

Building Nurse Capacity – Improving patient outcomes

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 Building Nurse Capacity (BNC) project.

About APNA

Nurses in primary health care contribute to a healthy Australia through innovative, informed, and dynamic care.

Australian Primary Health Care Nurses Association (APNA) is the peak professional body for nurses working in primary health care. APNA champions the role of primary health care nurses; to advance professional recognition, ensure workforce sustainability, nurture leadership in health, and optimise the role of nurses in patient-centred care.

APNA is bold, vibrant, and future-focused. We reflect the views of our membership and the broader profession by bringing together nurses from across Australia to represent, advocate, promote and celebrate the achievements of nurses in primary health care.

The Nursing in Primary Health Care (NiPHC) Program

APNA has received funding from the Australian Government Department of Health and Aged Care to deliver the Nursing in Primary Health Care (NiPHC) Program over a three-year period (2023–2026).

Nurses play a vital role in the delivery of team-based and multi-disciplinary care, particularly for patients with chronic and complex conditions. This Program supports strengthening the capacity, role, and utilisation of the Australian primary health care nursing workforce, to address the health care needs of the community.

The NiPHC Program aims to build capacity amongst the primary health care nursing workforce by:

- Improving employment opportunities, recruitment, and retention of nurses in primary health care settings.
- Increasing the development and delivery of innovative team-based approaches to primary health care service delivery through nurse- delivered (team based) models of care.
- Ensuring that nurses working in primary health care settings have the knowledge and skills to deliver best practice clinical services in priority areas of primary health care.

The Program continues to expand on previous iterations of projects delivered under the Nursing in Primary Health Care (NiPHC) Program.

The NiPHC Program comprises three separate projects with the following aims:

Project One: Transition to Practice Program – to increase the knowledge, skills and confidence of recently graduated and experienced nurses starting work in primary health care settings.

Project two: Building Nurse Capacity - to promote, increase and improve the innovative design, implementation and assessment of nurse delivered team-based approaches to primary health care service delivery to improve community health outcomes across Australia.

Project three: Chronic Disease Management and Healthy Ageing for nurses in primary health care - to support the professional development of nurses by providing evidence based, best practice education on management of chronic diseases and healthy ageing for nurses working in primary health care.

Building Nurse Capacity (BNC) project

APNA will work with primary healthcare service providers to focus on the development of nurse-delivered (team based) models of care that meet local population health needs, improve patient outcomes, and contribute to building the capacity of the healthcare team.

We are looking for nurses working in a range of primary health care settings, across Australia, in metropolitan, regional, rural, and remote locations, including general practice, community health, Aboriginal and/or Torres Strait Islander health services, correctional health, aged care, school nursing and other areas. The BNC project will support a maximum of 36 nurses and their primary healthcare organisation, in an 18-month tranche (6-month extension for 5 high performing clinics).

Applications will need to focus on one of Australia's five priority health areas:

- Cardiovascular Health
- Diabetes Mellitus
- Cancer Control (screening and prevention focus)
- Mental Health
- Injury Prevention and Control (Healthy Ageing / Frailty)

Grant funding of \$12,000 (with an additional \$4000 for the 5 clinics invited to complete a 6-month extension) is available to be paid in milestone payments based upon meeting key deliverables over the course of the project to successful primary healthcare organisation applicants.

This EOI commences October 2023 (36 participants).

It is anticipated that the participating nurses and their primary healthcare organisation, will have the opportunity to test and implement models of nurse-delivered (team based) care, suited to local contexts and based on one of the five priority health areas, which improve the utilisation of nurses in care delivery and will have application to similar settings in Australia. The following outcomes are expected:

- Documented nurse-delivered (team based) models in primary health care, delivered by primary health care nurses
- An improvement in screening rates, early disease detection or indicators of best practice chronic disease management and/or healthy ageing in patients and target populations
- An understanding of the knowledge, skills, and confidence, of the primary health care nurses required in the establishment of new 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 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.

2. Grant Details

This round of the Building Nurse Capacity project will fund a maximum of 36 sites. The funding is provided over an 18-month period from April 2024 to September 2025 (with a 6-month extension for 5 high performing clinics).

Who can apply?

Expressions of interests for grants are invited from primary health care organisations across Australia. For the purposes of this project, primary health care organisations are considered workplaces outside of the acute setting, including but not limited to general practice, Aboriginal and Torres Strait Islander Health Services, rural and remote health, community health, refugee health, correctional health, aged care and school nursing.

We welcome applications from nurses from our Aboriginal and Torres Strait Islander workforce and also encourage nurses (Nurse Practitioners, Registered and Enrolled Nurses) working in rural and remote communities to apply.

Applying primary health care organisations must 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 always provides direct or indirect supervision.
- 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 BNC project:
 - ✓ 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
 - ✓ Assistance with accessing and collecting clinical/activity/patient satisfaction/patient reported outcome data as part of the evaluation of the nurse-delivered model
 - ✓ Support with budget development
 - ✓ Access to professional development
 - ✓ Ensure the APNA grant is used to directly support nurse activity related to the nurse-delivered model. *(Please note: a financial acquittal will be a requirement of*

(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 BNC 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 - with a 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
- 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 the Australian Government Department of Health in any reference to the BNC 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. Applications will need to focus on one of Australia's five priority health areas:
 - Cardiovascular Health
 - Diabetes Mellitus
 - Cancer Control (screening and prevention focus)
 - Mental Health
 - Injury Prevention and Control (Healthy Ageing / Frailty)
3. Quality improvement initiatives: Participation in quality improvement initiatives using a quality improvement/change management framework as part of the project.
4. Learning and development: Engage in APNA project activities, including attendance at workshops/ masterclasses and other training (e.g., Community of Practice events webinars, teleconferences).
5. 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.

Types of projects that will be supported through the Building Nurse Capacity 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: screening rates and detection of early disease / indicators of management of best practice chronic disease / healthy ageing 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 \$12,000 (and an additional \$4,000 for the extension group), (excluding GST, where applicable) for each site. Funding will be provided in increments based upon the KPI's as set out in the service agreement.

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

1. Targeted professional development 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. Targeted support at regular intervals

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 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 BNC grant.

3. Key Selection Criteria

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

PART A: Relevance to the Building Nurse Capacity aims and intended outcomes

- Provide a description of the service you will deliver (e.g., the service model, target group, aims and proposed outcomes) in line with one of the five priority health areas
- Provide a 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)
- Provide a 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 BNC project
- Ability to improve one or more of the following:
 - screening rates and detection of early disease
 - indicators of sound management of chronic disease
 - healthy ageing in areas of population and patient need.

PART B: Evidence base

Applicants must demonstrate an evidence base for the nurse-delivered model. 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, the chosen target group.

PART C: Technical capacity

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

- Project and grant management experience
- Qualified staff
- A functional space to provide the clinic
- Support from internal and external staff to refer patients to the nurse-delivered model of care
- Commitment from the organisation to support the project
- Readiness to commence activities in April 2024.

Supporting nurses in primary health care



PART D: Finance and governance

- Capacity to govern and oversee the project – description of proposed governance arrangements
- Demonstrated experience in financial and grants management.

4. Expression of Interest Process

If, having read this document, you wish to apply to participate in the Building Nurse Capacity project, you will need to complete the BNC EOI online application.

The application must be accompanied by the Declaration which should be completed by management such as the 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 Friday 5th January 2024. No extensions will be provided.

Key Dates

Call for Expressions of Interest	Opens Monday 30 th October 2023
Closing date for Expressions of Interest	12 midnight (AEDST) Friday 5 th January 2024
Assessment process and approval (noting only shortlisted agencies will be contacted)	Monday 8 th January to Thursday 15 th February 2024
Successful agencies to be advised by:	Friday 16 th February 2024
Successful sites to commence	Monday 1 st April 2024
Completion of project	Tuesday 30 th September 2025 (6-month extension group will complete Tuesday 31 st March 2026)

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.

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