



DEVELOPMENT OF A NURSE PRACTITIONER ROLE

Home and Older Adult Services
AT&R
Waitakere Hospital

Nov 2007 - May 2009





Background

- AT&R faced a significant and worsening house officer shortage in 2008.
- Goal
 - to potentially create a more robust and flexible staffing arrangement
 - provide an opportunity for experienced nurses to practice at the highest clinical level





Nurse Practitioner Intern Role

- Intern position - training towards obtaining NP registration (with prescribing) with the nursing council
- Specifications - clinical masters degree, at least 5 years experience of high level gerontology expertise.





The NP role

- Carry own case load within the medical team.
- Autonomous admission, care planning, monitoring / evaluation and discharge.
- Complete a full physical, functional and psychosocial assessment.
- Order and interpret laboratory / imaging studies.





Evaluation Project of NP role

- March 2009
- Identify the factors that have helped & hindered the programme to date





Methodology

19 semi-structured interviews with

- NPI
- pilot NPI
- multidisciplinary team
- managers
- patients
- families





Limitations

- Small scale study
- Not all members of MDT interviewed
- Limited patient / family data collection
- Qualitative data
- Challenges providing quantitative data
 - “Hidden work” of the NPI





Challenges

Traditional boundaries / professional duties

- Traditional roles
 - Signing and accepting electronic discharge summaries
 - Ordering of some tests / imaging
 - Accepting laboratory results
- Communicating with doctors, other specialties
- Nurses challenged by one of their own stepping outside of traditional roles.
- What happens when there are enough doctors?





Challenges

Ambiguity/uncertainty about boundaries/ roles

- Challenges with each medical / allied health / nursing rotation
- With time - understood within unit

“we thought it would be a 1:1 substitution but we’ve realized its not”

- Not understood externally
- Not understood by families / older people

“ I thought it was good that she was taking the time to talk to him and give him his medicine. I just thought she was a very nice doctor”





Challenges

Managing emergencies

Safety

- With prescribing
- Recognition - no different than any other team member

“it comes down to a judgment decision. Is this person going to be safe when my back is turned? Yes or no?”

“keenness to over monitor” by some departments





Challenges

Time

- *“Its taken far longer than any of us would have envisaged”*
- Service delivery vs role development

Perception as resource intensive

- Unclear if it is cost effective





“Pushing those boundaries is quite interesting. It takes quite a lot of effort to get over those hurdles each time. But once we have done it once it makes it makes it easier to do again – we got there – we’re getting there”





Benefits

Kept beds open

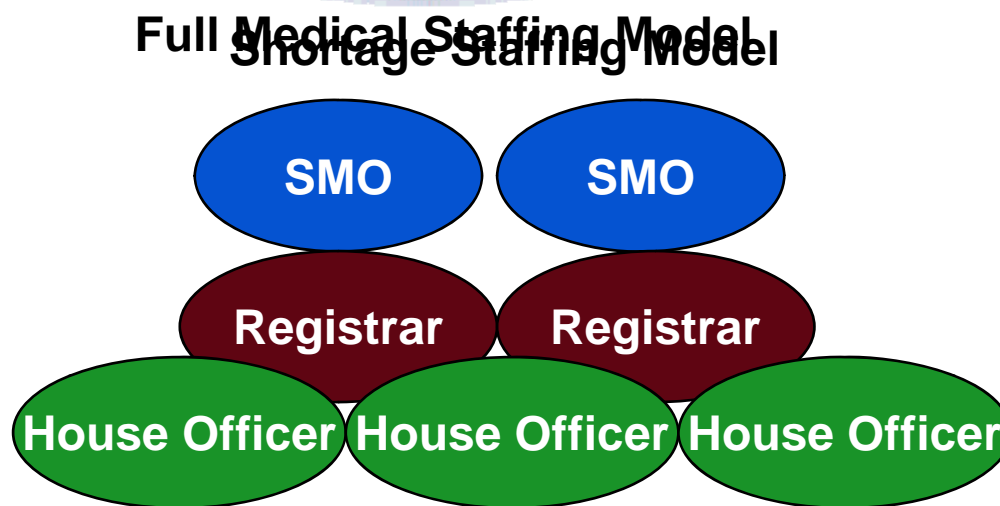
“10 beds would have been closed for 6-9 months” (CNM)

“It did appear to buffer the team against medical staff fluctuation – it looks to me like we have managed the workload more evenly” (GM)





Junior Doctor Shortage 2008



43 Patients on west ATR ward

- Normal Staffing: 3 house officers, 2 registrars, 2 full time SMO, 1 part time SMO
- During Shortage: 1 house office, 1 registrar, Part time locum HO and NPi
- SMO, Registrar and NP intern carried 15 patients
 - Allowed the ward to keep running without closing beds





Benefits

Complementary learning

- between medicine and nursing
“part of this model has been about doctors learning to be nurses and visa versa”
- *“crossing bridges”* between different professional disciplines
- continuity between medical / allied health rotations





Benefits

Knowledge / experience

- Specialist gerontology knowledge
- Experience and new knowledge to the ward
- Role model for patient centered care
- Resource for nursing staff





Benefits

Holistic approach

“Not just focused on the person but the bigger areas, who is going to be caring for that person, whose else is going to be affected”

- Social impact of the person’s condition
- Seeing things from a practical perspective





Benefits

Complex care needs

- those with chronic health problems, added dimensions of depression, complex family dynamics, palliative care needs
- synthesis of advanced nursing and medical knowledge enhances patient care
- *“Mum’s been in hospital a number of times. We’ve sort of been made to feel well she’s had a good life and this is her lot, whereas the NPI always seemed to be that you might have had a good life but lets see what better quality we can still get out of it”*





Benefits

Communication

- *“Complex information in everyday language”*
- *“you knew that the doctors knew what they were doing but you didn’t know what they were doing but if you asked (the NPI), you knew to” (Family)*
- Feel equipped to bring bad news to patient and family although as a society often assumed this is the domain of doctors





Getting started

- Responding to a crisis helped get everyone on board.
- Began small with vision from GM, supportive geriatricians.

“People in the service have to have a vision and a desire for something to be different in that setting and in that service, and be willing to drop some things and create space ... it can be a bit tense, a bit fraught, even with people who are really open to this new thing.”





Getting started

“The importance of the right supervision and support cannot be underestimated. The NPI currently has a multilayered mixture of formal and informal support available provided by a mentor, the NP champion, the service manager, peers, members of the multidisciplinary team”





The final word

“The role was an indication from the health board that they were investing, ... making a real investment in older people”

