VCRC Promoting Best Practice in NDIS Continence Supports.

Lesa Miller
Nurse Continence Specialist
Oh well, Medicare wasn’t built in a day either...............
VCRC NDIS Clinic

- NDIS clinic client assessments began in late 2016
- Now have 2.4 EFT Continence Nurse Specialists
- Pelvic Health Physiotherapist
- Waiting time is approx. six weeks for nursing Ax.
- We see on average 19 assessments or reviews per week plus education sessions.
A clinical nurse consultant (also known as an advanced practice nurse) is a nurse practising in the advanced practice role. Advanced practice nursing is a qualitatively different level of advanced nursing practice to that of the registered nurse due to the additional legislative functions and the regulatory requirements. The requirements include a prescribed educational level, a specified advanced nursing practice experience, and continuing professional development. Nurses practising at an advanced level incorporate professional leadership, education and research into their clinically based practice. Their practice is effective and safe. They work within a generalist or specialist context and they are responsible and accountable in managing people who have complex health care requirements.

**Duties of a clinical nurse consultant will substantially include, but are not confined to:**

- Providing leadership and role modelling, in collaboration with others including the Nurse manager and the Nurse educator, particularly in the areas of action research and quality assurance programs;
- Staff and patient/client education;
- Staff selection, management, development and appraisal;
- Participating in policy development and implementation;
- Acting as a consultant on request in the employee’s own area of proficiency; for the purpose of facilitating the provision of quality nursing care;
- Delivering direct and comprehensive nursing care to a specific group of patients or clients with complex nursing care needs, in a particular area of nursing practice within a practice setting;
- Coordinating, and ensuring the maintenance of standards of the nursing care of a specific group or population of patients or clients within a practice setting; and
- Coordinating or managing nursing or multidisciplinary service teams providing acute nursing and community services.
NDIS Plans

Your NDIS Plan has been approved

I am pleased to inform you that your National Disability Insurance Scheme (NDIS) plan has been approved. I attached a copy of the plan to this email, which is dated 05 September 2019.

The plan includes

- Your support and associated services
- Your NDIS plan number
- The dates of your plan
- Your NDIS plan provider
- Your NDIS plan services

The plan was approved by the National Disability Insurance Agency (NDIA) on 05 September 2019.

The plan will be reviewed annually, and you will receive a new plan before your current one expires.

Your NDIS plan provider

The provider is responsible for implementing the plan and providing the necessary support services.

My profile

Information about me

This is personal information about me and I can choose to share this information with my service provider.

Date of birth

Preferred contact details - telephone

Home number

Work number

Mobile

About me

My name is [redacted], and I live in [redacted] with my [redacted]. I have been [redacted] for [redacted] years and have been employed in the [redacted] industry since [redacted]. I have worked in the [redacted] industry for [redacted] years and have been [redacted] for [redacted] years. I am currently employed as a [redacted] at [redacted].

My Services and community involvement

I enjoy spending time with my [redacted] and [redacted]. I like to exercise and spend time in the [redacted]. I am involved in [redacted] activities, such as [redacted] and [redacted].

NDIS plan

Plan start date: 05 September 2019

NDIS plan term: 05 September 2020 to 04 September 2023

My NDIS contact

Local Area Coordinator
National Disability Insurance Agency
Phone: 1300 278 954
Email: [redacted]

NDIS plan number: [redacted]

ACTIVITIES
LIFE
COMMUNITY

[Diagram of ACTIVITIES, LIFE, and COMMUNITY categories with icons and text]
NDIS Plans - Goals

My goals
This is what I want to achieve

Short-term goal

How I will achieve this goal
- Identifying additional supports through assistive technology and home modifications to allow me to complete daily living tasks.

How I will be supported
- My NDIA funds will provide me access to assessment, training and/or assistance so I can achieve my goal.

Short-term goal

How I will achieve this goal
- I will access support and advice regarding managing my diet and performing exercise for my health and well-being and health recommendations so I can achieve my goal.

How I will be supported
- I will be assisted by a support coordinator to engage with suitable providers and supports to help me reach my goals.

Medium or long-term goal

How I will achieve this goal
- I will follow allied health recommendations and access therapy support provisions to increase my functional capacity.

How I will be supported
- I will be assisted by a support coordinator to engage with suitable providers and supports to help me reach my goals.

Medium or long-term goal

How I will achieve this goal
- I will source service provisions to provide, guidance and advice from an allied health professional so I can achieve my goal.

How I will be supported
- I will be assisted by a support coordinator to engage with suitable providers and supports to help me reach my goals.

Medium or long-term goal

How I will achieve this goal
- I will get support to develop skills and capacity which will improve my social interactions and assist me engage effectively in my community.

How I will be supported
- I will be supported by having 1:1 support provided to me when accessing the community and social events.

Medium or long-term goal

How I will achieve this goal
- My NDIA funds will provide me access to assessment, training and/or assistance so I can achieve my goal.

How I will be supported
- I will be assisted by a support coordinator to engage with suitable providers and supports to help me reach my goals.
NDIS Plans

**Funded supports information**

My funded supports can help me achieve my goals

**Managing my NDIS funding**

There are 3 different ways my plan funding can be managed:

- **Self-managed:** I will claim funding from my NDIS plan to pay providers myself or my plan nominee or child representative may do this on my behalf. Providers will invoice me directly for supports I have agreed they will provide.

- **Plan-managed:** My plan management provider will make claims and pay providers on my behalf for supports I have agreed they will provide.

- **NDIA-managed:** Providers will claim payment directly from my NDIS plan based on active service bookings. Where supports are NDIA-managed, I can only use an NDIS registered provider.

My funding may be managed in one or more of these ways and is listed with my funding on the following pages.

**Stated Supports**

Where a support is listed as ‘stated’ in my plan, I must purchase this support as described in my plan. I cannot swap ‘stated’ supports for any other supports.

**In-Kind Supports**

Where a support is listed as ‘in-kind’ in my plan, I must continue with my existing service provider as they have been pre-paid to deliver this service. However, if I have a concern about using my in-kind provider I can raise my concerns with my NDIS contact.

**Quote Required**

Where a support is listed as ‘quote required’ additional information such as quotes and/or specialist reports will be required. Once the quote is approved, the funding will be made available in my plan.

---

**Total funded supports $**

For 06 September 2019 – 05 September 2020

**Core Supports**

Core supports help with my everyday activities, my current disability related needs and to work towards my goals. The Core Supports budget is the most flexible, and in most cases, funding can be used across the support categories (however, this may not include transport).

**Goals my Core Supports funding can help me achieve:**

- 1.
- 2.
- 3.
- 4.
- 5.

**Core Supports**

Funding for assistive technology: $1000 is included for the purchase of Basic (Level 1) and Standard (Level 2) assistive technology, and minor repairs to your AT, to support you to achieve your goals and outcomes. In addition, your plan also includes funding for your continence products including delivery.

This funding is to provide flexible supports to enable maximum independence in personal activities of daily living. These supports can be provided in a range of environments, including, but not limited to your home.

Assistance with personal domestic activities, to assist you to undertake and/or develop skills to maintain your home environment where you are the home owner or have sole or substantial responsibility for its maintenance. Funding includes assistance to do basic house and yard work.

Workers are to follow strategies as outlined by therapists in therapy plan to minimise risk, maximise outcomes and ensure consistency in approach. Support to be used flexibly as required.

Report on outcomes required to be provided by provider to National Disability Insurance Agency four weeks prior to plan review.
NDIS Plans

**Funded supports continued**

**Capacity Building Supports**

My Capacity Building supports are intended to build my independence and reduce my need for the same level of support into the future. My progress and outcomes from these supports will be shared at each plan review.

Unlike my Core Supports budget, my Capacity Building Supports budget cannot be moved from one support category to another. Funding can only be used to purchase approved individual supports that fall within that Capacity Building category.

**Goals my Capacity Building Supports funding can help me achieve:**

- 4
- 5

My Capacity Building funding can be spent in the following ways:

<table>
<thead>
<tr>
<th><strong>Capacity Building Supports</strong></th>
<th><strong>Budget</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Improved Life Choices (CB Choice &amp; Control)</strong></td>
<td>$</td>
</tr>
<tr>
<td>Your plan includes funding to support to setup, develop and process monthly statements (administrative functions only)</td>
<td></td>
</tr>
<tr>
<td><strong>My Stated Supports funding will be:</strong></td>
<td>$</td>
</tr>
<tr>
<td>• <a href="#">NDIA-managed</a> Plan Management And Financial Capacity Building - Set Up Costs</td>
<td></td>
</tr>
<tr>
<td>• <a href="#">NDIA-managed</a> Plan Management - Financial Administration</td>
<td></td>
</tr>
<tr>
<td><strong>Improved Daily Living (CB Daily Activity)</strong></td>
<td>$</td>
</tr>
<tr>
<td>12 hours of funding for an allied health professional or therapist to assess and provide support in assisting you to meet your goals of improving emotional regulation, developing positive social behaviours, improving functional capacity, building new relationships and informal support, being more independent at home and in accessing the community and using assistive technology. In addition, your plan also includes 26 hours of funding for a Therapy Assistant to provide support with implementing recommendations as outlined by a Therapist.</td>
<td></td>
</tr>
<tr>
<td>• 3 hours of funding for a continence nursing support has been funded to assist you with managing you with your continence needs.</td>
<td></td>
</tr>
</tbody>
</table>

**Capacity Building Supports**

<table>
<thead>
<tr>
<th><strong>My Improved Daily Living funding will be:</strong></th>
<th><a href="#">NDIA-managed</a> Plan-managed</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Improved Health and Wellbeing (CB Health &amp; Wellbeing)</strong></td>
<td>$</td>
</tr>
<tr>
<td>Your plan includes 10 hours of funding for individual advice on managing your diet for health and wellbeing due to the impact of your disability.</td>
<td></td>
</tr>
<tr>
<td><strong>My Improved Health and Wellbeing funding will be:</strong></td>
<td><a href="#">NDIA-managed</a> Plan-managed</td>
</tr>
<tr>
<td><strong>Increased Social and Community Participation (CB Social Community Civic)</strong></td>
<td>$</td>
</tr>
<tr>
<td>26 hours of funding for you to increase your capacity to participate in group social and recreational activities. These supports might include Life Transition Planning (Mentoring, Peer-support and Individual Skill Development and Training), Skills development in a group, and Community Participation activities. Report on outcomes required to be provided by provider to National Disability Insurance Agency four weeks prior to plan review.</td>
<td></td>
</tr>
<tr>
<td><strong>My Increased Social and Community Participation funding will be:</strong></td>
<td><a href="#">NDIA-managed</a> Plan-managed</td>
</tr>
<tr>
<td><strong>Support Coordination</strong></td>
<td>$</td>
</tr>
<tr>
<td>STATED- 24 hours of Support coordination to support you to connect, engage with and coordinate your chosen service providers.</td>
<td></td>
</tr>
<tr>
<td><strong>My Stated Supports funding will be:</strong></td>
<td><a href="#">NDIA-managed</a> Level 2: Coordination Of Supports</td>
</tr>
<tr>
<td><strong>Total Capacity Building Supports</strong></td>
<td>$</td>
</tr>
</tbody>
</table>
Part 3 – Module 1: High Intensity Daily Personal Activities

28 Applicable Practice Standards

Schedule 2 to the National Disability Insurance Scheme (Provider Registration and Practice Standards) Rules 2018 sets out the relevant NDIS Practice Standards that apply to this Part.

29 Complex Bowel Care

To achieve this outcome, the following indicators should be demonstrated:

1. Each participant is involved in the assessment and development of the plan for their complex bowel care management. With their consent, the participant’s health status is subject to regular and timely review by an appropriately qualified health practitioner. The plan identifies how risks, incidents and emergencies will be managed, including required actions and escalation to ensure participant wellbeing.

2. Appropriate policies and procedures are in place, including a training plan for workers, that relate to the support provided to each participant receiving complex bowel care.

3. All workers working with a participant requiring complex bowel care have received training, relating specifically to each participant’s needs, type of complex bowel care and high intensity support skills descriptor for providing complex bowel care, delivered by an appropriately qualified health practitioner or person that meets the high intensity support skills descriptor for complex bowel care.

32 Urinary Catheter Management (In-dwelling Urinary Catheter, In-out Catheter, Suprapubic Catheter)

To achieve this outcome, the following indicators should be demonstrated:

1. Each participant is involved in the assessment and development of the plan for management of their catheter. With their consent, the participant’s health status is subject to regular and timely review by an appropriately qualified health practitioner. The plan identifies how risks, incidents and emergencies will be managed, including required actions and escalation to ensure participant wellbeing.

2. Appropriate policies and procedures are in place, including a training plan for workers, that relate to the support provided to each participant with a catheter.

3. All workers have completed training, relating specifically to each participant’s needs, type of catheter and high intensity support skills descriptor for catheter changing and management, delivered by an appropriately qualified health practitioner or a person that meets the high intensity support skills descriptor for urinary catheter changing and management.
NDIS participants require training in the areas of high risk bowel and bladder care which could include, but not limited to:

**Bowel Care**
- Bowel regime development/plans
- Suppositories
- Enemas
- Trans anal irrigation
- Skin Care – Incontinence Associated Dermatitis

**Bladder Care**
- Urethral catheter care
- Supra pubic catheter care
- Condom drainage
- Intermittent catherisation
- Day and Night Bag care
- Bladder Instillations
- Infection control
- Wound care - stoma
- Skin care – Incontinence Associated Dermatitis
High intensity support skills descriptors
Complex Bowel Care

<table>
<thead>
<tr>
<th>High intensity support activity – Complex Bowel Care</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Bowel care is a routine part of personal support. It requires a specialist level of support where the participant is at risk of severe constipation or faecal incontinence, for example,</strong></td>
<td><strong>Context:</strong> A bowel care plan has been developed and is overseen by a health practitioner. Minimum plan requirements include information on normal stool appearance for the individual; how to identify symptoms that require action, timing of intervention (how long before action is taken) and the action required.</td>
</tr>
<tr>
<td>• CP GMFCS(^1) levels 3, 4, 5;</td>
<td><strong>Providers will support their workers and others involved in providing supports to:</strong> Follow personal hygiene and infection control procedures; recognise the intensely personal nature of this type of support and make sure of the participant’s consent for the approach; observe and record change bowel habits; administer laxatives, enemas or suppositories according to procedure and identify when to seek health practitioner advice. High intensity support work includes administration of non-routine medication as required.</td>
</tr>
<tr>
<td>• spinal injuries;</td>
<td><strong>Providers will deploy staff with knowledge of:</strong> basic anatomy of the digestive system, importance of regular bowel care and understanding of stool characteristics indicating healthy bowel functioning and related signs and symptoms, basic understanding of related conditions including autonomic dysreflexia; symptoms/indications of need for intervention and when to refer to health practitioner e.g. overflow, impaction, perforation; infection, understanding of intervention options and techniques including administering enemas and suppositories, digital stimulation, massage etc. and related guidelines and procedures, nutrition and hydration requirements.</td>
</tr>
<tr>
<td>• some ABI</td>
<td></td>
</tr>
<tr>
<td>• and where the bowel care plan involves non-routine treatment such as use of non-routine PRNs.</td>
<td></td>
</tr>
</tbody>
</table>

\(^1\) Cerebral Palsy (CP) Gross Motor Function Classification System (GMFCS)
## Urinary catheters

<table>
<thead>
<tr>
<th>High intensity support activity – urinary catheters</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Replacing and disposing of bags and monitoring health of people using indwelling and suprapubic catheters can be part of a general support worker role. In these cases, <strong>insertion of the catheter is done by a health practitioner.</strong></td>
<td><strong>Context:</strong> Care plan has been developed and is overseen by a health practitioner. <strong>Providers will support their workers and others involved in providing supports to:</strong> Follow <em>infection control procedures; replace and dispose of catheter bags; maintain charts/records; monitor catheter position; monitor skin condition around catheter; recognise and respond/report blockages, dislodged catheters, signs of deteriorating health or infection.</em> <strong>High intensity role:</strong> For intermittent catheters, insert catheter, drain bladder and remove and dispose of bag. <strong>Providers will deploy staff with knowledge of:</strong> Basic understanding of urinary system for males and females; hydration; types of catheters; <em>procedures and challenges in inserting catheters in males and females (intermittent catheters only); common complications associated with using different types of catheters, indicators of complications that require intervention and understanding when to involve a health practitioner.</em></td>
</tr>
</tbody>
</table>

NDIS Practice Standards: skills descriptors Information for auditors and providers July 2018 Version 1
To write effective supporting documentation for people with disabilities and complex support needs seeking access to the NDIS (or needing to change existing plans), you need to get the words right.

To meet the criteria for disability eligibility, you have to show that the impairment substantially reduces the person’s functional capacity. To do this, health practitioners need to:

1. Use the language of diagnosis, treatment and rehabilitation to describe the condition and the impairment
2. Build on this to write about activity limitation, function and participation.

E.g. “John’s brain injury has significantly and permanently affected his urinary and faecal continence capacity. He has difficulty with comprehension and with verbal communication, and his social functioning is impaired.
Whether you choose to complete the ARF, the NDIS Supporting Evidence Form or provide another report, you will be required to comment on the following areas:

1. Primary and secondary disability
   - **DISABILITY DIAGNOSIS** - In this section you will be required to comment on the client’s disability diagnosis. In order to be eligible for the NDIS, evidence is required that the disability is likely to be permanent and that the client is likely to require support throughout their lifetime.
   - **CHRONIC HEALTH CONDITIONS** - Note that while chronic health conditions may impact a person’s functional capacity, they are not considered relevant to an NDIS application. It is important to articulate functional limitations as they relate to a person’s disability.

2. Current treatments
   - **SUPPORTS AND THERAPIES** - Include all the patient’s known disability supports and therapies. This may also include any ongoing health interventions.

3. Other treatments likely to remedy the impairment
   - **MAINTAINING FUNCTIONAL CAPACITY** - Any other therapy directly related to maintaining or managing a person’s functional capacity. This includes therapy and supports directly related to the impact of a person’s impairment on their functional capacity required to achieve incremental gains or to prevent functional decline.

   **TIP:** Outline relevant medical intervention that has occurred to date and indicate if you think the client’s function has reached a baseline and is either likely or not likely to improve. Include disability supports that might assist the client in the future in order to maintain their current functional status in the community.

4. Patient’s functional impairment
   In this section the NDIA are evaluating the impact that disability has on the patient’s:

   - **A** Mobility
   - **B** Learning
   - **C** Social interaction
   - **D** Communication
   - **E** Self-care
   - **F** Self-management

   **TIP:**
   - **ASSISTANCE** - Define how the client needs assistance (special equipment/ assistive technology/ assistance from another person). It is important to discuss functional impacts and the goals for helping the client to gain greater independence in the community (including what the client needs to be able to use any recommended/required equipment functionally).
   - **FUNCTIONAL LOSS** - Consider describing the client’s functional loss followed by the disability support that might be required to achieve their goal related to that functional loss.
It is important to be precise as words can be misinterpreted. For example: ‘Appears’ could mean that the cause or issue is unknown; ‘Likely’ could mean might; ‘Limited solutions’ could be interpreted as, there are options for recovery.

Link the therapy goal to the participant’s NDIS goals;
The impact of the condition and impairment on their ‘functional capacity’ – how well a person does, or how much help they might need, completing the important everyday activities of life (eating, dressing, getting around and communicating) so that they can fulfil family, social, community and economic roles.

Goals are extremely important in the NDIS. All funding the NDIS participant receives needs to relate to their goals, which means the therapy/outcome reports written must also show clear links between what was recommended, and why it fits with the person’s goals.

It is important to remember that every NDIS participant has individual goals, therefore when writing therapy/outcome reports, therapists cannot take the shortcut of having generic goals, as this will not lead to the reports being effective in helping to gain funding for the NDIS participant.

Reasonable and necessary – this is legislation ! – Sect 34 NDIS Act 2013

Finally, as the NDIS is based upon the principles of reasonable and necessary, as well as value for money, therapists need to ensure that they provide clear justification as to why the NDIS participant needs the therapy and/or support that is being recommended. Reasonable means the therapist is asking for enough of the support, not too little but not too much. Necessary means the support asked for by the therapist has to relate to the person’s disability, and they only need it because they have the specific disability.

https://www.capitalguardians.com/2019/05/therapy-reports/
Disability-Related Health Supports

From 1 October 2019, the NDIS will fund disability-related health supports where these supports directly relate to a participant’s significant and permanent functional impairment and assist them to undertake activities of daily living.

These supports are provided individually to participants and can be provided in a range of environments, including, but not limited to, the participant’s own home.

Participants are not permitted to claim for health supports from their plans when those health supports do not relate to their disability and when they do not require health supports on a regular basis. Those health supports will continue to be provided by the health system.

Additionally, if a participant’s support needs become acute, that support should be provided in a hospital or another health setting by the relevant state/territory health care system or private health system and not be claimed from the participant’s plan.

The list below provides an indication of the majority of disability-related health supports that may be required by NDIS participants; however, it is not an exhaustive list. Disability-related health supports are expected to assist in areas such as:

- **Dysphagia**: for participants who have trouble eating, drinking or swallowing on a daily basis.
- **Respiratory**: for participants requiring help with their breathing and maintenance of their respiratory health, including any associated care, comfort, planning or supports.
- **Nutrition**: for participants requiring help with the way they eat or understanding the food they need.
- **Diabetes**: for participants who have daily problems with how much sugar is in their blood.
- **Continence**: for participants who need daily assistance with toileting (bladder and bowel).
- **Wound & Pressure Care**: for participants who need daily wound and pressure care (resulting from pressure wounds or swollen limbs).
- **Podiatry**: for participants who require help looking after their feet, ankles and lower limbs.
- **Epilepsy**: for participants who need daily help managing the way epilepsy affects the way their brain and nerves work.
- **Botox and Splinting**: It is unlikely Botox and splinting supports will be reasonable and necessary to include in a plan, as these are generally provided in a clinical setting.

Five types of disability-related health supports have been identified in the *NDIS Support Catalogue*:

a) Provision of Disability-Related Health Supports by Disability Support Workers – these supports should be claimed using the standard Daily Personal Activities and High Intensity Daily Personal Activities support items;

b) Assessment, planning and the provision of Disability-Related Health Supports by therapists these supports should be claimed using the standard ECEI and Therapy support items;

c) **Assessment, planning and the provision of Disability-Related Health Supports by nurses** – these supports should be claimed using the new nursing support items;

d) Consumables related to Disability Related Health Supports – these supports should be claimed using the new Low-Cost or High-Cost Disability Related Health Consumables support line items; and

e) Assistive Technology related to Disability Related Health Supports – these supports should be claimed using the new Disability Related Health Assistive Technology support line items.

<table>
<thead>
<tr>
<th>Service Code</th>
<th>Provider Name</th>
<th>Description</th>
<th>Price (AUD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>01 618 0114 1 1</td>
<td>Delivery Of Health Supports By A Clinical Nurse Consultant - Weekday Daytime</td>
<td>Provision of care to respond to the disability-related health needs of a participant where that care is not the usual responsibility of the health system.</td>
<td>$146.72 $205.41 $220.08</td>
</tr>
</tbody>
</table>

| 114 | Community Nursing Care | 15 | Improved daily living skills | 15 418 0114 1_3 | Delivery Of Health Supports By A Clinical Nurse Consultant - Weekday Daytime | Provision of care to respond to the disability-related health needs of a participant where that care is not the usual responsibility of the health system. | $146.72 | $205.41 | $220.08 |

A clinical nurse consultant (also known as an advanced practice nurse) is a nurse practising in the advanced practice role. Advanced practice nursing is a qualitatively different level of advanced nursing practice to that of the registered nurse due to the additional legislative functions and the regulatory requirements. The requirements include a prescribed educational level, a specified advanced nursing practice experience, and continuing professional development. Nurses practising at an advanced level incorporate professional leadership, education and research into their clinically based practice. Their practice is effective and safe. They work within a generalist or specialist context and they are responsible and accountable in managing people who have complex health care requirements.

Duties of a clinical nurse consultant will substantially include, but are not confined to:

- Providing leadership and role modelling, in collaboration with others including the Nurse manager and the Nurse educator, particularly in the areas of action research and quality assurance programs;
- Staff and patient/client education;
- Staff selection, management, development and appraisal;
- Participating in policy development and implementation;
- Acting as a consultant on request in the employee’s own area of proficiency; for the purpose of facilitating the provision of quality nursing care;
- Delivering direct and comprehensive nursing care to a specific group of patients or clients with complex nursing care needs, in a particular area of nursing practice within a practice setting;
- Coordinating, and ensuring the maintenance of standards of the nursing care of a specific group or population of patients or clients within a practice setting; and
- Coordinating or managing nursing or multidisciplinary service teams providing acute nursing and community services.