The RIPRN model

Presented by Sue Muirhead, Cunningham Centre
At the RIPRN Forum, Cairns, October 2015
Antimicrobial stewardship – improving appropriate use of antibiotics and reducing AB resistance
Why RIPRN?
What nurses are saying …

Pharmacology  Best Practice
Comprehensive History Taking
Evaluate Practice
Medication Practice
Clinical Practice
Research
Enhance Immunisation
Documentation
Assessment Law
Quality of Care
Thorough Patient Examination
Critical Thinking
Antibiotic Resistance Awareness
Clinical Assessment Skills

Better Patient Outcomes
Reflect on Practice

Accessible Care
What nurses are saying …

Better patient outcomes

Evidence based, accessible care
What doctors are saying …

- Clear logical thought process
- Very good knowledge
- Fantastic assessment
- Good clinical judgement and plan
- Excellent knowledge, care and commitment
- Complete and comprehensive assessment
- Thorough assessment
“Where did you learn this? [thorough assessment skills].

These skills would be so handy on a night duty, **would save me from having to be called so often** for simple analgesia /antibiotic treatment”
What workforce are saying ...

Essential to our rural/remote workforce and patient safety

- Executive DON
- Nurse Manager Workforce
- Quality and Safety
- RFDS
- Rural and Remote DONS
- RIPRN nurses
- Victoria
Others…

This is what we want!

- Rural and Remote Clinical Network
- Health Workforce Queensland
- Australian Defence Force
Literature...= valued

- Timely treatment in rural areas
- Enhanced collaboration
- Detailed patient assessment
- Helps manage doctor fatigue
- Enhances medication access in rural Qld

“Legislation should enable RNs to practice in the advanced role”, such as in Qld
Expert opinion
Why did RIPRN come about?

Inconsistent & highly variable practice

Poor quality standing orders

Poor history taking and documentation

Nurses practising outside of scope
What about the people?
Who started it all?

Lyn Overton & Dr Geoff King

Desley Hegney, USQ
Maureen Thompson, QNC
Stephanie Fox Young, QNC
Chris Healy, DTP committee
Dr Gerard Nevelle, check 1st ed. PCCM
The RIPRN Model

- Educational preparation (endorsement)
- Evidence-based clinical guidelines (PCCM)
- Safe, accessible care
- Supported by legislation

RURAL AND REMOTE COLLABORATIVE PRACTICE
Isolated
1. The endorsement

Educational preparation (endorsement)
1. The endorsement

Health Practitioner Regulation National Law Act 2009 (National Law Act)

Section 94

Board can endorse health prof. for scheduled medicines
The main principle for administering this Act is … the health and safety of the public are paramount.
Protect the public

Image source: http://www.hopkins-financial.ie/storage/Family20Protection.jpg?__SQUARESPACE_CACHEVERSION=1309518301901
key guiding principles of the National Law Act s3[2]

[a] Protect the public .. [RNs] ..
are suitably trained and qualified to practice in a competent .. manner

[b] Facilitate workforce mobility
[c] Facilitate ...provision of high quality education and training

[e] Facilitate access to services provided by RNs in accordance with public interest
1. The endorsement

Health Practitioner Regulation National Law Act 2009 (National Law Act)

Section 94

Board can endorse health prof. for scheduled medicines
Scheduled medicines (rural and isolated practice)

Registration standard ...(under review)
Current education providers

no accreditation standards

Cunningham Centre – “workplace ready”
Frequent intakes

time frame & cost

On the job

Academic level
Rural and remote context

Legislation, context, professional practice

Safe, accessible care

History, physical examination and clinical decision making skills
Pharmacology & safe medication use

(JBI, 2000)
Interlude!

BE MEDICINEWISE WEEK

All ages & life stages 12-18 OCTOBER 2015
2. Legislative authority

Endorsement = qualification

State and Territory Medicines and Poisons Laws = authority
2. Legislative authority

Supported by legislation
Medicines and poisons scheduling

Therapeutic Goods Act 1989

Regulates availability of medicines and poisons

Standard for Uniform Scheduling of Medicines and Poisons (SUSMP)
Standard for the Uniform Scheduling of Medicines and Poisons

No. 3

June 2012
The Poisons Standard (the SUSMP)

1 July 2015

The Poisons Standard is a Legislative Instrument for the purposes of the Legislative Instruments Act 2003. The Poisons Standard consists of decisions regarding the classification of medicines and poisons into Schedules for inclusion in the relevant legislation of the States and Territories. The Poisons Standard also includes model provisions about containers and labels, a list of products recommended to be exempt from these provisions, and recommendations about other controls on drugs and poisons.

The Poisons Standard has been presented with a view to promoting uniform scheduling of substances and uniform labelling and packaging requirements throughout Australia.

The Poisons Standard is the legal title of the Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP).

- The SUSMP
- Electronic version of the SUSMP
Factors considered …

- toxicity
- purpose of use
- potential for abuse
- safety in use
- need for the substance

*medicines for therapeutic use Schedules 2, 3, 4 and 8*

Image source: http://www.projectknow.com/research/aftercare/
Protect the public

Pharmacy Medicine – safe use of which may require advice from a pharmacist

Should be available from a pharmacy or, where a pharmacy service is not available, from a licensed person.
• Folic acid
• Paracetamol
Pharmacist Only Medicine - safe use requires professional advice available to the public from a pharmacist without a prescription.
- Adrenaline (1% or less)
- Salbutamol aerosol
Schedule 4

Prescription Only Medicine – the safe use
or supply …

...by or on the order of persons permitted by
State or Territory legislation to prescribe

should be available from a pharmacist on
prescription.
Schedule 4

Prescription Only Medicine – the safe use or supply ...

...by or on the order of persons permitted by State or Territory legislation to prescribe should be available from a pharmacist on prescription.

‘Restricted drugs’
• Vaccines
• Amoxycillin
• Midazolam
• Salbutamol nebul
Controlled Drug – requires restriction of:

- manufacture, supply, distribution, possession and use
- to reduce abuse, misuse and physical or psychological dependence

• Pethidine
• Morphine

Image source: http://www.hospira.com/products_and_services/drugs/MORPHINE_SULFATE_005
Interlude!

BE MEDICINEWISE WEEK
All ages & life stages 12-18 OCTOBER 2015
Health Act 1937

Health (Drugs and Poisons) Regulation 1996

Current as at 1 October 2015
Protect the public

RNs in Queensland

administer

supply
RNs in Queensland

- administer
- supply
(2) To … practise nursing in a rural hospital or an isolated practice area, a rural and isolated practice endorsed nurse is authorised to—

(a) obtain a restricted drug/controlled drug; or

S175(2) – schedule 4
S67(2) – schedule 8
(2) To … practise nursing in a rural hospital or an isolated practice area, a rural and isolated practice endorsed nurse is authorised to—

(a) obtain a restricted drug/controlled drug; or

S175(2) – schedule 4
S67(2) – schedule 8
(2) To … practise nursing in a rural hospital or an isolated practice area, a **rural and isolated practice endorsed nurse** is authorised to—

(a) obtain a restricted drug/controlled drug; or

*S175(2) – schedule 4
S67(2) – schedule 8*
(2) To … practise nursing in a rural hospital or an isolated practice area, a rural and isolated practice endorsed nurse is authorised to—

(a) obtain a restricted drug/controlled drug; or

S175(2) – schedule 4
S67(2) – schedule 8
b) **supply** a restricted/controlled drug ...  

(i) on the oral or written instruction ... or  

(ii) under a drug therapy protocol; or  

(c) **administer** a restricted drug/controlled drug ... **under a drug therapy protocol**

*S175(2) – schedule 4  
S67(2) – schedule 8*
b) **supply** a restricted/controlled drug ...

(i) on the **oral or written instruction** ... or

(ii) **under a drug therapy protocol**; or

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*S175(2) – schedule 4
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S175(2) – schedule 4
S67(2) – schedule 8
Rural and isolated practice endorsed nurse

Administer and supply medicines

Under a drug therapy protocol

Health (Drugs and Poisons) Regulation 1996

S175(2) – schedule 4
S67(2) – schedule 8
Rural and isolated practice endorsed nurse

Administer and supply medicines

Under a drug therapy protocol

RIPRN

S175(2) – schedule 4
S67(2) – schedule 8
Rural and isolated practice endorsed nurse

Administer and supply medicines

Under a drug therapy protocol

RIPRN

PRESCRIBE?

S175(2) – schedule 4
S67(2) – schedule 8
Rural and isolated practice endorsed nurse

Administer and supply medicines

Under a drug therapy protocol

RIPRN

PREScribe?

S175(2) – schedule 4
S67(2) – schedule 8
Drug Therapy Protocol
Queensland Health

Drug Therapy Protocol

Legislation and standards

Key legislation governing the use of medicines and poisons in Queensland, including drug therapy protocols made under the Health (Drugs and Poisons) Regulation 1996, pest management and pharmacy ownership, poisonous chemicals, NRMC, medication chart

Drug Therapy Protocol for Nurse Practitioners

Information about the Drug Therapy Protocol for Nurse Practitioners.


1 Drug Therapy Protocol, Nurse Practitioner

2 Legislation and standards | Queensland Health

3 Drug Therapy Protocols (DTP) Health (Drugs and Poisons) Regulation 1996

The Drug Therapy Protocol specifies the medications and the conditions under which Sexual Health Program Nurses are legally authorised to supply and administer medications under the Health (Drugs and Poisons) Regulations 1996.


4 Drug Therapy Protocol ... Immunisation Program Nurse

The Drug Therapy Protocol specifies the medications and the conditions under which Immunisation Program Nurses are legally authorised to supply and administer medications under the Health (Drugs and Poisons) Regulations 1996.


5 Drug Therapy Protocol: Nurse Practitioner

The Drug Therapy Protocol specifies the medications and the conditions under which Nurse Practitioners are legally authorised to prescribe, give an oral or written instruction to administer or supply, or administer or supply medicines under the


6 Drug Therapy Protocols (DTP) Health (Drugs and Poisons) Regulation 1996

The Drug Therapy Protocol specifies the medications and the conditions under which Sexual Health Program Nurses are legally authorised to supply and administer medications under the Health (Drugs and Poisons) Regulations 1996.


RIPRDN Forum | Rural • Remote • Resilient
Certified written policy

- Packing and repacking of medicines when supplied by RNS or indigenous health workers in rural and isolated practice areas (PDF, 87KB)

Drugs therapy protocols

Drugs therapy protocols are made under various sections of the Health (Drugs and Poisons) Regulation 1996 and state the circumstances and conditions under which certain authorised persons are able to do certain activities defined by the regulations and scope of the protocol.

Indigenous Health Worker Isolated Practice Area (PDF, 102KB)
Immunisation Program Nurse (PDF, 58KB)
Midwives (PDF, 51KB)
Nurse Practitioner (PDF, 44KB)
Orthoptist (PDF, 52KB)
Ocular Therapeutics Protocol - Optometry Board of Australia 'Guidelines for the use of scheduled medicines' (PDF, 420KB)
Pandemic Influenza Program: Pharmacist, Queensland Ambulance Service Officer, Registered Nurse (PDF, 61KB)
Pharmacist Opioid Treatment Program (PDF, 33KB)
Queensland Ambulance Service Isolated Practice Area Paramedics (PDF, 68KB)
Rural and Isolated Practice Area - Enclosed Nurses (PDF, 77KB)
School Health Program Nurse (PDF, 52KB)

Information sheets

Medicines

- Asthma management courses - amended (PDF, 67KB)
  Fact sheet regarding the required learning objectives for asthma management courses in order for them to meet Queensland Health requirements for the Health (Drugs and Poisons) Regulation 1996 (HDPR).
- Use of blue/grey reliever medication to provide asthma first aid at schools, workplaces and community events (PDF, 216KB)
1. Your responsibilities

2. List of medicines and conditions of use

3. Governance of health management protocol
Drug therapy protocol – “the MIDDLE MAN”

1. Your responsibilities
2. List of medicines and conditions of use
3. Governance of health management protocol
Drug therapy protocol – “the MIDDLE MAN”

1. Your responsibilities
2. List of medicines and conditions of use
3. Governance of health management protocol
Drug therapy protocol – “the MIDDLE MAN”

1. Your responsibilities
2. List of medicines and conditions of use
3. Governance of health management protocol
1. Conditions and circumstances

Conditions and circumstances of this drug therapy protocol

1. A rural and isolated practice area endorsed nurse may only administer and supply those drugs listed in Appendix 1 for which a Health Management Protocol has been developed and approved by the relevant rural and isolated practice area endorsed Nurse. The relevant requirements for a Health Management Protocol are contained in Appendix 2.

2. The actions of the rural and isolated practice area endorsed nurse must at all times be in accordance with this Drug Therapy Protocol and the Health Management Protocol.

3. The rural and isolated practice area endorsed nurse must have access to current versions of the following literature:
   - 3.1 A copy of this Drug Therapy Protocol;
   - 3.2 Health Management Protocols relevant to this Drug Therapy Protocol; and
   - 3.3 A current MBS Annual and Australian Medicines Handbook; and
   - 3.4 A copy of the Health (Drugs and Poisons) Regulations 1996.

4. The rural and isolated practice area endorsed nurse must be aware that practicing within the Drug Therapy Protocol does not relieve that person of their legal responsibility or accountability for that person's actions and may not provide immunity in case of negligence.

5. Prior to the administration and/or supply of a drug, the rural and isolated practice area endorsed nurse must familiarize himself/herself with the contraindications and known side effects of the drug, and advise the patient accordingly.

6. Where a drug is supplied by the rural and isolated practice area endorsed nurse, the primary medication container must be labelled as required by the Health (Drugs and Poisons) Regulation 1996.

7. When Consumer Medicine Information is available for a particular drug, the rural and isolated practice area endorsed nurse should offer this information to each person when administering or supplying medication.

Certification

Certified in Brisbane on the 3rd day of June 2014.

De Jonette Young
Chief Health Officer
Department of Health

*Unless, in the opinion of the nurse such action would be detrimental to the patient. In such instances, a doctor must be consulted.*
1. Conditions and circumstances

Conditions and circumstances of this drug therapy protocol

1. A rural and isolated practice area endorsed nurse may only administer and supply those drugs listed in Appendix 1 for which a Health Management Protocol has been developed and approved by the local Health Management Body. The minimum requirements for a Health Management Protocol are contained in Appendix 2.

2. The actions of the rural and isolated practice area endorsed nurse must at all times be in accordance with this Drug Therapy Protocol and the Health Management Protocol.

3. The rural and isolated practice area endorsed nurse must have access to current versions of the following literature:
   - A copy of this Drug Therapy Protocol;
   - Health Management Protocols relevant to this Drug Therapy Protocol;
   - A current MEDIS Annual Australian Medicines Handbook;
   - A copy of the Health (Drugs and Poisons) Regulations 1996; and

4. The rural and isolated practice area endorsed nurse must be aware that practicing within the Drug Therapy Protocol does not relieve that person of their legal responsibility or accountability for that person’s actions and may not provide immunity in case of negligence.

5. Prior to the administration and/or supply of a drug, the rural and isolated practice area endorsed nurse must familiarise himself/herself with the contraindication(s) and known side effects of the drug, and advise the patient accordingly.

6. Where a drug is supplied by the rural and isolated practice area endorsed nurse, the primary medicine container must be labelled as required by the Health (Drugs and Poisons) Regulations 1996.

7. When Consumer Medicine Information is available for a particular drug, the rural and isolated practice area endorsed nurse should offer this information to each person when administering or supplying medication.

Certification

Certified in Brisbane on this 3rd day of June 2014.

[Signature]

De Joanne Young
Chief Health Officer
Department of Health
2. Appendix 1
Medicines, restrictions & conditions

Appendix 1

<table>
<thead>
<tr>
<th>Controlled Drugs: Opioid Analgesics</th>
<th>Approved route of administration</th>
<th>Restrictions/Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fentanyl</td>
<td>Intrasynaptic Intrasynaptic Subcutaneous</td>
<td>Adult only 90 mg or Subcutaneous 1.5 mg or kg to a max. of 100 microgram IV Up to a max. of 100 micrograms in increments, repeated every 10 minutes if required. Consult the Medical Officer or Nurse Practitioner if more than recommended dose required.</td>
</tr>
<tr>
<td>Morphine Sulfate</td>
<td>Intrasynaptic Intrasynaptic Subcutaneous</td>
<td>Adult only 1 mg or Subcutaneous Up to 10 mg based on 0.1 mg - 0.2 mg kg IV Up to 10 mg For short duration due to Acute coronary syndrome (ACS) / unstable angina / myocardial infarction: Initial dose of 2.5 mg then 2.5 mg increments repeated every 5 - 10 minutes if required. All other uses: Initial dose of 2 mg then increments repeated every 3 - 5 minutes if required. Consult the Medical Officer or Nurse Practitioner if more than recommended dose required.</td>
</tr>
<tr>
<td>Pethidine</td>
<td>Intrasynaptic Intrasynaptic Subcutaneous</td>
<td>Up to 100mg, either use 30 mg or 25 mg (1x) increments in the relief of acute pain only</td>
</tr>
</tbody>
</table>

**Analgesics and Antipyretics**

<table>
<thead>
<tr>
<th>Scheduled substance</th>
<th>Approved route of administration</th>
<th>Restrictions/Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Codeine</td>
<td>Oral</td>
<td>One</td>
</tr>
<tr>
<td>Ketorolac (Iomepraz)</td>
<td>Intramuscular</td>
<td>Adult only. Single dose to 30 mg</td>
</tr>
<tr>
<td>Methoxyflurane</td>
<td>Inhalation</td>
<td>Adult: 5 mL may be repeated after 20 minutes to a maximum of 8 mL</td>
</tr>
<tr>
<td>Paracetamol 500 mg /</td>
<td>Oral</td>
<td>One</td>
</tr>
<tr>
<td>Codeine 100 mg</td>
<td></td>
<td>One</td>
</tr>
</tbody>
</table>

**Antibiotics and other anti-infective agents (Oot)**

<table>
<thead>
<tr>
<th>Scheduled substance</th>
<th>Approved route of administration</th>
<th>Restrictions/Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ampicillin</td>
<td>Oral</td>
<td>One</td>
</tr>
<tr>
<td>Amoxicillin</td>
<td>Oral</td>
<td>One</td>
</tr>
<tr>
<td>Amoxicillin/Clavulanic Acid</td>
<td>One</td>
<td>One</td>
</tr>
<tr>
<td>Azithromycin</td>
<td>Oral</td>
<td>One</td>
</tr>
</tbody>
</table>

Drug Therapy Protocol: Joint and Updated Practice Annaonised June 2014

https://www.bing.com/images/search?q=medicines+clip+art&view=detailv2&qft=+filterui%3alicense-L2_L3&id=D5623B640DDD6C32029A2C45B9F0CDDA2894C35&selectedIndex=30&ccid=a1BE3C0I&simid=60802521825035446&thid=OIP.M6b5044de2d0817675e7125788a3f4e20H0
Appendix 2

Health Management Protocol — Minimum Requirements

1. The Hostel Management Protocol (HMP) is a protocol that supports and details the clinical, non-clinical, or other aspects of the management of the scheduled drugs and personnel listed in Appendix 1 of the Drug Therapy Protocol.

2. The Hostel Management Protocol must be developed or endorsed by an organization's Health Management Protocol. It may be adopted by an interdisciplinary health team appointed by the employer or by whose jurisdiction the HMP will be implemented.

3. As a minimum, the team must consist of a medical practitioner, a nurse, and a pharmacist, and may include other identified professional persons considered appropriate by the employing organization.

4. A review period of two years or more is considered necessary, the Health Management Protocol must be reviewed by the interdisciplinary team.

Content of a Health Management Protocol

The Health Management Protocol consists of the following:

1. The protocol for the clinical assessment, management, and follow-up of patients, including the recommended drug therapy, based on the clinical diagnosis or patient file.

2. A clinical indication or time when medical referral and/ or consultation must occur for that condition.

3. The name, form, and strength of the drug and the conditions for which it is intended.

4. The recommended dose of the drug.

5. The route of administration of the drug.

6. The frequency (including the time when applicable) and duration of administration of the drug.

7. The duration of the drug supply before medical intervention or follow-up is required.

8. The type of assessment and management procedures required for management of an emergency associated with the use of the drug.

Enforcement of a Health Management Protocol

1. A new or amended Health Management Protocol must be endorsed and issued by the Chief Executive Officer of a Hospital and Health Service or the Chief Executive Officer of a non-Hospital Health employing organization.

2. The Health Management Protocol shall be effective for a maximum of two years from the date of endorsement by the employee.

3. The Primary Clinical Care Manual contains the principal Health Management Protocols to be used in rural and remote settings by non-technical practice area registered nurses.
Interlude!

BE MEDICINEWISE WEEK
All ages & life stages 12-18 OCTOBER 2015
3. Appendix 2

Governance of HMP

Appendix 2

Health Management Protocol – Minimum Requirements

1. A Health Management Protocol must be endorsed and signed by Chief Executive Officers of a Hospital and Health Service or the Chief Executive Officer of a non-Queensland Health employing organisation.
   2. The Health Management Protocol shall be effective for a maximum of two (2) years from the date of endorsement by the employee.
   3. The Primary Clinical Care Manual contains principal Health Management Protocols to be used in rural and remote veterinary settings by rural and remote practice area veterinarians.
3. Evidence based clinical guidelines
3. Appendix 2

Governance of HMP

Evidence based clinical guidelines (PCCM)
3. Appendix 2
Governance of HMP

Minimum requirements
Content
Endorsement of HMP
3. Appendix 2
Governance of HMP

Minimum requirements

Content

Endorsement of HMP
3. Appendix 2
Governance of HMP

- Minimum requirements
- Content
- Endorsement of HMP
3. Appendix 2
Governance of HMP

Minimum requirements

Content

Endorsement of HMP
Clinical guidelines

Improve quality of clinical decision making

Offer explicit recommendations for clinician unsure how to proceed

Overturn beliefs of outdated practice

Improve consistency of care

Reassure practitioners of appropriateness of treatment

Adapted from Woolf, Grol, Hutchinson, Eccles & Grimshaw, 1999, p. 528).
Protect the public

What if we removed part of the model?

**The RITION Model**

- Rural and Remote
- Collaborative Practice

Components:
- Educational preparation (endorsement)
- Safe, accessible care
- Supported by legislation
- Evidence based clinical guidelines (PCCM)
The RIPRN Model

- Educational preparation (endorsement)
- Safe, accessible care
- Evidence based clinical guidelines (PCCM)

RURAL AND REMOTE COLLABORATIVE PRACTICE
The RPRRN Model

Educational preparation (endorsement)

Safe, accessible care
Food for thought ..
The RIPRN Model

- Educational preparation (endorsement)
- Safe, accessible care
- Supported by legislation
- Evidence based clinical guidelines (PCCM)
Thank you!

Sue Muirhead, Nurse Educator, Cunningham Centre
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riprn@health.qld.gov.au