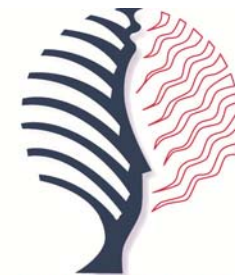


Nurse Practitioner Led Services in Primary Health Care – Two Case Studies

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Australian Rural Health Education Network

Location of UDRHs



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

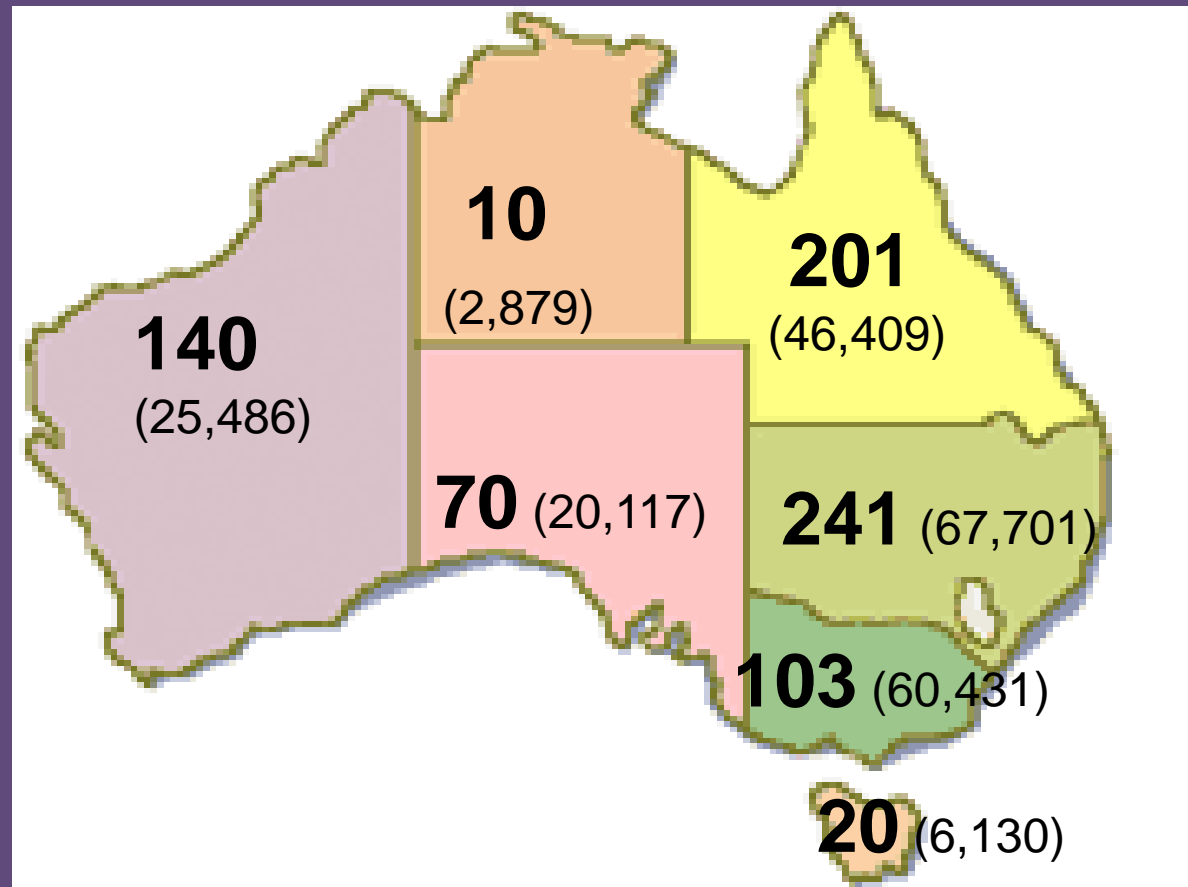
How Many Nurse Practitioners?

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?
- Its 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, managers 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

Case Study 1 – NP led MH Service

Established in 2007

Based Around
Senior Mental
Health Nurse
Practitioner

Located in a non-
clinical community
NGO setting

Proactive and
preventative rather
than purely
reactive

Offers crisis
management and
ongoing support

Supports dual
diagnosis MH and
D&A clients

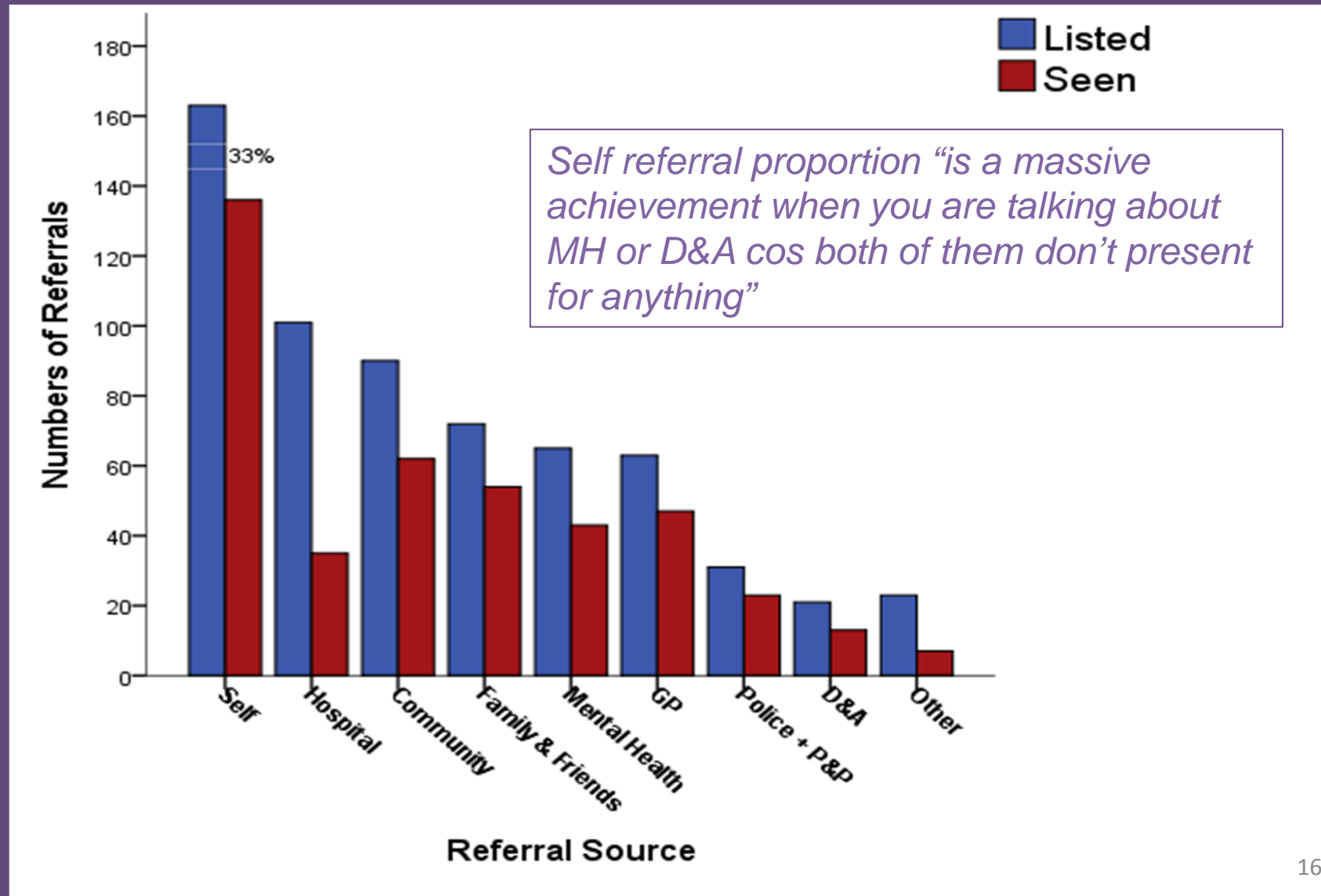
Acceptance and
Integration of NP
in community

Pre and post
hospital support

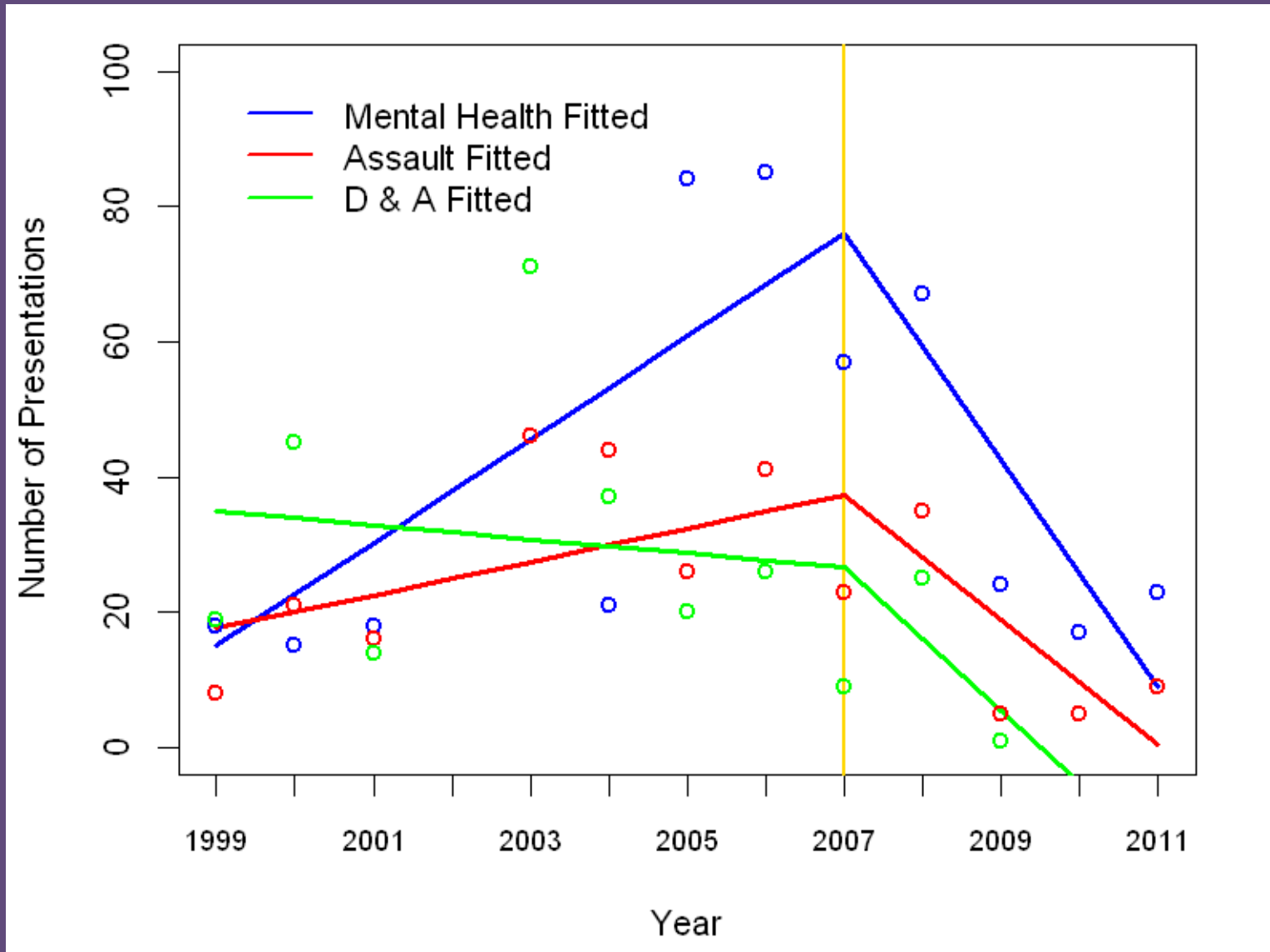
Partnerships with
numerous health,
social & welfare
agencies

Utilisation of NP Service

Numbers and Source of Referrals to NP over 4.6 years



Emergency Department Presentations



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

Case Study 2 – NP Led Aged Care Service

Established as part of the NSW Dementia Action Plan

Works across a number of small rural hospitals and community services

Also works with residential aged care facilities

Influential in decision making and policy development

Recognised as an expert and leader at a local, state and national level

Provides a regular outpatient clinic

Receives referrals from a number of clinicians and services including senior consultants

Provides formal mentoring and support to other clinicians

Provides clinical expertise across a range of services

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:

Fill gaps in rural services

Provide better access to care for small rural communities

Provide other rural clinicians with support and motivation

Reduce fragmentation of services

Enhance community understanding of the NP role

Provide patient centered, holistic care

Engage patients and their families in health care

Use policy and advocacy to change how health care is provided

Provide clinical expertise across a range of services

NPs in small rural towns can:

Break down barriers
between services

Provide a
comprehensive
specialised service

Provide education and
support

Improve linkages
amongst primary,
specialty and acute
care services

Provide an ongoing
service

Influence policy and
decision making at a
local, state and
national level

Develop trust and
rapport with
communities, services
and clients

Coordinate care for
complex clients across
multiple service
providers

Influence the
“systems“ level of
health care

What to consider before establishing a NP in your town

Ensure a transparent model of funding is in place

Ensure all stakeholders and services are aware and involved in establishing the service

Adequate administration support and leave cover to prevent burnout of the NP

Opportunities for regular meetings of services to discuss referral pathways and how the service works

Partnership Agreement and Steering committee to oversee the service

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.