Nurse Practitioner Led Services in Primary Health Care – Two Case Studies

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Nurse Practitioners in Australia

• NP role in Australia established for 15 yrs
• The numbers of NPs are small
• Published research is predominantly focused on key events in the development of the role
• Absent from the literature is a detailed description of how these roles have been implemented and what impact they are having particularly in primary health care settings
How Many Nurse Practitioners?

Dec 2012
(Nursing and Midwifery Board of Australia - AHPRA)

Dec 2014

• NP 1,165
• RNs 259, 454
What is a Nurse Practitioner?

NPs are **educated** and **endorsed** to function in an **advanced** and **extended** clinical role

- Refer patients to other health care professionals
- Prescribe medications
- Order diagnostic investigations

(Australian Nursing and Midwifery Council 2006).
The Role of the Nurse Practitioner in a Rural Primary Health Care Setting

- My knowledge and experience of NPs
- What do I want to know?
- It's more than just hearing from the NPs themselves
- Insider’s view of what is actually happening now 10 yrs on
- Hear from key stakeholders who work with the NPs, manages who were instrumental in implementing the roles
The Role of the Nurse Practitioner in a Rural Primary Health Care Setting

• How and why these roles were created?
• What impact they are having from a stakeholder perspective
• Describe the roles in detail – this is what is missing from the literature
Methods

• 2 NPs only from 2 different settings
• Case Study Methodology
  – Semi structured Interviews
  – Documentary Evidence
  – Observation
  – Quantitative Evidence
• Thematic Analysis (Braun and Clarke 2008)
Semi-Structured Interviews

31 interviews

• Allowed participants to express their views in their own terms
• To elicit participants opinions and experiences of the NP
• List of questions to help guide the interview to set out key topics
Documentary Evidence

• Partnership Agreement
• Annual Progress Reports
• Policies and procedures or guidelines
• Briefing and discussion papers
• Minutes of local and state wide meetings
Observation

• Direct observation – visiting the site and the small towns where the NPs worked

• Committee meetings at a local and state level

• Observation protocol adapted from Creswell, J. W. (2012)
Case Study 1 -

A Nurse Practitioner Led Mental Health Service in Rural Australia
Case Study 1 – NP Led MH Service

Established as a response to community and stakeholder concerns of:

- Violence and antisocial incidents
- Management of MH clients in crisis situations
- Supporting clients with dual diagnoses (MH and D&A)
- Some reluctance of MH and D&A clients to access health services
- Wanting community services to work better together
- Some limitation and fragmentation of outreach health services
<table>
<thead>
<tr>
<th>Established in 2007</th>
<th>Based Around Senior Mental Health Nurse Practitioner</th>
<th>Located in a non-clinical community NGO setting</th>
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<tbody>
<tr>
<td>Proactive and preventative rather than purely reactive</td>
<td>Offers crisis management and ongoing support</td>
<td>Supports dual diagnosis MH and D&amp;A clients</td>
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<tr>
<td>Acceptance and Integration of NP in community</td>
<td>Pre and post hospital support</td>
<td>Partnerships with numerous health, social &amp; welfare agencies</td>
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Utilisation of NP Service Numbers and Source of Referrals to NP over 4.6 years

Self referral proportion “is a massive achievement when you are talking about MH or D&A cos both of them don’t present for anything”
Emergency Department Presentations

MH and Drug & Alcohol patients don't usually self-refer 28% or 32%
Benefits of this NP Service

Community engagement
Intersectoral partnerships
Continuity of Care, services less fragmented
Management of Dual Diagnosis clients
Community Location
Proactive & preventative role
Reduced Stigma in seeking help with MH issues
Case Study 2

NP Led Aged Care Service
<table>
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<tr>
<th>Established as part of the NSW Dementia Action Plan</th>
<th>Works across a number of small rural hospitals and community services</th>
<th>Also works with residential aged care facilities</th>
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<tr>
<td>Influential in decision making and policy development</td>
<td>Recognised as an expert and leader at a local, state and national level</td>
<td>Provides a regular outpatient clinic</td>
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<tr>
<td>Receives referrals from a number of clinicians and services including senior consultants</td>
<td>Provides formal mentoring and support to other clinicians</td>
<td>Provides clinical expertise across a range of services</td>
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How did the participants describe this NP?

- “phenomenal advocate for older people”
- “I see her as a peer; I learn more from her than she does of me”
- “my clinical supervisor”
- “plays a really important strategic role”
- “She provides high level clinical access to the small outreach hospitals”
- “most people don’t see her as a nurse, they see her as leader in her field which is great”
- “a very greatly sought after person”
- “She has a much broader audience than just nursing”
- “She is involved in a variety of state committees”
Sound Knowledge

• “has a role in educating patients, carers and their families as well as hospital staff including, doctors, nurses and medical and nursing students”

• “The NP is plugging a gap in rural services that would otherwise have very limited access to this specialist service.” (Geriatrician)
Integrity

• “She has a much broader audience than just nursing”
• “the NP is also recognised by other medical colleagues “
• “the level of service that is provided within the Local Health District is far better than any other hospitals”
• “Its just not well done in other places, or anywhere in the world”
• “The NP receives referrals from a wide variety of clinicians including senior consultants”
NPs in small rural towns can:

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<tr>
<th>Fill gaps in rural services</th>
<th>Provide better access to care for small rural communities</th>
<th>Provide other rural clinicians with support and motivation</th>
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<tbody>
<tr>
<td>Reduce fragmentation of services</td>
<td>Enhance community understanding of the NP role</td>
<td>Provide patient centered, holistic care</td>
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<tr>
<td>Engage patients and their families in health care</td>
<td>Use policy and advocacy to change how health care is provided</td>
<td>Provide clinical expertise across a range of services</td>
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### NPs in small rural towns can:

<table>
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<tr>
<th>Break down barriers between services</th>
<th>Provide a comprehensive specialised service</th>
<th>Provide education and support</th>
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<tr>
<td>Improve linkages amongst primary, specialty and acute care services</td>
<td>Provide an ongoing service</td>
<td>Influence policy and decision making at a local, state and national level</td>
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<td>Develop trust and rapport with communities, services and clients</td>
<td>Coordinate care for complex clients across multiple service providers</td>
<td>Influence the “systems” level of health care</td>
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What to consider before establishing a NP in your town

- Ensure a transparent model of funding is in place
- Adequate administration support and leave cover to prevent burnout of the NP
- Partnership Agreement and Steering committee to oversee the service
- Ensure all stakeholders and services are aware and involved in establishing the service
- Opportunities for regular meetings of services to discuss referral pathways and how the service works
- Community Engagement
What to consider before establishing a NP in your town

- Policy development which specifies the target areas and client groups of the service
- Clear guidelines on the referral processes and protocols
- Model of formal clinical supervision
- Clinical governance procedures
- Direct line management structures
- Strategies to support the NP to prevent burnt out
Conclusion

The NP in the primary health care setting can provide a collaborative and innovative model of care and improve the provision of services in small rural communities.
Recommendations

Health care planners need to be encouraged to recognise and actively consider the value of the NP in not only providing primary health care but taking the lead in integrating, adapting and delivering services.
Recommendations

Senior managers need to be aware of the potential for NPs to contribute within their health services, identify communities most in need, champion the idea of a NP and develop local systems that enable services to work together including the private sector and government and non-government organisations.
Recommendations

In establishing a NP led service, due consideration needs to be given to active policy development which specifies the target areas and client groups of the service, the referral processes and protocols, the model of formal clinical supervision, clinical governance procedures, direct line management structures and strategies to ensure that the NP is supported and does not become burnt out.