

Supporting Establishment of Nurse Led Clinics for Risk Prevention Project

Expression of Interest Guidelines

1. Introduction and Overview

Introduction

This document has been provided to assist primary health care service providers in preparing and lodging an expression of interest (EOI) application to collaborate with [the Australian Primary Health Care Nurses Association](#) (APNA) for the Supporting Establishment of Nurse Led Clinics for Risk Prevention Project.

About APNA

The Australian Primary Health Care Nurses Association (APNA) is the peak professional body for nurses working in primary health care including general practice. APNA provides primary health care nurses with a voice, access to quality Continuing Professional Development (CPD), educational resources, support and networking opportunities. APNA continually strives to increase awareness of the role of the primary health care nurse, and to be a dynamic and vibrant organisation.

APNA provides a range of services to support the education needs of both its members and the wider primary health care nursing workforce. From nurse networks, professional support and ongoing education, APNA's member services have seen an ongoing rise in membership over the past three years. APNA also provides a range of education, training and program delivery services for organisations such as Primary Health Networks, State and Federal Government and other non-government organisations.

Our vision is a healthy Australia through best practice primary health care nursing. APNA is working together with PHNs to provide support and development opportunities, that build capacity for nursing now, and into the future.

The role of nurse clinics in primary health care

Nurse clinics are an innovative approach to adopting a preventive health focus in general practice. While the format of nurse clinics may vary, studies overwhelmingly show that nurse

clinics result in improved health outcomes, reduced waiting times for patients and decreased rates of hospital admission. For areas of health workforce shortages and rural and remote areas with limited access to health care services, nurse clinics can provide patients with improved access to health advice and treatment (Howe 2016).

APNA has been successful in increasing the body of knowledge in relation to the factors that contribute to and hinder, the uptake of nurse clinics in the primary health care setting. Evaluation across a number of domains of the nurse clinics, has enabled the Project team to gather valuable insight into the necessary attributes required for developing sustainable nurse clinic models and provided clarity regarding the benefits of nurse clinics and assisted in the development of a framework for replication – the eight nurse clinic building blocks.

About the Supporting Establishment of Nurse Led Clinics for Risk Prevention Project

Gippsland has experienced drought, bushfire and pandemic in 2019-2020. [Gippsland Primary Health Network](#) (Gippsland PHN) worked to support the community's health and wellbeing through practical and innovative initiatives.

Recognising ongoing community needs, Gippsland PHN engaged APNA in January 2021 to support the establishment of up to 3 nurse clinics to support improved provision of evidenced based risk prevention strategies, health assessment and screening care for the community.

For the purposes of this project, applications are open from accredited general practices employing 1 or more nurses, in the Gippsland PHN Latrobe catchment area.

This project focuses on optimising utilisation of a nurse delivered, team based models of care (Nurse Clinic) to identify patients at risk of developing chronic disease(s) in conjunction with validated screening tools (where available), either self-administered or administered in conjunction with the general practice nurse, to facilitate access to preventive strategies related to chronic disease.

Overarching Objectives

To improve identification of people at risk of developing chronic disease and enable early detection of chronic conditions utilising the primary health care nursing workforce, helping to reduce the likelihood of chronic disease developing and to enable improved care if diagnosed.

To improve the provision of evidenced based health assessment and screening care to the community in order to reduce the likelihood of chronic disease and to enable better management of chronic disease.

Aim of the Program

- Build the capacity of the primary health care nursing workforce to optimise risk prevention activities in clinical practice.
- Improve team-based approaches to primary health care service delivery through nurse delivered (team based) models of care.
- Support nurses working in primary health care settings to build the knowledge and skills to deliver best practice clinical services in relevant priority areas of primary health care.
- Improve access to opportunistic screening and early intervention services for identified priorities areas.
- Promote, and increase the use of, existing primary care systems to assist healthcare providers to identify clients eligible for screening, and support targeted health promotion strategies to encourage community participation in available health screening.

Key Program Elements

➤ **Nurse Clinic Workshop**

A 1 day face to face or equivalent virtual Nurse Clinic induction workshop for 1 -3 lead nurses and team members to assist in the development of preventive health nurse clinics within their clinical settings.

Key elements of the workshop:

- a) An Introduction to the eight-nurse clinic building blocks
- b) Applying the nurse clinic building blocks to developing a nurse clinic
- c) Identifying the barriers and enablers which impact on the establishment of a nurse clinic
- d) Building knowledge, skills and confidence in starting a nurse clinic within team-based care

➤ **Online Learning**

APNA supports the Nurse Clinic project with relevant online learning modules such as the 3 hour “Nurse Led Clinics in Primary Health Care” as a mandatory education activity and provide a broader selection to support ongoing learning and professional development.

The project provides an opportunity to participate in up to 16 online courses contributing to CPD requirements. It is not expected that nurses complete all education activities provided but a minimum 6 hours of learning can be selected by nurses from the options provided.

- **Self - assessment** and Advanced Nurse survey participation- lead nurses will participate in self assessment at baseline Month 0 and a final self- assessment at Month 10 of the project.
- **Health coaching** education and training will be provided to lead nurse
- **Establish a Nurse Led Clinic** is required based on a relevant population health need identified

- **Incorporate screening and risk tools** into the patient engagement process providing the GoShare to participating clinics and support the use of relevant digital health tools supported by Gippsland PHN
- **Incorporate use of relevant digital health tools** within the nurse-led models of care and general practice processes to support optimal management of chronic disease care
- **Participation in Qualitative and quantitative evaluation** including data collection utilizing POLAR clinical measures against baseline data interviews, online surveys with nurses, and patient surveys (PESS). Align with the [Latrobe Health Innovation Zone \(LHIZ\)](#) Evaluation Framework and Implementation for Gippsland PHN (section 5.3.3 Risk Assessment and Opportunistic Screening Indicators). In collaboration with Gippsland PHN support the audits of clinical software through POLAR (or clinical information software for those without POLAR) for data collection and sharing with practices.
- **Project support:** will be provided for the lead Nurse throughout the project period in form of webinars or tele/video conferences or face to face visits.

Gippsland PHN Latrobe catchment consists of 26 general practices, with approximately half employing one or more nurses.

It is anticipated that the participating nurses and their organisation, will have the opportunity to develop and implement models of nurse-delivered (team based) care, suited to their local context, to improve the utilisation of nurses in health screening and prevention care, with the following outcomes expected:

- Documented nurse-delivered (team based) models in primary health care, delivered by primary health care nurses
- An understanding of the proposed determinants of “success” for nurse-delivered (team based) models of care and the factors associated with the successful embedding of service delivery innovations at an individual, organisational and systems level
- Development of the knowledge, skills and confidence, of the primary health care nurses required to establish models of nurse-delivered (team based) care
- An understanding of the factors that contribute to the financial viability of the proposed models of care
- An improvement in screening rates, early disease detection or indicators of sound chronic disease management and/or healthy ageing in patients and target populations

2. Grant Details

The Supporting Establishment of Nurse Led Clinics for Risk Prevention Project aims to recruit up to 3 general practices to implement nurse led clinics with focus on screening and risk prevention helping to reduce the likelihood of chronic disease developing and to enable better management if diagnosed. The project will be conducted over a 12 month period.

Who can apply?

Expressions of interests for grants are invited from general practice organisations in the Gippsland PHN, Latrobe catchment area.

The applying general practice organisations are required to agree to provide the following:

- An employed registered nurse, enrolled nurse or nurse practitioner who will participate in the project (as the lead nurse), with the necessary clinical capacity and expertise required for the proposed nurse-delivered (team based) model of care. If an enrolled nurse is nominated as the lead nurse to participate in the project, they must meet [AHPRA Standards for Practice requirements](#), with evidence provided of a named and accessible registered nurse who provides direct or indirect supervision at all times.
- Evidence of organisational support to be provided to the lead nurse:
The organisation will agree to provide the following to the lead nurse, over the life of the Supporting Establishment of Nurse Led Clinics for Risk Prevention Project:
 - ✓ Evidence of current recognised accreditation
 - ✓ A nominated project support person – e.g. Practice Manager, Health Services Manager, General Manager, General Practitioner, Team leader
 - ✓ Support to engage the wider team with the project
 - ✓ Access to protected time for completion of project-based activities including webinars, workshops and online learning
 - ✓ Assistance with accessing clinical / activity / patient satisfaction data as part of the evaluation of the nurse-delivered model
 - ✓ Support with budget development
 - ✓ Support with project evaluation and utilisation of project resources and digital tools
 - ✓ Access to professional development

- ✓ Ensure the APNA grant (\$15,000) is used to directly support nurse activity related to the nurse-delivered model. *(Please note: a financial acquittal will be a requirement of participation in the project)*

(These requirements will be included in the Service Agreement between APNA and successful applicants).

Applicants must be a viable legal entity as defined by the Australian Tax Office:

- A not-for-profit incorporated association or company
- A government agency or statutory body
- A company or partnership
- A not-for-profit organisation with other legal status
- A community group in an auspice arrangement with one of the above, or
- Sole Traders, i.e. general practitioners, allied health professional, nurses, etc.

Eligible organisations must have:

- Insurance cover - for the purposes of the Supporting Establishment of Nurse Led Clinics for Risk Prevention Project, insurance should include a minimum of public liability insurance of \$10m per event and professional indemnity insurance of \$10m per event
- Legal identity with an ABN
- Minimum amount of workers' compensation as required by law
- Accreditation status – must have applied for current certificate of accreditation through the appropriate organisational or industry agency – e.g. RACGP Standards for General Practice, Australian Aged Care Quality Agency, ACHS Evaluation and Quality Improvement Program or other relevant regulatory organisation
- Registration of personnel with APHRA or other appropriate national registration organisation
- Criminal record checks of personnel who are funded to provide services to vulnerable persons
- Current Working with Children/Vulnerable People check card, if applicable
- A strong connection to local health services
- Willingness of the organisation to share the results of the funded activity with others.

Applicants must be willing to:

- Enter into a Service Agreement with APNA
- Provide the specified services in the agreed timeline of the project

- Provide program progress reports by the due date, including any (de-identified) data relating to key performance indicators
- Provide financial reports by the due dates in the required format
- Appropriately acknowledge the financial support of APNA and Gippsland PHN in any reference to the Supporting Establishment of Nurse Led Clinics for Risk Prevention Project
- Maintain the required insurances and registrations for the term of the funding agreement.

Activities and Deliverables

Successful applicants will be required to conduct the following activities:

1. **Nurse-delivered (team based) model of care:** Develop and implement a nurse-delivered (team based) model of care, designed to meet a local population health need, which will be sustainable and ongoing after the cessation of grant funding.
2. **Quality improvement initiatives:** Participation in continuous quality improvement activities in partnership with their local Primary Health Network (PHN). Practices may focus their quality improvement activities on specified Improvement Measures. Provide the relevant PIP Eligible Data Set collected against specified Improvement Measures to the PHN in a timely way.
3. **Learning and development:** Engage in APNA project activities, including attendance at two workshops and undertake specified online learning or other training and support (e.g. webinars, teleconferences).
4. **Reporting:** Collect de-identified data (as agreed between APNA and the organisation) and provide to APNA during the project period, to assist with evaluation activities utilising agreed resources and digital tools.

Types of projects that will be supported through the Supporting Establishment of Nurse Led Clinics for Risk Prevention Project expressions of interest process include:

Nurse-delivered models which:

- Improve the provision of primary health care based on local population needs
- Demonstrate potential for replicability of best clinical practice in primary health care nursing
- Improve one of the following: risk prevention, screening rates and detection of early disease / indicators of management of sound chronic disease in areas of population and patient need
- Optimise the scope of practice of the lead nurse and builds capacity of the team

- Provide a better understanding of the proposed determinants of “success” for nurse-delivered (team based) models of care and the factors associated with the successful embedding of service delivery innovations at an individual, organisational and systems level.

Organisational funding and support

Funding is available for grants of up to \$15,000 (excluding GST, where applicable) for each site. Funding will be provided in the following increments:

- \$5,000 on commencement of the service agreement (April 2021)
- \$5,000 on at the mid-point of the project (September 2021)
- \$5,000 on completion of all deliverables (April 2022)

APNA will facilitate the following support (in addition to the project funding to individual sites):

1. Targeted training and education for the lead nurse and nominated project support
2. Provision of resources to support the development of nurse-delivered (team based) models of care
3. Organisational visits or videocalls and regular telephone support

Funding may support activities such as:

- Mentor support for nurse (See Glossary for a definition of mentoring). Please note - APNA may facilitate access to an appropriate mentor
- Professional development – for the lead nurse, to support increased clinical expertise in accordance with the model being developed
- Backfill to support nurses and/or project officers for project management activities (e.g. protected time for completion of quality improvement activities, development of resources); to attend project-related activities (e.g. workshops, attendance at APNA workshops)

Funding will NOT support:

- Salaries and wages – the funding cannot be used to contribute for these purposes
- Religious or political projects
- Assets or vehicles (including lease or purchase)
- Infrastructure, building improvements, capital works projects
- Ongoing service delivery or an applicant’s ongoing operational costs
- Retrospective funding for projects or purchases

- Equipment purchases that would be fully funded by the Supporting Establishment of Nurse Led Clinics for Risk Prevention Project grant.

3. Key Selection Criteria

The Assessment Panel will look at how strongly the application addresses the following criteria.

PART A: Relevance to the Supporting Establishment of Nurse Led Clinics for Risk Prevention

Project aims and intended outcomes (Weighting 30%)

- Provide a description of the service you will deliver (e.g. the service model, target group, aims and proposed outcomes).
- Description of how the proposed nurse-delivered model has the potential to optimise the scope of practice of the lead nurse and build capacity of the team to deliver efficient and effective clinical care
- Evidence of organisational support (letters of support)
- Evidence of readiness to engage with internal and external stakeholders (letters of support)
- Description of how the proposed model will have the capacity for financial sustainability through existing funding streams (e.g. MBS funding, block funding, other), following completion of participation in the Supporting Establishment of Nurse Led Clinics for Risk Prevention Project (a basic budget template is included in the EOI)
- Ability to improve one or more of the following:
 - screening rates and detection of early disease
 - indicators of management of sound chronic disease
 - Identification of at risk populations and access to screening and early intervention
 - healthy ageing in areas of population and patient need.

PART B: Evidence base (Weighting 20%)

Applicants must demonstrate an evidence base for the clinic. This includes a problem analysis and rationale for the proposed model, and evidence for the effectiveness and applicability of the proposed actions as related to:

- Locally identified population health needs
- Innovative evidence-based practice
- Demand for, and access to, chosen target group.

PART C: Technical capacity (Weighting 30%)

The applicants must demonstrate capacity for implementing the proposed clinic. This includes:

- Project and grant management experience
- Qualified staff
- Knowledge of population health tools or evaluation
- A functional space to provide the clinic
- Support from internal and external staff to refer patients to the nurse-delivered (team based) model of care
- Commitment from the organisation to support the project
- Readiness to commence activities in April 2021.

PART D: Finance and governance (Weighting 20%)

- A budget which is clear, justified, sufficient and consistent with project activities and provides value for money
- Demonstrated financial accountability
- Capacity to govern and oversee the project – description of proposed governance arrangements

Evaluation activities will be based on the [quadruple aim of primary health care](#), and will use qualitative and quantitative approaches including audits of clinical software for data collection, semi-structured interviews with key stakeholders, online surveys with nurses and patient activation surveys, to determine the acceptability, effectiveness, sustainability and barriers and enablers of establishing nurse clinics focused early detection, risk, prevention and early screening.

A measurement of knowledge, skills and confidence of lead nurses in establishing a nurse clinic (pre and post project survey) will be undertaken.

Data sets will be established and agreed with each nurse clinic and will align with the LHIZ Evaluation Framework and Implementation for Gippsland PHN (Risk Assessment and Opportunistic Screening Indicators). Participating clinics will be required to:

- implement and support the use of GoShare platform and relevant digital health tools supported by Gippsland PHN
- support the audits of clinical software through POLAR (or clinical information software for those without POLAR) for data collection and sharing with practices.

4. Expression of Interest Process

If, having read this document, you wish to apply to participate in the Supporting Establishment of Nurse Led Clinics for Risk Prevention Project, you will need to complete the [EOI online application](#).

The application must be accompanied by the Declaration which should be completed by management such as Practice Principal, CEO or General Manager.

Please complete the fields in the online EOI application keeping to the word limit for each section.

Bullet points may be used.

Completed expressions of interest must be submitted to APNA by **12 midnight (AEDST)** on Thursday 18 March 2021. No extensions will be provided.

Key Dates

Call for Expressions of Interest	Open Monday 22 February 2021
Closing date for Expressions of Interest	12 midnight (AEST) Thursday 18 March 2021
Assessment process and approval (includes telephone discussion with short listed applicants)	Tuesday 5 April – Monday 12 April 2021
All submitting agencies to be advised by:	Friday 16 April 2021
Successful sites to commence	Monday 26 April 2021
All sites final report	March 2022

5. Glossary

Nurse clinics and nurse-delivered models of care

The Evaluation Report of the 2014-2015 Australian Primary Health Care Nurses Association (APNA) Nursing in General Practice (NiGP) Project by Melbourne University states:

'There are multiple conceptualisations of nurse clinics. [Nurse-led care] is a continuum of practice ranging from the nurse having delegated authority to make decisions regarding patient care at one end of the spectrum, to being responsible for all care provided, including clinical assessment, treatment and management of patients undifferentiated by need.' (p. 59)

Further reading: [Howe, S. 2015. Review of Australian and international models of nurse clinics](#)

Mentor/Mentoring/Mentorship

The Oxford English Dictionary defines 'mentor' as 'an experienced and trusted adviser' and [in the work/educational setting] as 'an experienced person in a company or educational institution who trains and counsels new employees or students'. The Canadian Nurses Association (2004) defines mentoring as 'a voluntary, mutually beneficial and long-term relationship where an experienced and knowledgeable leader (mentor) supports the maturation of a less experienced nurse with leadership potential (mentee)'. Nash and Scammell (2010) describe that the term 'mentor' is often used to mean trusted friend, guide and adviser. They also state in their article that the use of the term within preregistration nurse education in the United Kingdom is very specific; in that a mentor is a registered nurse who has completed an approved mentor program and meets the criteria set out by the Nursing and Midwifery Council in its standards for mentors. In this context, mentors are responsible and accountable for:

- organising practice-based learning activities
- supervising students and providing constructive feedback
- assessing total performance
- setting and monitoring realistic objectives
- providing evidence that a student has achieved or not achieved competence
- liaising with others to determine any concerns about student performance and setting action plans.

References

Howe, S. 2016. Nursing in Primary Health Care (NiPHC) Program – Enhanced Nurse Clinics: A review of Australian and International models of nurse clinics in primary health care settings
Accessed 1 September 2018

<https://apna.asn.au/files/Review%20of%20Australian%20and%20international%20models%20of%20Nurse%20clinics.pdf>

Donner, J, Wheeler, M. 2004. A Guide to Preceptorship and Mentoring, *Canadian Nurses Association* Accessed 1 September 2018

<http://saskpreceptors.ca/documents/CNA%20Preceptor%20guide.pdf>

Nash, S. Scammell, J. 2010. Skills to ensure success in mentoring and other workplace learning approaches. *Nursing Times*, Jan 19-25, 106 (2), pp.17-20.

The Royal Australian College of General Practitioners. Vision for general practice and a sustainable healthcare system. East Melbourne, Vic: RACGP, 2019.

University of Melbourne, Evaluation Report of the 2014-2015 Australian Primary Health Care Nurses Association (APNA) Nursing in General Practice Project. 2015.