

# The Nurse Practitioner Experience

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# Definition

An NP is an RN educated and authorised to function autonomously and collaboratively in an advanced and extended role.

ANMC (2006)



# NP V's APN

- Difference is an NP's ability to make complex decisions about what care is needed in contrast to acting on the orders of another health care provider
- NP is an educator, mentor, provider, manager and researcher



# NP Role

- NP role extends beyond the usual scope of nursing practice and may include:
  - advanced clinical assessment
  - ordering and interpreting results
  - implementing and monitoring treatments
  - prescribing pharmacology interventions
  - initiating and receiving referrals



# NP Role

- Importantly is grounded in nursing profession's values, knowledge, theory and practice
- Scope of practice is determined by the context in which NP is authorised



# Credentialing

- Credentialing not a term commonly used in nursing
- Nurses operate according to competency standards
- These are developed through investigating the scope and roles of nurses
- Nursing practice is also guided by codes of professional conduct and ethics, position statements and guidelines



# ANMC NP Competency Standards

## Standard 1

Dynamic practice that incorporates application of high level knowledge and skills in extended practice across stable, unpredictable and complex situations



# ANMC NP Competency Standards

## Standard 2

Professional efficacy whereby practice is structured in a nursing model and enhanced by autonomy and accountability



# ANMC NP Competency Standards

## Standard 3

Clinical leadership that influences and progresses clinical care, policy and collaboration through all levels of health service



# Evidence for NP Roles

- USA – Colorado 1965 (Paediatrics)
- More generic roles with sub- specialisation
- UK – 1970 (Psychiatry) Became more prominent 1990's (Primary Health)
- Not protected title in UK or some US states
- SA - NuPrac Project (1999)

# National Nurse Practitioner Numbers As at July 2008

ACT	18
NSW	109
NT	0
QLD	46
SA	28
TAS	0
VIC	39
WA	65
Total	<u>305</u>

Top 10 Areas	No	% of all
Emergency	61	28%
Mental Health	15	7%
Rural/Remote	12	5%
Diabetes	12	5%
Aged Care	10	5%
Wound Management	10	5%
Renal/Nephrology	9	4%
Critical Care	8	4%
Women's Health	8	4%
Neonatal/NICU	7	3%



# SA Authorisation Process

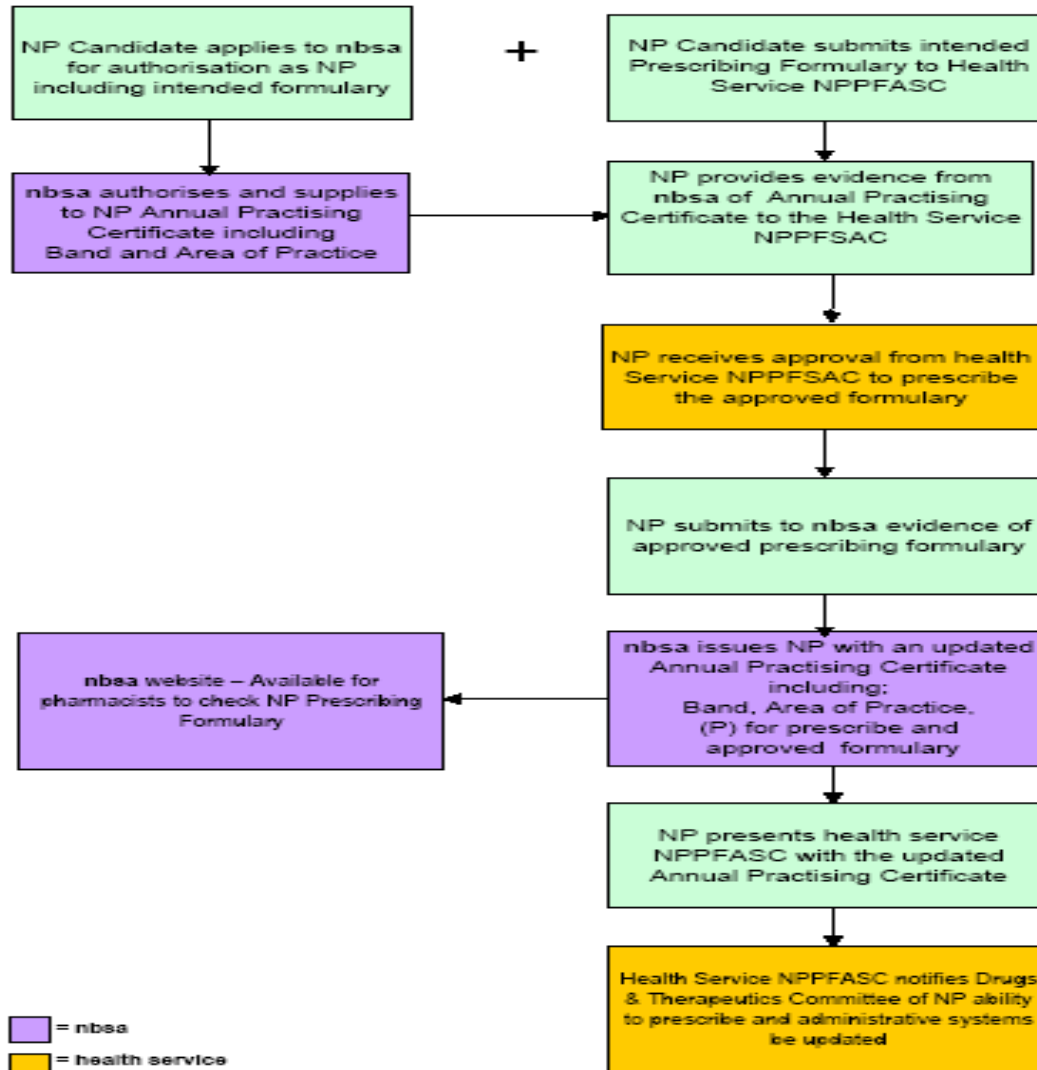
- Complete educational requirements
- Gain support of employing organisation
- Define Banding and Area of Practice
- Address 10 Professional Standards
- Comprehensive Portfolio
- Mandatory Presentation and Interview

If successful, then authorisation granted

Prescribing requires additional application process

### NURSE PRACTITIONER CANDIDATE PATHWAY FOR PRESCRIBING

- 1) Nurses Board of South Australia (nbsa) authorises the Nurse Practitioner (NP) to prescribe according to Professional Standards Statement for Nurse Practitioner Practise (2002- Standard Statement Five & Six 6.2)
- 2) NP seeks approval from Nurse Practitioner Prescribing Formulary Approval Subcommittee (NPPFASC)
- 3) Annual Review of Prescribing Formulary to be submitted to NPPFASC – as per Directive



- = nbsa
- = health service NPPFASC
- = Nurse Practitioner



# ANZCCN Priorities

## **10 key areas to progress NP roles:**

Commonwealth legislation and policy: allowing NP access to National Health Services Act 1953 (governs access PBS and MBS)

NP prescribing authority

NP prescribing and drugs with restricted access

NP access to medical imaging

NP Licensing Processes (adoption of ANMC Standards 2006)

Process for overseas NP applicants

Minimum education standards

Continuing competency

Establishing new positions

Use of Clinical Practice Guidelines



# Clinical Preparation

- 15 years clinical experience as CNC
- Masters and other post graduate qualifications in Oncology, Palliative Care, Bioethics and Mental Health
- US Scholarship
- Academic status
- Research and Publications
- Extended practice skills in Neurology and Psychiatry



# Nurse Practitioner - Palliative Care

- Direct clinical service provision to palliative clients with overwhelmingly complex needs – community caseload
- New patient OPD Clinics
- MND Clinic
- Provide education to patients, families and professional care providers
- Initiate and participate in research
- Rural support role
- Contribute to State and National Policy

# Results – Journal

Number of patients triaged	28%
Education activities	17%
Discussions with external nursing/allied	12%
Discussions with SAPS medical	9%
Referrals to others	8%
Discussions with external medical	6%
Research/project	6%
Discussions with SAPS nursing/allied	5%
Drug/treatment advice	5%
Admissions arranged	2%
Referred to NP intervention	2%
Clinical load, MND clinics	NA

# Results

- Number referred to NP = 27
- Reason for referral
  - Complex symptoms = 8
  - Family dysfunction = 5
  - Multiple health providers = 4
  - Complex mental health history = 2
  - Caregiver issues = 8

					Site of death (%)						
	Mean age	% male	Cancer: non cancer %	Mean LOS (days)	Home	Pall care	Hospital	Not specified	RACF	Alive	Mean MO contacts
SAPS	71.9	56	82:18	60	9	18	25	9	6	33	1.82
NP	49.2	55	91:9	69	52	33	14	0	0	1	1.72