## **South Canterbury District Health Board**

### **Proposal Registered Nurse Diagnostics Access;**

**A proposal to enable top of scope senior nursing  
function.**

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Document Sign-off			
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Director, Patient, Nursing and Midwifery			
Director Primary Health Partnerships and Allied Health			

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# 1. Introduction

This paper proposes to consistently enable registered nurses (RN) working at the top of their scope as a senior clinician to assess clinically appropriate diagnostics as aligned with the RN scope of practice, and area of clinical expertise. The registered nurses in this category include:

Registered nurses working in the South Canterbury Health Sector who have met **all** of the following requirements:

- Completed a post graduate certificate inclusive of advanced assessment (clinical pathway)
- Have a current PDRP as evidence of maintenance of competency, proactive monitoring, reflection and audit of their own practice.
- Work within a clearly defined collaborative team, inclusive of an authorised prescriber (Doctor or Nurse practitioner)
- Line management support that the service that the RN is working within would be enhanced by the RN having diagnostic access; and that the RN is working within a senior nursing role.
- Completed the HealthLearn Radiology Imaging Referral Course (or other SCDHB recognised imaging education requirements).
- The process of accountability for receiving results is clearly defined by the collaborative team.

For the purposes of this initiative, Diagnostics is defined to be inclusive of laboratory investigations, radiology and medical investigations. Result accountability will be consistently outlined with support of a collaborative team. A process of audit and assurance is outlined for both the referrer and receiver.

This proposal enacts an approved RN prescribing framework both at SCDHB, and regional levels, as well as acknowledges and supports top of scope function for senior registered nurses in South Canterbury.

## 2. Background

In 2017 SCDHB introduced the Nursing framework, which provides a stratification framework and clinical pathway for all scopes of nursing practice (SCDHB, 2019). This framework supports study pathways and expectations of senior nursing functions, inclusive of critical thinking, advanced assessment and pharmacology. This framework is inclusive of requirements for senior nursing function under the NZNO MECA (2017).

This initiative leverages top of scope nursing function to support

- reduction in time wastage of senior nurse locating a medical officer (usually RMO/GP) to sign forms
- an accurate documentation trail, resulting in professional accountability discrepancy (ie, accountability for follow up/sign off of results)
- reduction in time- delay to for investigative and diagnostic requirements for patients
- enable clarity of communication of actioning outcomes of results

## 3. Proposal

It is proposed that RNs whom have:

- Completed a post graduate certificate inclusive of advanced assessment (clinical pathway)
- Have a current PDRP as evidence of maintenance of competency, proactive monitoring, reflection and audit of their own practice.
- Work within a clearly defined collaborative team, inclusive of an authorised prescriber (Doctor or Nurse practitioner)
- Line management support that the service that the RN is working within would be enhanced by the RN having diagnostic access; and that the RN is working within a senior nursing role.
- Completed the HealthLearn Radiology Imaging Referral Course (or other SCDHB recognised imaging education requirements).
- The process of accountability for receiving results is clearly defined by the collaborative team.

whom work across the South Canterbury health sector are enabled to access diagnostic services at SCDHB. The ordering RN will retain accountability for the outcome of the investigation as outlined by their role within the collaborative team, and appropriate action, inclusive of escalation of care as appropriate.

To mitigate risk associated with this, the model of care required to support this function includes identification of a collaborative team inclusive of an authorised prescriber, and a sustainable results action/sign off function.

For those in the SCDHB services, this would include participation of the SMO/NP associated with the service, and appropriate CD approval. For those in private practice (e.g. Primary care practice) this would include a GP/NP approval with a supporting model of care for service sustainability, and collaborative team function.

## 4. Proposal Analysis

Proposal	Support consistent model of investigative orders for CNS, RN prescribers and those undergoing prescribing practicum.
Potential Benefits:	<p>Enable top of scope nursing function supported by advanced skills and knowledge acquired through post graduate study.</p> <p>Increased efficiency due to elimination of time delay by chasing authorised personale to sign forms</p>

	<p>Efficiency of patient service offered in the moment according to clinical need. Reduction of patient waiting times, and delay in treatment.</p> <p>Clear result accountability framework.</p> <p>Clear communication of actions taken, and by whom</p> <p>Increased team identification and collaborative model of care transparency</p> <p>Accurate documentation trail.</p>
Potential Risks:	<p>Ensuring follow up of results – mitigate through allocated collaborative team aligned with the RN scope of practice</p> <p>The collaborative team agreement should specifically address the followings risks:</p> <ol style="list-style-type: none"> <li>1. The collaborative team result management agreement needs to specifically identify a pathway for management of incidental findings and identify appropriate escalation pathway to support safe patient management</li> <li>2. Referrer absence from the service (leave, sick etc).</li> <li>3. A process of result escalation in the context of delayed or absent sign-off or resulting action.</li> </ol>
Constraints and Dependencies	<p>IT systems able to reliably allocate results to senior nursing inbox.</p> <p>Supportive collaborative team inclusive of operational function to action results.</p>
Financial Impact	<p>Literature indicates that introduction of RN top of scope function does not increase financial impact, due to the investigation being clinically required. SCDHB operates under the choosing wisely framework.</p>

Dimension – Table 1	
Scale, scope and location (Clinical Engagement)?	<p>The operational numbers are small. At a maximum this would include:</p> <ol style="list-style-type: none"> <li>1. 14/17 CNS (not all have completed PG study requirements, or the function is not required within their role.)</li> <li>2. 4-6 primary care senior nurses</li> </ol>
Service Solution (Compliance Expectation)?	<p>RNs are responsible for their scope of practice, and as such are accountable for any nursing interventions delivered under their care. The guiding framework requires identification of a collaborative team and supporting model of care.</p>

Service Delivery (Who can deliver the services)?	CNS Senior nurses working in primary care
Implementation: (When can process be delivered)?	A definition of a collaborative team and supportive model of care will need to be defined alongside the practitioners and authorised prescriber mentors
<b>Benefit Criteria 1</b> – Overarching Clinical Audit Strategy	Audit to be developed by radiology/lab and individual collaborative teams to support service.
<b>Benefit Criteria 2</b> – Clinical Audit Methodology meets minimum legislative standards	Supported by nursing council documentation under the HPC Act.
<b>Benefit Criteria 3</b> – Support for clinical staff	Efficient services, and support for RN top of scope function at SCDHB. Acknowledgement of progressive RN knowledge and skills at PG level.

## 5. References

- Coull, A., Murray, L., Turner-Holliday, F., & Watterson, A. (2013). The expansion of the nurse prescribing in Scotland: an evaluation. *British Journal of Community Nursing*, 18(5), 234-242.
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- South Canterbury District Health Board [SCDHB]. (2017). *Framework for Registered Nurse Prescribing in South Canterbury*.
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# Health practitioners Diagnostic access Policy (Registered Nurses)

## 1. Purpose:

SCDHB recognises that registered nurses (RNs) who have completed appropriate educational pathways able to order diagnostics aligned with their scope of practice. This initiative supports timely intervention to enhance patient care and outcomes.

The national criteria for access to community radiology (2015), supports primary and secondary integration by encouraging implementation of appropriate locally agreed clinical pathways. It is this policy's intention to leverage this guidance to support appropriate referral pathways, and support best practice.

The fundamental requirements of the Radiation Act 2016 require every person who deals with a radiation source to ensure all persons are protected from the adverse effects of radiation by complying with the requirements set out in sections 9 to 12 and Schedule 3 of the Act. This policy supports education preparation and support for the specifications to be met. This policy sits alongside all/any other policy/processes that are utilised to credential any registered health practitioner for access to referred diagnostic services.

This policy acknowledges that ACC recognises registered nurses as "Authorised ACC Providers" whom are fully enabled to order any appropriate investigation.

## 2. Scope:

Registered nurses working in the South Canterbury Health Sector who have met **all** of the following requirements:

- Completed a post graduate certificate inclusive of advanced assessment (clinical pathway)
- Have a current PDRP as evidence of maintenance of competency, proactive monitoring, reflection and audit of their own practice.
- Work within a clearly defined collaborative team, inclusive of an authorised prescriber (Doctor or Nurse practitioner)
- Line management support that the service that the RN is working within would be enhanced by the RN having diagnostic access; and that the RN is working within a senior nursing role.
- Completed the HealthLearn Radiology Imaging Referral Course (or other SCDHB recognised imaging education requirements).
- The process of accountability for receiving results is clearly defined by the collaborative team.
- A process of audit and assurance is outlined for both the referrer and receiver.

### 3. Definitions:

Registered Nurse (RN)	<b>Those with a current Annual Practicing Certificate as a registered nurse issued from Nursing Council of NZ.</b>
Diagnostics	<p>For the purpose of this policy diagnostics includes:</p> <ul style="list-style-type: none"> <li>- laboratory investigations</li> <li>- radiology</li> <li>- medical investigations</li> </ul> <p>As defined by the RN scope of practice, current best practice and guided by health pathways</p>

### 4. Policy:

- All RN requirements outlined in the scope of this policy are required to be met by the RN applying for diagnostic access
- The RN Diagnostic agreement must be signed by all parties prior to initiation of access.

### 5. Associated Documents:

- SCDHB Radiation Safety Plan
- SCDHB Radiation Register

### 6. References:

- Radiation Safety Act (2016)
- Radiation Safety Regulations (2016)
- National Criteria for Access to community radiology (2015)
- MOH Code of Practice for Diagnostic and Interventional Radiology

## 7. Appendix 1 Registered Nurse Diagnostic Agreement

### **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

<b>Team Members</b>	<b>Designation</b>

##### **4. Line Manager Support**

<b>Requirement</b>	<b>Signed</b>	<b>Name</b>	<b>Designation</b>
<b>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</b>			

##### **5. Result Accountability**

Please outline your result accountability process.

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

<b>Requirement</b>	<b>Signed</b>	<b>Name</b>	<b>Designation</b>
<b>Authorised prescriber (NP/Dr) supports the result accountability process</b>			

## **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.

<b>Requirement</b>	<b>Signed RN</b>	<b>Signed Radiology Manager</b>	<b>Radiation Safety Officer</b>
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			