Evolution of the nurse practitioner role at a rural health service

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It has been well portrayed that despite rural and remote Australia making up over three quarters of the Australian landmass there are much lower levels of health service provision and despite extensive literature indicating rural areas have higher rates of accidents, acute illnesses and chronic health disorders. There are many challenges in accessing health services. It is not surprising then that the greatest burden of health inequity lies between rural and remote communities and their metropolitan counterparts.

This health disparity is due in part to a shortage of medical practitioners, despite government initiative to encourage work in rural and remote areas of Australia. Today nurses at the clinical level are being faced with the enormous challenge of dealing with not only an increased demand for service combined with higher consumer expectations, but also a wider range of medical conditions than their standard level of registered nurse training has prepared them for. This typical phenomenon of delivering health care in rural areas is compounded by no on-site medical practitioners at rural health facilities and no medical support within local communities for extended periods of time. Prior to introducing a nurse practitioner model of health care at the local health facility depicted in this paper this phenomenon was no exception.

To alleviate the rural health burden policy, rural and remote health care has been focussed on closing the gap between the health status differential of metropolitan and rural remote populations. Australian Government policy strongly believes that advancing the role and extending the scope of the existing nursing workforce will improve access to health care.

In both Australia and overseas, the nurse practitioner role has been introduced to complement and improve access to services and health care outcomes for consumers. Nurse practitioners were initially implemented in Australia in 2000 to respond to reduced resources, to meet the increasing demand and needs of health care consumers and predominately to fill a much needed gap in health service delivery in rural and remote areas.

However since inception, there has been slow growth of rural nurses willing to work at this advanced practice level and the rate of endorsement has been varied with the majority of nurse practitioners ‘specialising’ in metropolitan areas. The Nursing and Midwifery Board of Australia (NMBA) registration details as of December 2014 indicate that of the 259 000 registered nurses nationally only 1165 were endorsed as nurse practitioners, 208 of those in Victoria but only a few practising in rural Victoria.

In a recent breakdown of nurse practitioners by area of practice published by the Victorian Department of Health and Human Services (DHHS), it was interesting to note, rural and remote nurse practitioners were not included with the majority of nurse practitioners working in specialities such as emergency, mental health, aged care, palliative care, cardiac and critical care, chronic disease, diabetes, drug and alcohol and sexual health (DHHS, 2015). As a nurse practitioner it was disappointing to learn that the rural and remote nurse practitioner role is not recognised, due in part to the lack of research evaluating this particular model of health care.

Although this paper is not rigorous in research methodology or peer reviewed it does aim to highlight how a rural and remote nurse practitioner model of health care in a small rural public health facility in northwest Victoria has indeed closed the gap in improving access to health care and as the title of this paper suggests, has evolved over time to meet the health services specific needs.

Rural and remote nurse practitioners have much to offer in improving health care access, health outcomes and consumer satisfaction within rural health services. Despite some resistance, there is significant global evidence and a plethora of research which overwhelming validates nurse practitioners regardless of area of practice, as providing high quality, cost effective health care as close to where consumers live as possible.

However, introducing the role has not been without opposition primarily from international and national professional medical bodies. Rather than seeing the nurse practitioner as a means of improving access to health care within a multidisciplinary and collaborative framework, medical associations initially believed the role of the medical practitioner was being undermined or replaced by nurse practitioners. In 2005 the Australian Medical Association (AMA) issued a paper stating 'nurse practitioners cannot and should not replace the expertise and care provided by [general practitioners]. It would be consigning patients in areas of need to inferior health care' (AMA, 2005). However in rural and remote areas of Australia where access to medical support is limited and sometimes non-existent you cannot replace what you don't already have.

At Rural Northwest Health even though the surrounding district is dotted with grain silos no one operates in one. Despite the nurse practitioner portrayed in this paper working autonomously she received and continues to receive tremendous mentorship and support from the two medical practitioners through candidacy and today the role is collaborative, with everyone working together within a multidisciplinary team to achieve the best possible outcomes for our health care consumers.

Rural Northwest Health's three campuses at Hopetoun, Beulah and Warracknabeal provide the bulk of health services of the northern Wimmera and southern Mallee within the local government area of the Yarriambiack Shire. The shire covers 7100 square kilometres and has an approximate population of 7500. The main campus is at Warracknabeal which is the major service town at the centre of an agricultural predominately wheat growing district which in recent years has been ravaged by drought.

Warracknabeal is 350 kilometres northwest of Melbourne and despite the regional hospital being only 60 kilometres away it is not accessible by any means of public transport and has only one paramedic to cover vast distances. The local rural health facility at Warracknabeal provides a 24 hour unstaffed Urgent Care Service, 12 acute beds, 60 residential aged care beds, community and allied health.

Consistent with the majority of small rural hospitals there is no on site medical practitioner at Warracknabeal with a visiting medical 'on-call' service provided by two General Practitioners in a busy private practice. Prior to introducing a nurse practitioner role, access to and the provision of health care was severely compromised for consumers and registered nurses with restricted scope, especially every third week when there was no medical presence available at the campus.

At Rural Northwest Health policy and strategic planning on improving access to health care in one rural community is more than just rhetorical. In 2008 an inquiry undertaken by the organisation and key stakeholders identified extensive gaps in health service provision across all areas. In particular the gap encompassed a lack of emergency care especially after-hours where health care consumers were triaged by the nursing staff with the majority requiring treatment for even minor health conditions being referred or transferred to the regional hospital.

A nurse practitioner model of health care was first implemented at the Warracknabeal Campus in 2011, with a locum nurse practitioner contracted to provide an 'on-call' service, thus filling a gap in health service every third weekend when there is no medical practitioner available. The purpose of the role originally was predominately to meet the health care needs of unplanned presentations to the Urgent Care Centre, thus alleviating the unnecessary existing burden of individuals having to travel to the regional hospital for treatment.

The Nurse Practitioner model of care at our local rural health facility has evolved since its conception in 2011. In 2013 a local registered nurse who already had extensive postgraduate experience in rural and remote nursing gained endorsement as a Nurse Practitioner and following endorsement has been working fulltime in that role.

Since then, this unique model of health care has progressed from not only filling a gap in treating unplanned urgent care presentations, but has moved into a trans-boundary role providing a dynamic, highly skilled and experienced nurse to support and mentor other registered nurse to appropriately respond to all consumer health care needs across the service and provides expert clinical leadership to the organisation.

Having a full-time nurse practitioner in a small rural community, has enabled health care consumers across the lifespan, access to timely, safe and effective health care in a time of need. The role has indeed evolved and now extends to providing immediate and ongoing collaborative care for acute inpatients, residents in the aged care facility and members of the community, in particular supporting individuals and families in providing symptom management for terminal illness and fulfilling their end of life wish to stay at home.

The somewhat unique aspects of our nurse practitioner model of health care include:

- works a rotating 'on-call' roster with the two medical practitioners each providing a week on-call service to the organisation
- has admitting rights to the organisation thus enabling consumers requiring inpatient care to obtain a service as close to where people live as possible
- provides high level clinical advice and support to all areas of the organisation enhancing continuity of care for acute inpatients and residential aged care. It was further noted that prior to implementing the nurse practitioner model there were considerable difficulties in accessing the services of our medical practitioners both within and out of office hours which in turn made it more problematic for staff working in the aged care facility to obtain timely advice on the care and treatment of unwell residents
- liaises closely with local ambulance, retrieval services and the regional health service
- has taken a clinical leadership role in relation to quality and safety standards and in particular had sole responsibility in implementing the Australian Commission on Safety and Quality in Health Care Standard 9: Recognising and Responding to Clinical Deterioration in Acute Health Care.

The findings from evaluating the nurse practitioner role thus far, suggest implementing a nurse practitioner model of health care in a small rural health facility, has enhanced the provision of health care for local health consumers and the surrounding catchment area. Positive outcomes since an advanced practice nursing role was introduced at the local level have been identified and include:

- The nurse practitioner undertakes advanced health assessment and provides timely initiation of treatment of symptoms and conditions, which improve outcomes, including community palliative care.
- Health consumers who access the service when there is no on-site medical support available are not financially or emotionally burdened by geographical isolation and having to travel outside their local community for treatment of minor health conditions or injuries.
- The regional health service is not congested with unnecessary referrals from the local health service, there is reduced financial outlay to the organisation from hospital to hospital transfers
- The nurse practitioner augments the health of local aged care residents by assessing and promptly treating complications of chronic illness which ordinarily would have resulted in an acute episode including possible transfer out of the aged care facility for hospital admission, extended length of stay and unnecessary financial cost
- Rostered registered nurses are supported by the nurse practitioner in their provision health care for patients already admitted with the health service
- Since the nurse practitioner implemented Standard 9 there has been a significant increase by staff in recognising clinical deterioration early and responding appropriately to prevent adverse outcomes and the need to transfer to a higher level of care

- The nurse practitioner provides clinical expertise and leadership by supporting and mentoring students and the six registered nurses currently undertaking the Rural and Isolated Practice course for scheduled medicines endorsement.

- Staff and community acceptance of the nurse practitioner role was demonstrated with an overwhelming positive result and feedback from a recent evaluation survey.

While implementing a nurse practitioner model of health care requires significant professional and personal investment through candidacy to endorsement from individual nurses and their employing health service, the nurse practitioner role at Rural Northwest Health is now a well-entrenched successful model of health care. The extended scope of practice afforded to the nurse practitioner has become a valued asset to health service delivery and has evolved and continues to evolve as service needs change and we promote its future sustainability in rural and remote areas. As the theme of the 13th National Rural Health Conference suggests if you have the right people, in the right place, there are endless possibilities to improve timely, appropriate, cost effective health care to our local rural communities.

Recommendations

- For individual nurse practitioners and organisations to continually evaluate and promote the nurse practitioner role to ensure future sustainability. This can be achieved by articulating the scope of practice within the health organisation, continually evaluating benefits the role has at local level and promoting these benefits to key stakeholders.

- Formal recognition of the rural and remote nurse practitioner role in Victoria. The perception that the generalist work of a rural and remote nurse practitioner is professionally and financially undervalued be directly addressed through a national campaign promoting the importance of rural remote nurse nurse practitioners as a speciality in its own right.

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Presenter

Wendy James has been a registered nurse for 34 years, and during her career she has worked for a variety of health services throughout Victoria, including metropolitan, regional and rural hospitals. Wendy trained as midwife and worked in that field for many years before making the transition to management. She has held a variety roles including clinical nurse specialist, ANUM. NUM. Quality and Risk Manager, Out of Hours Coordinator, HR manager and Deputy Director of Clinical Services. 11 months ago she accepted the role as Warracknabeal Campus Manager—Rural Northwest Health and has had the privilege to see firsthand the success of the Nurse Practitioner role at a rural health setting. Wendy is passionate about rural health care having worked the majority of her career in rural areas and in particular she is excited about innovation to improve quality of care and accessibility of services to the local community.

Mandy Morcom has lived and worked in her rural and remote community in north-west Victoria for 30 years commencing her nursing career as an Enrolled Nurse in 1982. While being married to a local farmer and raising four children she completed an undergraduate nursing degree in 2004 which opened her mind to emergency, primary and palliative health care. Since then Mandy has obtained a postgraduate diploma in Rural Nursing, is a Rural and Isolated Practice Endorsed Registered Nurse and in 2012 completed a Master of Nursing (Nurse Practitioner) at La Trobe University. For the past eighteen months she has been employed fulltime as a Nurse Practitioner at Rural Northwest Health. In her role as Nurse practitioner Mandy also holds the Urgent Care and Standard 9 portfolios but her passion and drive is about her local and broader community being able to access timely, appropriate health care as close as possible to where they live.