EXECUTIVE SUMMARY

of

FINAL REPORT

Remote National Standards and Credentialing Project

September 2013
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ii. Acknowledgements

Many people have contributed greatly to the success of the CRANApuls National Standards and Credentialing Project. Without their ongoing support, insight, constructive criticism and direction the task would have been a far more difficult one to achieve. The Project Executive Committee would like to acknowledge:

The National Standard Advisory Group for their expert knowledge, skills and support during the development of a Clinical Governance Guide for remote and isolated area health services.

The commitment shown by the Credentialing Pilot Program Advisory Group for their knowledge, skills and support, from the planning through to the evaluation stages of the pilot program. Also, for their professional validation of those Remote Area Nurses/Midwives who successfully participated in the program.
iii. Defining Remoteness and Isolated Practice within a Health Context

Remote Health practice in Australia is characterised by geographical, professional, and often social isolation of practitioners through:

- geography and terrain, limiting access and egress
- cultural and social isolation
- environmental and weather conditions resulting in isolation
- isolation due to long distances
- professional isolation from colleagues, peers, and supports
- isolation as a result of infrastructure, communications and resources.

Remote Health is carried out in contextually different settings, including but not limited to: government health services; community controlled health services; aboriginal medical services; primary health care centres; multi-purpose centres; private general practices; mining; and other industries like tourism; mobile and fly-in/fly-out services; as well as private, and non-government organisation health services.

Remote Health practice is delivered through:

- health service models catering for highly mobile populations
- predominantly Nurse-led models of care
- collaborative multidisciplinary approaches, in partnership with community and stakeholders
- an understanding of the community within its cultural context
- overlapping, and evolving advanced and extended roles of team members
- integrated comprehensive primary health care approach, inclusive of acute and emergency care, chronic disease and public health across the life span
- scopes of practice that are informed by the identified needs of, and engagement with the community.

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This definition was the work undertaken by the Remote National Standards Advisory Group 2013.
1. EXECUTIVE SUMMARY

The National Standards and Credentialing Project is an initiative of CRANAplus, peak professional body for the health workforce of remote and isolated Australia. CRANAplus aims to improve the capacity of the remote workforce to provide an effective and consistent standard of health care to remote Australia.

The purpose of this project was two-fold:
• to develop a remote clinical governance framework for the delivery of health care to remote and isolated areas
• to develop, trial and evaluate, a credentialing process for the remote nursing and midwifery workforce in Australia.

The impetus for this project was based on the well-acknowledged poor health status of the remote and Indigenous people of Australia. To have an impact on the health inequity in remote Australia, it is imperative to focus on the provision of safe, quality health services which in turn is dependent on a well-educated, prepared and supported workforce.

The Project was a staged approach consisting of two distinct but simultaneous phases:
• Phase 1: Credentialing Pilot Program for Remote Area Nurses/Midwives
• Phase 2: Remote National Standards Program

Whilst the Project consists of two distinct programs they are fundamentally linked by the provision of standards, one being professional, and the other organisational with the aim to enhance governance, transparency and accountability in delivering safe, quality health care to remote and isolated area communities.

An action research methodology approach was used. An extensive consultation process was undertaken in both programs with the aim to provide opportunities for health professionals whose grounded expertise in the remote sector provided valuable input into the proposed workplan activities.

The credentialing pilot program for Remote Area Nurses/Midwives developed set criteria for the uniformity of professional standards, and required nurses/midwives to demonstrate they have the knowledge, skills and expertise to meet these standards.

An immediate benefit of validating RAN/Ms against professional standards of remote practice is the recognition by their professional colleagues, peers and the professions as having a high level of expertise and identified as clinical leaders in their field. While the long-term benefit for the health industry is the provision of a benchmark for consistency and expected level of practice for nurses and midwives seeking employment in the remote and isolated areas of Australia.
The Remote National Standards Program built upon the significant work undertaken by the National Strategic Framework for Rural and Remote Health (Nov 2011) and the National Safety and Quality Health Service Standards (Sept 2011) specifically focussing upon Standard #1: Governance for Safety and Quality in Health Service Organisations. In January 2013, saw the introduction of a compliancy model whereby all ten National Safety and Quality Health Services (NSQHS) Standards have to be met by all Australian health care organisations. CRANAplus had identified there was lack of a consistent standard for the delivery of remote health services. This gap was not met through the national standards due to the lack of contextual application to remote primary health care settings.

Therefore first step towards achieving the application of NSQHS Standards is the development of a robust Clinical Governance Guide. The Framework within the Guide is to be presented in the form of a practical, meaningful document, specifically designed for clinical managers, and clinicians working across remote health to integrate into their every day work practices.

The Project provided significant findings. Further details are described in the body of this report. To name a few:

- The potential long-term benefit of the endorsed Professional Standards of Remote Practice provides a benchmark for consistent, high level of practice for nurses and midwives employed in the remote and isolated areas of Australia
- Confirmation of the Professional Standards for Remote Practice: Nursing and Midwifery.
- Literature review concluded that a dearth of National and International evidence exits in specific health service standards for remote and isolated health services applicable to the Australian remote and isolated context.
- The ‘snap-shot’ on-line survey of clinicians understanding of, and importance place on clinical governance indicated:
  - 60% of responses were given opportunities to have input into health service planning. Only 44% stated time was allocated for quality audits and 46% indicated results of audits were tabled at staff meetings.
  - A high proportion of respondents have access and participate in in-service and professional development courses. Agency and locum staff, less are inclined to have access to competency–based training.
  - CARPA manuals are the most commonly used clinical guidelines reported by the respondents. Some respondents were unable to identify the use of evidence based clinical guidelines in their health services.
  - 54% of responses indicated they were supported by an annual professional performance review and development Action Plan. However, the annual review and signed position descriptions were not a common occurrence in supporting staff’s performance.
  - 10 (22%) of the total 45 responses stated they are either unsure, didn’t know or no mechanisms were in place to support patient’s
rights and engage them in the process of planning their own treatment. 
In consideration of the small pool of respondents to the survey and the influence of the non-response bias, evidence existed to support CRANAplus’ viewpoint that a lack of consistency and uniformity in the standard of care exists. Improvements are much needed in all areas with a focus on the workforce, for the provision of clinical safe, quality care.

Based on the findings of this Report CRANAplus‘ Board of Directors have committed to the following strategies:

1. Endorsement of the CRANAplus Professional Standards of Remote Practice: Nurses and Midwives as the National Standard and benchmark for the remote sector workforce.
2. Communication strategies such as marketing and promotion of the Professional Standard of Remote Practice for nurses and midwives.
3. Supporting the development of tools and resources for Remote Area Nurses/Midwives to meet the requirements of the Professional Standards through the process of clearly articulating a Pathway for Remote Practice. This pathway will:
   • Identify experience (clinical practice) and educational pathways required (credentials) for remote practice (as referenced from the existing CRANAplus documents, such as, Framework for Remote Practice / Mining).
   • Provide professional development opportunities through CRANAplus’ e-remote modules with respect to presenting a Professional Portfolio focusing on the ‘how to’s’ in providing evidence against the Professional Standards and the process of credentialing oneself for remote practice.
   • Building the capabilities and capacity through support mechanisms for individual RAN/Ms to interact and network with other colleagues whilst undertaking the Pathway for Remote Practice activities.
   • Engaging with RAN/Ms through formal forums, workshops on a needs basis (Workshop scheduled for 2014 CRANAplus' Conference).
4. Actively promoting the definition of remoteness and isolated practice in a health context as endorsed through by the National Standards Advisory Group.
5. Actively promoting, marketing and widely disseminating the Clinical Governance Guide as a resource within the remote sector.
6. Engaging the remote sector to identify the need and opportunities in providing support and advise on safety and quality processes specifically related to clinical governance.
7. Maintaining relationships and continues to work with Australian Commission of Safety and Quality in Health Care to develop Standards in the remote context.
RECOMMENDATIONS

It is recommended that Department of Health:

1. Acknowledges the Professional Standards of Remote Practice, as defined by CRANAplus, as the national standard to support consistency of practice of Remote Nursing and Midwifery practice.

2. Supports and promotes these Standards to form the framework for all remote practice to meet Industry needs from a safety and quality perspective.

3. Acknowledges CRANAplus in further developing the tools and processes established through the Credentialing pilot project, to provide a clear consistent definition of remote practice, including:
   - roles within models of service delivery
   - a credential tool for individuals and employers to use as a benchmark for remote practice.

4. Considers the utilisation of the definition of remoteness and isolated practice in a health context as endorsed through by the National Standards Advisory Group.

5. Acknowledges and promotes the Clinical Governance Guide as a resource for remote and isolated health services and the dissemination to all services.

6. Affirms the need for the development of National Safety & Quality Standards, by the Australian Commission of Safety and Quality in Health Care, in consideration to the remote Primary Health Care service model, and in the context of the unique characteristics of those services and the resources available.