

SO YOU WANT TO BECOME A NURSE PRACTITIONER AND/OR NEED THIS ROLE IN YOUR ORGANISATION - A PRACTICAL APPROACH

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OUTLINE

NP competency- nursing council proposed changes

Workforce issues and development

Group work

- Opportunities for service development
- Current models of service delivery
- Traditional roles
- Hospice and hospital perspective

Practicalities- academic pathways

A recent experience from a NP candidate

- "There is considerable un-utilized potential in nursing which is especially applicable to the needs of patients receiving palliative care whether in a hospice or at home".
- "Nurse Practitioners could expand palliative care services by leading clinical teams, working across hospice and community boundaries and delivering expert clinical care to patients".

(J. Carryer, Hospice NZ breakfast session, 2015)

CRITERIA	CLINICAL NURSE SPECIALIST (Registered Nurse scope)	NURSE PRACTITIONER (Nurse Practitioner scope)
FOCUS	Specific skills/intervention and/or disease type/health problem management. Specialised areas of practice, within RN scope.	(Often) broader (NP) scope of practice related to population and specialty. May care manage population / patient group.
NURSING ROLE	Extended aspects / expanded / advanced practice role.	Extended, expanded and advanced practice role (i.e. Patient's needs assessment, diagnosis and treatment which may include pharmacotherapy).
RESOURCE FOR	Skill or specialty care / patients/ family.	Patient/ family, community health professionals. Consultant for organisations. Local and national.
RESULT	Output – outcome focussed Health promotion	Outcome focussed Health promotion
CONTEXT	Independent within a specialty team may extend across services.	Autonomous role in specialty domain, often across services (primary, secondary, tertiary and community). May run nurse-led clinic, often ambulatory. Strong and progressive leadership role.
PRACTICE SCOPE	Specialist care that may include delegated medical responsibilities, diagnostics and implementation of treatment protocols/orders.	Comprehensive management of patients utilising specialist expertise. Utilises advanced assessment, diagnostic and treatment skills which may include pharmacotherapy.

Addressing workforce issues

- To develop different models of service delivery requires increasing numbers of nurses to understand and become involved in the drafting and development of health policy, particularly policy influencing community health practice

(Judd & Keleher, 2013; Martin et al., 2013).

NZ study

Nurse practitioners' diagnostic reasoning abilities compared favourably to those of doctors in terms of diagnoses made, problems identified and action plans proposed from a complex case scenario.

In times of global economic restraints this adds further support to alternative models of care.

(Pirrett, Neville and La Grow, 2014)

The Nursing Council's Competencies for the nurse practitioner

Qualifications

- (a) Registration with the Nursing Council of New Zealand in the Registered Nurse Scope of practice; and
- (b) A minimum of four years of experience in a specific area of practice; and
- (c) The completion of an approved clinical Master's degree programme which includes demonstration of the competencies, for advanced practice and prescribing applied within a defined area of practice of the nurse practitioner. The programme must include relevant theory and concurrent practice; or
- (d) The completion of an equivalent overseas clinically focused Master's degree qualification which meets the requirement specified in c) above; and
- (e) Passing an assessment against the nurse practitioner competencies by an approved panel.

There are four domains of competence for the nurse practitioner scope of practice.

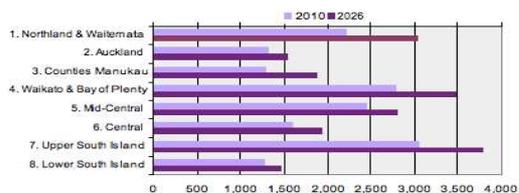
- Domain one: professional responsibility and leadership
- Domain two: management of nursing care
- Domain three: interpersonal and interprofessional care and quality improvement
- Domain four: prescribing practice

There are major gaps in palliative care service provision

- There is an increasing demand for palliative care services
- There is a lack of 24 hour palliative care in the home that results in unnecessary hospital admissions
- There are increasing referrals and increasing demand for hospital palliative care services due to an under-resourced community palliative care service

- Apart from a few places in New Zealand (e.g. MidCentral DHB), palliative care provided by primary care professionals is not funded (over their core funding) and therefore not consistently available or accessible
- There are major gaps in bereavement support
- There are different models of palliative care
- There is limited regional governance of palliative care services (Palliative Care Workforce review- Ministry of Health)

Projected Palliative Care Patients by Region 2010-2026



Expanding opportunities

NURSE PRACTITIONER – PALLIATIVE CARE

Lead, inspire, make the difference

All Nelson Tasman Hospice sees in the world is changing around us and we want to be ahead of the game. The need to be a palliative leader in palliative care across our district and our region is a key part of our vision, and the requirement of a Nurse Practitioner role is a critical one.

We've got a team of skilled and multi-disciplinary staff that are skilled, motivated and dedicated to optimum patient care. The addition of the nurse practitioner further enhances our health to be able to offer more quality care, and provides a multitude of additional services to complement our existing staff base.

We understand that the dedication of time and effort needed to become a Nurse Practitioner is significant, and if you're not quite there yet (e.g. to your final year) we will do our best to help you and will provide whatever support is necessary in order for you to complete the final steps towards becoming a Nurse Practitioner.

It would be easy to carry on about all that the Nelson Tasman region has to offer – and you'd be right. Things like the beautiful region, the lifestyle, the scenery, the food, the people, and the people who are here. However, we understand that there is more to this picture – being central to your education, you're going to want to make your choice and make your mark.

This is your opportunity to excel and succeed – and we're a big enough region to offer challenges that will help you to make the most of it. This is your chance to shine.

If you'd like to know more we'd love to hear from you.

Email: vacancies@nelsontasman.org.nz Call: 060 3010 Mail: PO Box 285, Nelson 7040

Nelson Tasman Hospice
www.nelsontasman.org.nz

Title: Waitemata DHB and Residential Aged Care Integration Project

- Provide Gerontology Nurse Specialist (GNS) outreach to residential aged care to increase integration and coordination of across services and to increase access to the WDHB older adults specialist services.
- Develop protocols and guidelines for common geriatric issues that may contribute to health and functional decline for those in residential aged care.
- Provide targeted gerontology education and clinical coaching for residential aged care nurses and caregivers by advanced gerontology nurses employed by WDHB.
- Provide targeted specialist wound care intervention and coaching aimed at preventing complications of chronic wounds.

Box 1: The role of the clinical nurse specialist in palliative care in the future:

- Creating mature partnerships with community nurses that support the inevitable blurring of roles and task allocation
- Delivering highly skilled palliative care for all who could benefit from it regardless of diagnosis
- Providing care such as venipuncture, in addition to advice and support.
- Delivering advanced nursing skills such as prescribing and clinical assessment
- Developing new skills in patients, families and family carers including health literacy
- Developing more sophisticated partnerships with patients and families as a basis for sharing risks around treatments
- Providing expert care and advice around the clock and seven days a week
- Providing training for professionals within and beyond the hospice team
- Establishing close complementary working relationships with medical and nursing consultants within the hospice team
- Engaging in audit and research, particularly related to outcomes and effectiveness
- Engaging with local health and social care leaders to identify gaps in provision and solutions for their improvement.

Thinking points

- How confident are you that the leaders of the future are being developed in your teams currently?
- How flexible is your workforce in response to new needs and preferences?
- What can a NP offer?
- Is a NP in alignment with your DHB/organization strategies and policies
- What is the clinical benefit?
- What are the consequences of not proceeding/affect on other services?

Group work

Identify unmet palliative care need in your work place
Describe how an advanced practice role could improve the delivery of palliative care

Consider:

- settings: residential aged care, hospital, community, hospice
- diagnosis: cancer and non cancer
- cultural diversity: ethnic groups
- health care needs: physical, psychosocial, emotional and spiritual
- workforce- traditional roles, current models of service delivery
- opportunities for service development

Nurse Practitioner



What my friends think I do.



What my mom thinks I do.



What my patients think I do.



What doctors think I do.



What I think I do.



What I actually do.

Academic pathways

- Advanced assessment and Biological Science papers first and NZNC accredited pharmacology paper
- HWNZ Pilot Project
 - 4 years minimum clinical experience
 - Already completed PG Diploma (B average)
 - Last year of Masters programme
 - Prescribing practicum with 500 supervised hours
 - Funded back fill for clinical release time
 - Employer support

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