We make the road by walking
Nurse Practitioner
Models of Care

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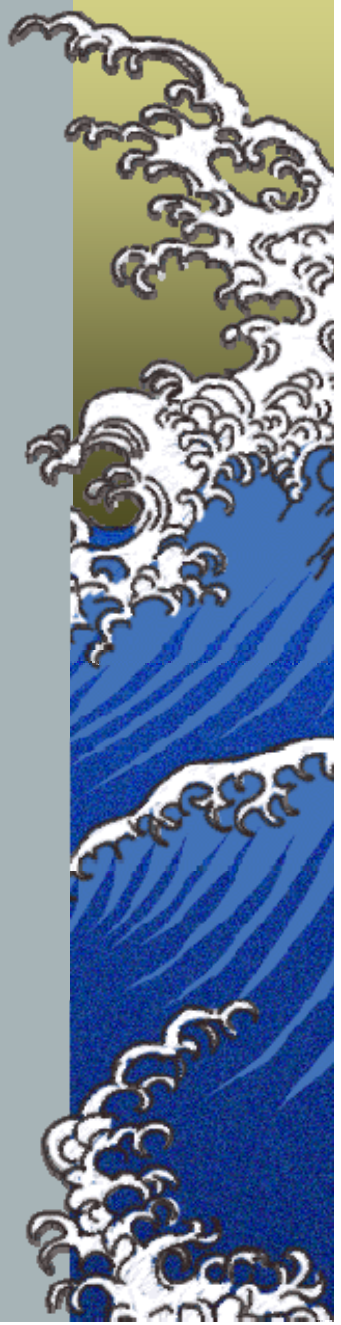
Defining nursing…

- *The unique function of the nurse is to assist the individual, sick or well, in the performance of those activities leading to health or its recovery, or to a peaceful death. And to do this in such a way as to enable him (sic) to gain his independence as rapidly as possible*
- *…In addition, she (sic) assists the patient to carry out the physician's therapeutic plan.*
  - *Henderson V (1960)*

Patient –focussed care

- *What does the patient need?*
- *Who is available to deliver those needs?*
- *Are they appropriately skilled and educated?*
- *Will they be supported in their work?*
- *Are there available resources to enable them to give the quality of care required?*



Template for development of patient -centred models of car

SKILLS

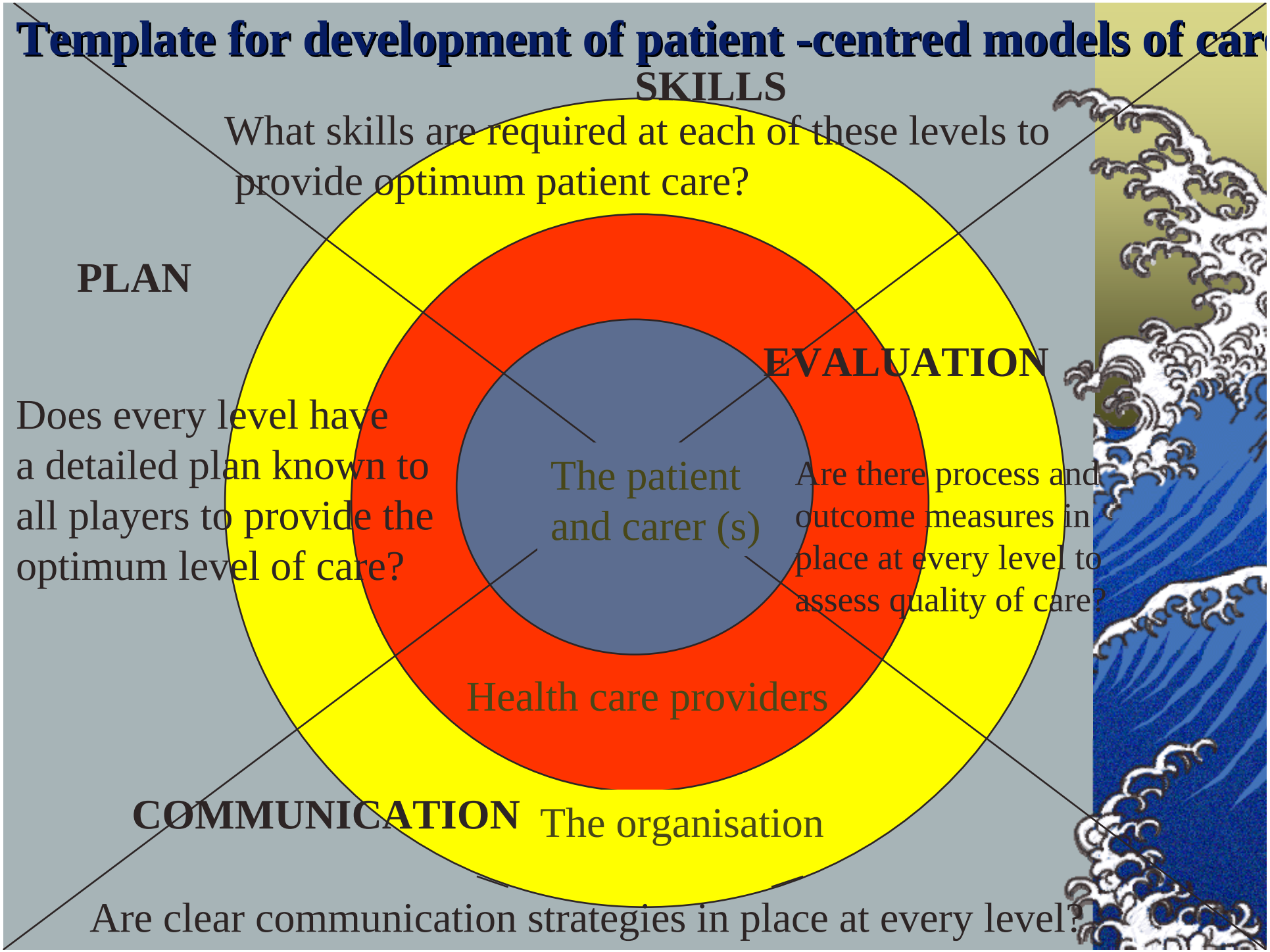
What skills are required at each of these levels to provide optimum patient care?

PLAN

Does every level have a detailed plan known to all players to provide the optimum level of care?

EVALUATION

Are there process and outcome measures in place at every level to assess quality of care?



COMMUNICATION

Are clear communication strategies in place at every level?

The transmission of tasks

- *Temperature taking*
- *Blood pressure measurements*
- *12 lead ECGs*
- *IV cannulation*
- *Peritoneal dialysis*
- *Ordering of pathology and radiology (by post-hoc authorisation)*
- *Standing orders for medications*
- *NP authorisation*

Why are clinical career paths important for nurses?

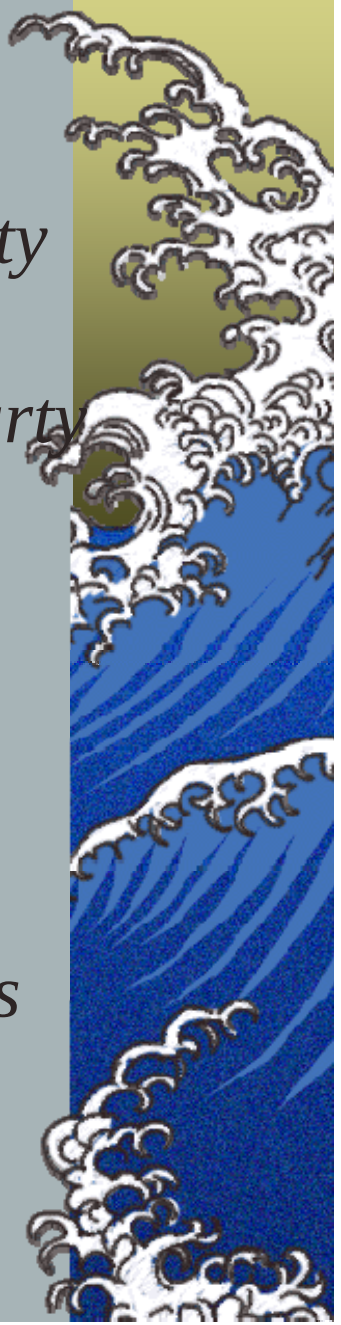
- *We can only imagine what it has done to the psyche of our profession only to be financially rewarded for* not *practising clinical nursing.*

The history of clinical career paths for nurses in NSW

- *Before 1986– the only career options open for nurses were in management or education*
- *1986 - Total movement of nurse education into the universities*
- *1986 – introduction of Clinical Nurse Specialists and Clinical Nurse Consultants into NSW Public Hospital Nurses Award*
- *1988 – first discussions with Minister re Nurse Practitioners*

History of clinical career paths (cont)

- *1991 – publication of NP Discussion Paper*
- *1992 - Publication of Stage Two Working Party Report*
- *1995 – Publication of Stage Three Working Party Report*
- *1998 – Publication of NP Framework*
- *1998 – NP Amendment Act passed*
- *2000 – First NP authorised*
- *2001 – first NP appointed*
- *2003 – Roll-out of NPs into Metropolitan areas*



The history of the NP development in Australia

Driscoll et al (2005)

- *1999 Victoria Phase 1 NP project: 11 NPs funded, also SA funded 1st NP project*
- *2000 Vic Amendment to Nurses Act (1993) incorporating NPs*
- *2001 Victoria Phase 2 NP project: 18 NP models funded, ACT funded 4 NP models*
- *2002 SA Nurses Act (1999) amended, 1st NP appointed in SA*

The history of the NP development in Australia

continued from Driscoll et al (2005)

- *2002 Final report of Tas Nurse Workforce Planning Project endorsed*
- *2003 Vic Phase 3 NP project: 4 NP models funded, Qld implemented 4 NP projects, WA legislation amended. Phase 2 opened up NP practice to all areas in WA, Tas NP Scoping project commenced*
- *2004 Ist 3 NPs endorsed in Victoria –in wound care, ICU liaison & youth health*

The history of the NP development in Australia

continued from Driscoll et al (2005)

- *2005 ED NP Project commended in Victoria*
- *ACT launched NP Framework*
- *NSW launched new policy for guideline development*
- *14 demonstration sites introduced in Qld*
- *Ist Australian Nurse Practitioners Association Conference to be held in November 2005*

Numbers of NPs in NSW (September 2005)

- *66 authorised NPs in positions*
- *Public sector 39 metro, 20 rural*

19 nurses in transitional NP positions

- *(4 ED, 4 MH, 1 each mids, court liaison, cardiology, diabetes, paeds, neonatal, haematology, ED, dementia, post-op breast care, midwifery, wound mx*

Range of practice for authorised NPs

- *ED* 12
- *Renal* 3
- *Remote* 2
- *MH/Psych liaison* 9
- *Women's Health* 2
  - *Midwifery* 2
- *General/Community/Primary Health Care* 4
- *Sexual health* 1
- *Genetics* 1
- *Pain* 1
- *Neuro* 3
- *Paeds/neonatal* 7
- *Diabetes* 4
- *D&A* 3
- *Cardiac* 3
- *Wound mx* 1
- *Palliative care* 1

Support from Medical practitioners

- *Having spent a considerable amount of my career in the United States, I had the opportunity see first hand the constructive role Nurse Practitioners can play in delivering health services either in isolation or in partnership with medical colleagues….There is an abundance of evidence supporting the appropriateness of your initiative and I, for one, am always glad to see more opportunities for our nurses to diversify their career paths."*
- *Professor John Dwyer, Chairman Division of Medicine, Prince Henry/Prince of Wales Hospitals*

- *The Medical Staff of the Emergency Department at The Children's Hospital at Westmead applaud the concept of the nurse practitioner. We regard the nurse practitioner as a skilled and valued colleague, whose role enhances our work and adds to the quality of patient care we provide.“*
- *Staff of the Children's Hospital at Westmead Emergency Department*

- *"The opportunity for these Nurse Practitioners to work in close collaboration with their medical colleagues can only improve our provision of health care services for NSW, especially for those patients with chronic and complex disease." Professor Ron Penny, St. Vincent's Hospital*
- *"I support this initiative as it will enhance patient care services in the Emergency Departments as well as other speciality areas and I look forward to working in collaboration with these nurses." Dr. Tony Burrell, Intensive Care, Nepean Hospital*

Evidence for NP roles

(from Miller et al, 2005)

- *Mundinger et al (2000) RCT conducted from 1995-1997 – no significant difference in acuity or pathology between patients randomised to NPs or MDs. Patient outcomes comparable between 2 groups*
- *NPs and female paediatricians scored more highly on empathy scales than did other medical counterparts (Hojat et al, 2003)*
- *Patients expressed more satisfaction with NP care than MD care (Kinnersley et al, 2000; Knudtson, 2000; Sarkissian & Wennberg, 1999; Venning et al, 2000)*

The need in the NP debate to differentiate between truth and power

- *'Power at its peak becomes so quiet and obvious in its place of seized truth that it becomes, simply, truth rather than power'*

- *Matsuda (1990)*

Differentiating truth from power – the work of the Canadian Foundation for Health Services Research

- *Mythbusters series 2003*
- *Myth:* seeing a nurse practitioner instead of a doctor is second-class care
- *Reality:*
- *Research has been showing the benefits of NPs since the 1970s*
- *NPs can and do work well in a range of situations*
- *Patients cared for by NPs do as well as those cared for by physicians in a wide range of treatment areas*

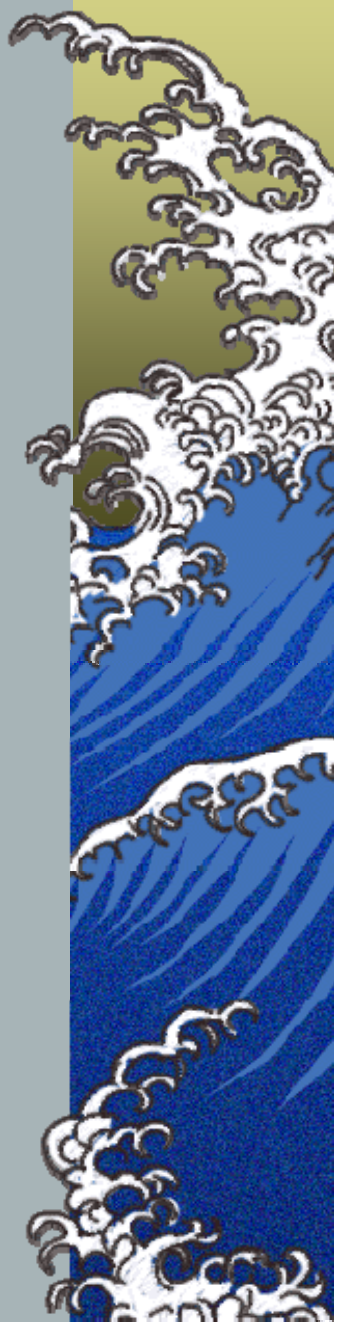
The myth of meritocracy

Merit is defined by [people in power] to reward what [people in power] become. Merit, as we know it, explicitly values particular experiences and abilities - the ones developed by [people in power] - and therefore implicitly devalues others …[M]eritocracy calls those who conform to these standards 'equal'. Those who are different, it calls 'unqualified'

Murray, D. (1996)

Clinical careers for the future

- *Clinical Professorial Units*
- *Clinical Professor – highly experienced nurse clinician with PhD or Professional Doctorate*
- *Establish professorial units to provide clinical research and practice development*
- *Develop strong evidence base for best clinical practice*
- *Provide research opportunities for nurses*



Forging links with the tertiary sector

- *Implement clinical practice development units*
- *Provide for rotations of staff between universities and clinical facilities*
- *Encourage nurses to undertake clinical research degrees (Honours, Masters, PhD, Professional Doctorates)*

Success stories

- *Hill End/Sofala NP annual review*
  - *Generalist Community NP - 86% of presentations within guidelines treated by NP, 14% required referral to GP*
  - *High satisfaction rate amongst local community*
  - *"Very comforting to have a NP in small isolated communities such as Hill End"*

Success stories (cont)

- *Nundle Shire NP annual review*
  - *Occasions of service from 23 September 2002 till 23 September 2003 =1448*
  - "By being able to access a Nurse Practitioner, I was able to have immediate treatment for my health problem instead of having to travel 120kms to access a GP"
  - "Being able to access a Nurse Practitioner while I was working meant that I didn't have to take time off work"

    "The Nurse Practitioner provided relief from my pain, the prompt and efficient service was greatly appreciated"

What do we still need to do?

- *PBS prescriber numbers for NPs working in areas where there is no access to a public pharmacy in order to ensure equity of access*
- *Ensure NPs are integrated into the clinical teams and play a strong mentoring and teaching role to junior staff (Dewing & Reid, 2003)*
- *Develop greater collegial generosity within health*

Work ethos and corresponding practice zones of behaviour

Ethos

of collective

non-responsibility

Practice zone of abrogation

Ethos of collegial

generosity

Practice zone of

mutual trust and

Collaboration

Ethos of

Individual accountability

Practice

zone of isolation

or alienation

The naming of nurses (With apologies to TS Eliot and Old Possum)

The naming of nurses is no simple matter.
It isn't just one of your holiday games.
You may think that I am as mad as a hatter
When I tell you, a nurse has thirteen different names.
First of all, there are names that our public use daily –
Such as "Angel" or "Darling' or "Sissy" or "Nurse".
But the names that are never applied quite so gaily
Are "thereafter", "RN", or "FTE" – or worse.

You'd imagine this list was the whole allocation

But still there are senior names to beguile.

The hugely –be-bosomed, be-veiled form of Matron

Is now known as DON – more a Mafia style?

But if missing the days when we stood to attention,

Those halcyon days when we still knew our place.

The British solution to beat poor retention

Is to bring back the Matron – restore her to grace!

Nomenclature sometimes can cause consternation,

And names become icons for hidden pursuits.

For those who regard it with a-bomination

Nurse “practishner” equates with “too big for their boots”!

Yet not every moniker elevates hackles

You may call us ‘case manager’ or ‘practice nurse’

But ‘practishner’ implies ‘liberation from shackles’

Independence, autonomy or even worse!

On encountering a nurse sitting quiet at their station

The reason I tell you is not what they claim.

Their mind is engrossed in profound contemplation

Of the thought, of the thought, of the thought of their name.

Their mootable, suitable

Often refutable

Deep and inscrutable singular name.

Mary Chiarella

- *Thank you*
- *Any questions?*