The AHA Practice Standards are intended to be used in conjunction with the AHA Consensus-Based Nursing Guidelines.
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Endorsed By
AHA PRACTICE STANDARDS FOR THE HEPATOLOGY NURSE

BACKGROUND

The Australasian Hepatology Association (AHA) is a membership-based organisation representing and supporting nurses and allied health professionals caring for people with, or affected by, liver disease. Formed in 2002 and incorporated in 2004, the AHA aims to:

- Build expertise, knowledge and quality practice in the field of hepatology.
- Contribute to policy and planning in order to advocate for improvement of care and treatment for people with, or affected by, liver disease.
- Promote and gain recognition for the specialist skills and knowledge that nurses and allied health professionals bring to this specific area of practice.

In 2006, the AHA commissioned the development of the first AHA Competency Standards for the Hepatology Nurse (2008), following a request from the AHA Membership to document the fundamental principles of hepatology nursing practice and provide guidance for advanced nursing practice. The AHA Competency Standards were the first of their kind for hepatology nursing practice in Australia, provided a framework for nursing practice and were evaluated in 2009.

An outcome of the evaluation was a request for a document to assist the AHA Membership to operationalise the AHA Competency Standards. Hence, in 2012 the AHA released the AHA Consensus-based Nursing Guidelines for the Care of Patients with Hepatitis B, Hepatitis C, Advanced Liver Disease and Hepatocellular Carcinoma (hereafter referred to as the AHA Consensus-based Nursing Guidelines) which capture the essence of hepatology nursing care in Australia.

As a specialty area, Hepatology Nursing has evolved in response to the increasing morbidity and mortality associated with the main causes of liver disease in Australia; hepatitis B and hepatitis C. Increasingly, other aetiologies are contributing to the burden of liver disease, including: non-alcoholic steatohepatitis (fatty liver disease), alcoholic liver disease and autoimmune conditions.
The dynamic and expanding nature of Hepatology Nursing practice has resulted in a need to update the AHA Competency Standards to reflect the current scope of Hepatology Nurses in Australia. Therefore, the AHA initiated a review and update of this foundational document in March 2014.

Within nursing there has been a trend away from the term, ‘competency standards,’ instead referring to such documents as ‘practice standards.’ Hence, the revised version is titled the AHA Practice Standards for the Hepatology Nurse (2014) (hereafter referred to as the AHA Practice Standards).

Despite the evolution in the Hepatology Nursing role, the AHA Membership agreed that the definition of the Hepatology Nurse, documented originally in the AHA Competency Standards and applied to the AHA Consensus-based Nursing Guidelines, remains current. Therefore the AHA defines a Hepatology Nurse as:

*A registered nurse who applies advanced knowledge and skills in the testing, management and treatment of liver disease to optimise the health and wellbeing of people with or affected by liver disease across the continuum of care.*

Through the development of the AHA Consensus-based Nursing Guidelines, five fundamental principles underpinning the work of Hepatology Nurses were identified. These principles remain the guiding themes of this document:

▲ Patient-centred care
▲ Non-discriminatory practice
▲ Culturally competent nursing care
▲ Working within own scope of practice
▲ Collaborations and partnerships.

Regardless of experience, role, clinical context or workplace, these principles represent the fundamental approach to hepatology nursing care and underpin the interpretation of documents produced by the AHA.

**DEVELOPMENT OF THE AHA PRACTICE STANDARDS**

The revision of the AHA Competency Standards involved four rounds of consultation with the AHA Membership. The Project Consultants reviewed the practice standards and competency standards developed for nurses working in other areas of health, including local and international documents.

The AHA anticipates a review of the AHA Practice Standards will be conducted in 3-4 years, depending on the availability of resources and the capacity of the AHA. The review of the AHA Consensus-based Nursing Guidelines and AHA Practice Standards would ideally be performed in conjunction, to ensure consistency.
ROLE OF PRACTICE STANDARDS

Practice standards are developed by professional nursing organisations to:

...identify the values, attitudes, knowledge and skills that nurses are required to bring to their specialty/area of nursing practice.

To assess (or facilitate self-assessment of) a nurse as competent in a specialty area, practice standards (previously referred to as competency standards) are utilised.

Practice standards are a tool to assist in the systematic evaluation of nursing care and may be used to guide consistency in the quality and safety of nursing practice. Practice standards are utilised across the nursing profession in the following ways:

▲ provide a framework for assessing practice at a single time point or over time
▲ assist in the performance review process
▲ identify areas for professional development
▲ identify areas of focus for the individual's learning needs
▲ assist in the development of position/job descriptions and selection criteria
▲ assist in the development of business cases to support the funding of a nursing role
▲ guide skill mix options.

Similar to other nursing specialty areas, the AHA is not currently considering the option of implementing a credentialing system for the hepatology nursing profession. Therefore, practice standards are the most appropriate and available tool for which nurses and their colleagues can assess competence.

The nursing profession is governed by legislation, common law and professional standards and frameworks. The AHA Practice Standards and the AHA Consensus-based Nursing Guidelines are documents that complement the existing framework applicable to all nurses, while contextualising this for those caring for individuals with, or at risk of, liver disease.

Diagram 1 illustrates the relationships between each of the relevant documents and where the AHA Practice Standards and AHA Consensus-based Nursing Guidelines have been developed to be positioned within this framework. The AHA Practice Standards are embedded in the elements of the ANF Competency Standards for the Advanced Registered Nurse, and assist in the identification and definition of an individual's scope of practice. It is through this lens that the AHA Consensus-based Nursing Guidelines should be considered and with which local policies and protocols should be developed. The care delivered by Hepatology Nurses, as well as the broader role of Hepatology Nursing within the sector, is ultimately a culmination of the overarching framework guiding the accountability of practice.
Diagram 1: The relationship between international and national policies, clinical practice guidelines and nursing standards and the AHA Practice Standards and AHA Consensus-based Nursing Guidelines (adapted from AHA Consensus-based Nursing Guidelines (2012)).
DEFINING SCOPE OF PRACTICE AND THE HEPATOLOGY NURSING SPECIALTY

Scope of practice refers to that which a nurse is educated, competent and authorised to perform. Hence, one of the fundamental elements of an individual nurse’s scope of practice is competency. Competence within nursing care refers to the combination of skills, attitudes, knowledge and values that underpin effective nursing practice, with consideration given to the context in which the individual nurse practices. Continuing competence represents the ability of the nurse to demonstrate that competence has been maintained over time. The process of assessing nursing competency and continuing competency, and therefore, scope of practice, is through utilising practice standards.

The AHA has gained national recognition of the Hepatology Nursing role through membership of the Coalition of National Nursing Organisations (CoNNO). A nursing specialty is defined as involving skills and knowledge in a particular area that are greater than that which is developed through fundamental nursing education. The criteria with which CoNNO considers an area of nursing as specialised, includes:

Criterion 6: The specialty subscribes to, or has established practice standards commensurate with those of the nursing profession.

Therefore, the availability of practice standards that appropriately reflect the scope of hepatology nursing is essential in defining it as a specialty area.

The ability to assess competence, using practice standards, is essential in both the establishment and maintenance of the specialty of Hepatology Nursing and defining its scope of practice.

GUIDE TO USING THE AHA PRACTICE STANDARDS

The AHA Practice Standards may be used to assess competence of a Hepatology Nurse by a peer, senior colleague or manager, or to facilitate self-assessment. There was agreement amongst the AHA Membership that the inclusion of ‘mandatory’ practice standards was unhelpful, as it implied a disparity in the importance in each practice standard. Instead, Hepatology Nurses should be working towards being competent in each practice standard and therefore, the options for assessment include ‘competent’ or ‘not competent’. Within the context of this tool, ‘not competent’ encompasses the progress towards competence and includes ‘becoming competent’ or ‘working towards competence’.

The use of the option ‘Not applicable’ in the assessment of the practice standards is a deliberate action to highlight the fact that not all performance criteria will be relevant to every hepatology nursing role and that competence may be achieved without fulfilling every criterion.
Individual practice standards contextualising each domain are included, to facilitate the assessment of the overall domain. Hepatology nurses are encouraged to refer to the AHA Consensus-based Nursing Guidelines for examples of specific nursing activities, values, collaborations and interactions relevant to their role, particularly to assist an assessor unfamiliar with the intricacies of the nurse’s role, to appropriately measure their competence against each practice standard. A ‘Comments’ box has been included, to assist with this process. The ‘Comments’ box may also be used by the assessor to document feedback or by the nurse to record progress during self-assessment.

Consistent with the original AHA Competency Standards and the AHA Consensus-based Nursing Guidelines, the AHA Practice Standards incorporate five domains:

▲ Provision and management of nursing care for people with or affected by liver disease.
▲ Interdisciplinary coordination and care.
▲ Non-discriminatory practice.
▲ Professional self-care and development.
▲ Clinical and community leadership.

The AHA Practice Standards are designed to be used by Hepatology Nurses throughout their career to assess competence and continuing competency. The document may also be useful in assisting colleagues working in other clinical settings, community-based organisations, professionals associations and government to understand the breadth of the Hepatology Nursing role.

The ability for a nurse to consistently provide care to the levels outlined in the AHA Practice Standards will be governed by a range of factors. The organisational context influences the capacity and scope of nursing care and the culture of the workplace impacts on the ability of the nurse’s role to expand and evolve. An environment that fosters professional development and skill expansion will facilitate a more active evaluation of nursing care against the AHA Practice Standards.

Areas where hepatology nursing care is delivered are many and varied, therefore documents that guide nursing practice should always be considered from the perspective of the individual workplace setting and culture. Therefore, when assessing competence against the AHA Practice Standards, the expectations of an individual Hepatology Nurse’s practice should be interpreted through an understanding of the context and culture of the individual’s workplace.
### Domain 1
Provision and management of nursing care for people with, or affected by liver disease

#### 1.1 Provided comprehensive, evidence-based clinical care for the patient with liver disease.
- Demonstrated comprehensive and advanced knowledge of the anatomy and pathophysiology of the liver, the progression of liver disease and the management and treatment of liver disease caused by specific (limited) or various aetiologies.
- Ability to perform and document a comprehensive physical, psychosocial, clinical assessment of the patient with liver disease.
- Demonstrated ability to evaluate findings from a comprehensive assessment.
- Demonstrated adaptive and autonomous clinical practice.
- Demonstrated capacity to understand the social, cultural, political, economic and language complexities that affect the health care experience of the patient from culturally and linguistically diverse communities, Aboriginal and Torres Strait Islander communities and Maori communities.
- Ability to provide ongoing monitoring/surveillance-related care for the patient with liver disease.
- Ability to provide treatment-related care for a patient with liver disease.
- Embedded hepatology practice in an evidence-based approach.

#### 1.2 Provided specialised information and education at an advanced level from a nursing perspective, to suit the individual’s level of health literacy.
- Assessed the patient’s and significant others/carer(s) knowledge of liver disease.
- Demonstrated ability to identify and provide relevant patient-centred information and resources.

#### 1.3 Included the patient with liver disease in the development of their management and treatment plan.
- Actively encouraged the involvement of patients in clinical planning and decision-making.
- Respected and supported the patient’s management and treatment choices.
- Assisted the patient and their significant other(s) to negotiate the healthcare system.
## DOMAIN 2
Interdisciplinary coordination and care for patients with liver disease

### 2.1 Participated in and contributed to interdisciplinary (or multidisciplinary) clinical decision-making.
- Implemented an evidence-based nursing perspective to interdisciplinary clinical decision making.
- Contributed a nursing perspective to interdisciplinary care discussions.
- Demonstrated ability to advocate for the patient during interdisciplinary clinical decision-making.

### 2.2 Facilitated the care coordination for the patient with liver disease
- Identified and demonstrated a comprehensive understanding of the role and responsibilities of members of the multidisciplinary team to facilitate appropriate and timely referral for people with or affected by liver disease.
- Used advanced communication strategies to cultivate productive clinical partnerships with members of the interdisciplinary team.
- Demonstrated advanced knowledge and skills in negotiating a coordinated approach to interdisciplinary care.
- Developed referral pathways and the capacity to utilise referral pathways relevant to the patient.
### Domain 3: Non-discriminatory Practice

#### Comments

<table>
<thead>
<tr>
<th>3.1 Advocated for non-discriminatory behaviour toward patients with liver disease.</th>
<th>Competent</th>
<th>Not Competent</th>
<th>Not Applicable</th>
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</thead>
<tbody>
<tr>
<td>Actively reflected, considered and challenged own professional attitudes toward drug use (including illicit drug use), sexual orientation and cultural beliefs to ensure behaviour is non-discriminatory.</td>
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<td>Sought peer support, mentoring or professional supervision if own belief system is challenged and/or threatened by an individual's choices and/or behaviour.</td>
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<tr>
<td>Provided peer support, clinical leadership and/or mentoring for nurses and health professionals with regard to caring for people with, or affected by, liver disease.</td>
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<tr>
<td>Capacity to respectfully address health professionals' attitudes toward drug and alcohol use, sexual orientation and cultural beliefs.</td>
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<tr>
<th>3.2 Acted to protect and promote the rights of individuals and groups, especially priority populations.</th>
<th>Competent</th>
<th>Not Competent</th>
<th>Not Applicable</th>
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</thead>
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<tr>
<td>Advocated for the patient's equity of access to health care regardless of the aetiology of their disease, lifestyle choices and/or cultural background.</td>
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<td>Demonstrated awareness of human rights and anti-discrimination laws and provided information about the laws to patients and health professionals in order to discourage discriminatory behaviour.</td>
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<tr>
<td>Demonstrated understanding of the health care rights and responsibilities of patients.</td>
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<tr>
<td>Demonstrated adherence to relevant medico-legal obligations regarding confidentiality, including documentation.</td>
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### Domain 4: Professional self-care and development

#### 4.1 Practiced within the scope of professional and organisational role.
- Practiced within the legislation pertinent to the individual state and territory Nursing and Midwifery Regulatory Authorities of Australia and New Zealand.
- Recognised own professional scope of practice and made appropriate referrals when necessary.
- Acted as a role model by consistently practicing according to the law, professional standards, jurisdictional legislation and organisational polices.

#### 4.2 Actively participated in professional development activities to improve the provision of clinical care.
- Demonstrated willingness and motivation to participate in education programs and on-going professional development activities in hepatology and nursing.
- Participated in self-directed professional development activities.
- Demonstrated awareness of relevant clinical, nursing, medical and social research developments.
- Translated relevant research findings into clinical practice.
- Demonstrated willingness to be involved in hepatology-related research activities.

#### 4.3 Actively reflected on professional performance and competence.
- Reviewed own performance using reflective practice principles.
- Used the *AHA Practice Standards* and *AHA Consensus-based Nursing Guidelines* to guide clinical practice.
- Sought the guidance and support of mentors to review clinical performance.
- Actively participated in performance review processes.
- Acted on the feedback received from colleagues and people with or affected by liver disease to continuously improve service provision.
DOMAIN 4 cont.
Professional self-care and development

4.4 Initiated, and participated in, quality improvement activities to monitor and improve the standard of care provided to the patient with liver disease.

- Critically appraised and integrates research findings into clinical practice.
- Initiated the evaluation of clinical partnerships, referral pathways, and patient outcomes to inform and improve the clinical care provided to the patient with liver disease.
- Developed a plan for quality improvement and integrated it into existing quality improvement models and frameworks utilised by the wider organisation or service.
- Considered consumer consultation in the development and implementation of quality improvement activities.

DOMAIN 5
Clinical and community leadership

5.1 Contributed to, and promoted, the development of the hepatology nursing role

- Contributed to the development of relevant policies and procedures to guide hepatology nursing practice.
- Maintained involvement with a professional nursing body and participated in policy and advocacy work.
- Promoted the role and responsibilities of the hepatology nurse within own health service, and at a local, national and international level.
- Documented, and maintained currency of relevant paperwork including procedures and position descriptions to ensure the sustainability of the nursing position.
<table>
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<th>Comments</th>
<th>Competent</th>
<th>Not Competent</th>
<th>Not Applicable</th>
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<tbody>
<tr>
<td>5.2 Provided expert advice and guidance on liver disease</td>
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<tr>
<td>• Provided expert advice and education for members of the interdisciplinary team and the wider health service about liver disease and its associated impact.</td>
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<tr>
<td>• Advised government agencies and non-government organisations about liver-related policy development and the impact of liver disease.</td>
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<tr>
<td>• Led, or participated in, clinical discussions with the multidisciplinary team about caring for people with, or affected by, liver disease.</td>
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<tr>
<td>5.3 Provided mentoring and support to nurses caring for people with liver disease</td>
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<tr>
<td>• Mentored and supported nurses new to the field of hepatology.</td>
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<tr>
<td>• Collaborated with colleagues to monitor and evaluate mentoring activities for new nurses.</td>
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<tr>
<td>• Mentored and supported other nurses and members of the multidisciplinary team with regard to caring for people with or affected by liver disease.</td>
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<tr>
<td>5.4 Participated in and/or leads research activities.</td>
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<tr>
<td>• Initiated research activities that strengthen the evidence-base of hepatology nursing.</td>
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<tr>
<td>• Contributed to research activities through interdisciplinary collaboration.</td>
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<tr>
<td>• Demonstrated an ability to critically appraise research findings.</td>
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<tr>
<td>• Disseminated information about research and other developments in liver disease to nursing colleagues and members of the multidisciplinary team and relevant stakeholders (e.g. community-based organisations, funding bodies and others in the sector).</td>
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<tr>
<td>• Contributed to evidenced-based nursing practice by publishing in peer-reviewed journals.</td>
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REFERENCES


