Primary Health Care Nurse Practitioners

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Objectives of Presentation

- Current status of PHCNP roles
- Ontario-based research
  - Completed
  - Underway
- Challenges to PHCNP role implementation
- Resources

Advanced Practice Nurse (APN)

- Registered nurse
- Graduate nursing degree
- Expert clinician with advanced clinical decision-making skills and a high level of autonomy
- Expanded scope of practice
- Formal credentialing process

APN Competencies

- Clinical
- Education
- Research
- Leadership
- Consultation & Collaboration

Types of Advanced Practice Nurses in Canada

- Primary Health Care Nurse Practitioners (PHCNPs)
    (also known as family or all-ages NPs)

- Acute Care Nurse Practitioners (ACNPs)
    (also known as specialty NPs, adult, pediatric or neonatal NPs)

- Clinical Nurse Specialists (CNSs)

- Nurse Anesthetists

Nurse Practitioners

- Involved in health promotion, disease prevention & acute and chronic illness management

- Diagnose

- Order and interpret diagnostic tests

- Prescribe pharmaceuticals

- Perform specific procedures within their legislated scope of practice

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Current Status

- 2009: All provinces and territories have legislation in place for the NP role
- Bill 179 passed: prescribing of a broader range of drugs, communicating diagnoses, doing more procedures, dispensing medications and performing and ordering a wider range of investigations
- NPs integrated into various PHC models, LTC, EDs, public health, cancer care
- 26 NP-led clinics funded in Ontario
- Under review: admission, discharge and transfer privileges

Nurse Practitioner Workforce by Province in Fall 2009

NA

60

104

129

294

120

75

41

3

1,463

96

57
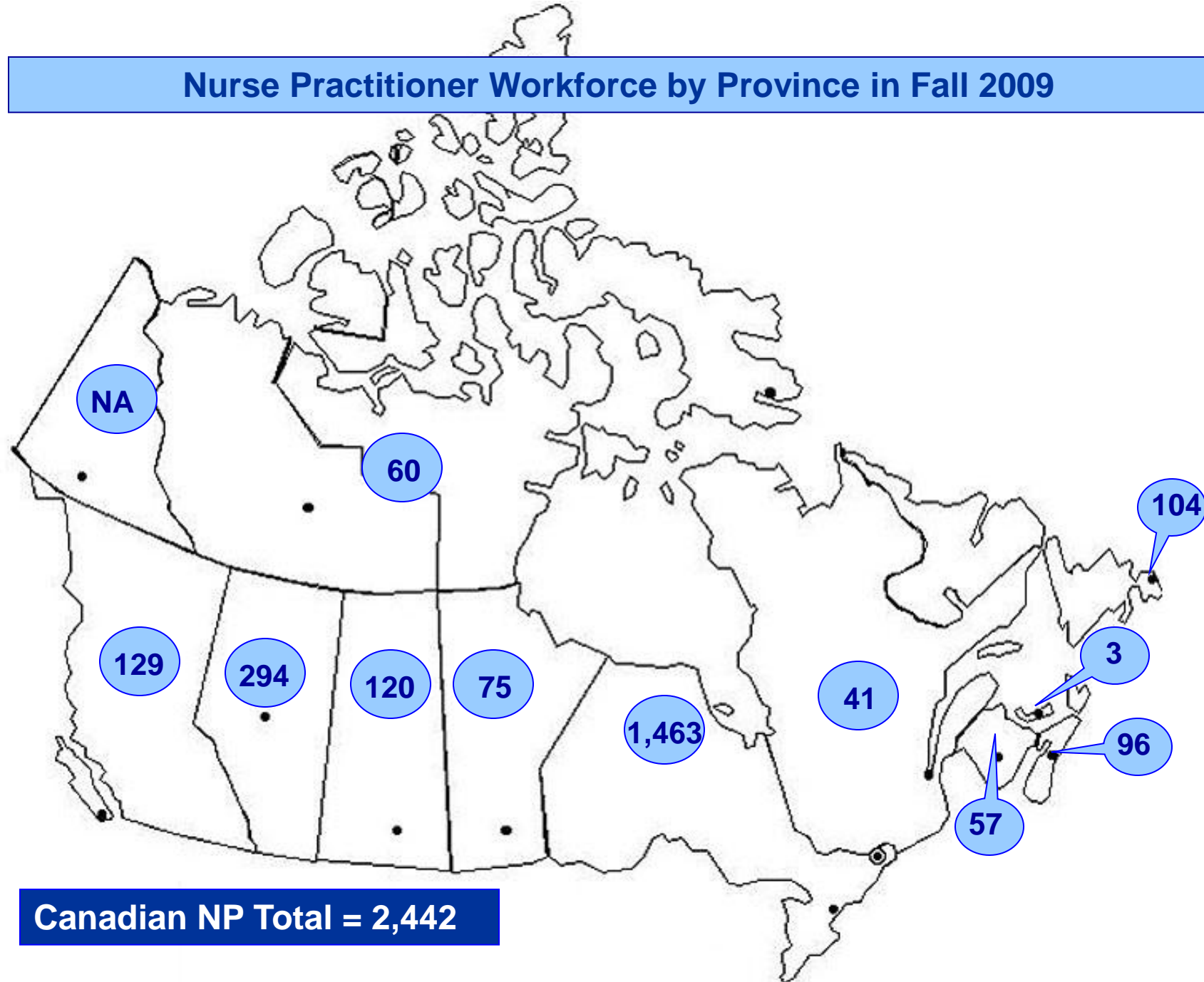
Canadian NP Total = 2,442

Current Status

NPs in Ontario (Nov 2010)*

NP-Adult:	324
NP-Paediatrics:	139
NP-Primary Health Care:	1,261
Total:	**1,715**

*some NPs are registered in more than 1 category

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Current Status

PHC Work Settings (2009-2010 data):

- Family Health Team: 307
- Community Health Centre: 236
- Emergency Department: 46
- Public Health Unit/Department: 41
- Long-Term Care: 24
- CCAC: 21

Decision Support Synthesis

To conduct a review of the literature and stakeholder interviews to:

- Identify and describe distinguishing characteristics of CNS and NP role definitions and competencies
- Identify key barriers and facilitators for effective development and utilization of CNS and NP roles

Decision Support Synthesis

Scoping Review of Literature

- 468 papers (all Canadian papers of any type or date and international review papers 2003-2008)

Key Stakeholder Interviews (81)

- APNs, government policymakers, nurse administrators, regulators, educators, physicians, other health care team members

Outcomes

Patient: **Provider:**   **Health System:**

- Health status   Satisfaction   Cost
- Quality of life   Length of stay
- Quality of care
- Satisfaction

PHCNPs (28 RCTs)
US: 15, UK: 8; NE: 2, CA: 3

	Health Status	Quality of Life	Quality of Care	Patient Satis-faction	Provider Satis-faction	Cost	Length of Stay
Improvement	7			6		2	1
Decline						1	
No difference	15	2	2	5	1	1	

Recent Ontario–Based Research

Chronic Disease Management (CDM)

- high quality CDM in primary care associated with presence of NP (Russell et al, 2009)

Emergency Departments

- Patients 1.6 (with PA care) and 2.1 (with NP care) times more likely to be seen within wait time benchmarks

- Lengths of stay were 30.3% (PA) and 48.8% (NP) lower

- When not on duty, 44% (PA) and 71% (NP) patients left without being seen (Ducharme et al, 2009)

Recent Ontario–Based Research

Long-Term Care

- MDs and NPs satisfied with their collaboration in LTC homes (Donald et al, 2009)

- NPs had a positive impact on practice activities and staff assessment skills; ratings of effectiveness and satisfaction with the role were high (Stolee et al, 2006)

- Hospital admission was prevented in 39-43% of cases; NPs had a positive impact on improving staff confidence (McAiney et al, 2008)

Recent Ontario–Based Research

Public Health

- When working with community MDs, most common facilitators were trust in making shared decisions and MD respect for NP; most common barriers were unwillingness of specialist MDs to accept NP referrals and MDs' lack of understanding of NP role (deGuzman et al, 2010)

NP Transition to Practice

- Factors that facilitate successful transition: familiarity of colleagues with NP role and scope of practice, infrastructure, orientation, mentorship (Sullivan-Bentz et al, 2010)

Recent Ontario–Based Research

NP-Led Clinic

- High levels of patient satisfaction including thoroughness, quality of NP care, adequate time spent with patients and a caring attitude

- Two areas for improvement: increased accessibility through expanded hours into the evening and increased physician on-site availability to better facilitate care when the NP must consult with the physician (Sudbury District NP Clinics Board of Directors 2008)

Recent Ontario–Based Research

Ontario PHCNP Workforce Study (Koren et al, 2010)

- Time allocation: 31% treatment of minor illnesses; 25% chronic disease management; 22% health promotion/disease prevention

- 13% had on-call responsibilities

- 43% made home visits

- 87% spent less than 2 hrs/week consulting with collaborating MD

- Provided care for 80% of clients autonomously or with minimum consultation

General Facilitators to Role Integration

- Systematic patient-focused planning to guide role development including early stakeholder involvement
- Clearly defined APN roles
- Public and health provider awareness

PHCNPs – Facilitators and Challenges

Facilitators:

- Government legislation and regulation
- Government funding for NP positions
- Emphasis on interprofessional collaboration facilitated by a shift away from FFS physician reimbursement model

Challenges:

- Working out relationship between two autonomous clinicians (NPs and GPs) with substantial overlap in scope of practice
- Inconsistencies in educational preparation across Canada

Continuing Challenges

- Professional interests/monopolies
- Absence of an HHR strategy
- Interprofessional collaboration

Professional Interests

- Professional interests/monopolies

- Baerlocher and Detsky (2009) describe 'turf battles' between and within professions when they compete to perform the same task.

- Reliance on self-governing professional bodies to determine appropriate work boundaries is problematic as they may have no reason to cooperate with one another.

- Requires successful negotiation that keeps the public's rather than the profession's interest in mind.

(Baerlocher, M. and A. Detsky. 2009. "Professional Monopolies in Medicine." *JAMA* 301(8): 858-60.)

Professional Interests

- Medical associations in a strong position to influence policy – only professional organization at the policy table

- A decision made between the government and one professional group will likely influence another (e.g., physician incentives for preventive care)

- If PAs increase physician income, will create a disincentive to work with NPs (e.g., Ducharme et al. 2009: "PAs able to increase billing for physicians")

Absence of a Health Human Resource Strategy

- Results in knee-jerk reactions
- Shortage of physicians has led to dramatic increase in number of medical students being trained and introduction of PAs
- Team-based care has made family medicine more attractive increasing the number of medical students who choose family medicine
- What will the future hold when there are sufficient numbers of physicians?

Interprofessional Collaboration

- In 2004, the prime minister and premiers of Canada set an objective that 50% of Canadians would have 24/7 access to multidisciplinary primary healthcare teams by 2011

- Learning in silos does not facilitate interprofessional collaboration – need shift to interprofessional education

- Who leads the team?
  - *"the move toward collaborative and team-based approaches to care requires a culture shift that will be especially challenging for physicians who are accustomed to being the undisputed team leader."*

  (Hutchison, B. 2008. "A Long Time Coming: Primary Healthcare Renewal in Canada." *Healthcare Papers* 8(2): 10-24.)

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CHSRF Roundtable
April 2009

- **Representatives:**
  - Policy makers, nursing and medical professional leaders, regulators, administrators, practitioners, educators
- **Mandate:**
  - To develop recommendations for policy, practice & research

Recommendations

- Create a vision statement that clearly articulates the value-added role of APNs across settings.

- Establish a pan-Canadian multidisciplinary task force involving key stakeholder groups to facilitate the implementation of APN roles.

Recommendations

- Consider advanced practice nursing as part of health human resources planning based strategically on population healthcare needs.

- Standardize APN regulatory and educational standards, requirements and processes across the country.

Recommendations

- Include components that address inter-professionalism in undergraduate and post-graduate health professional training programs.

- Develop a communications strategy to disseminate to a wide readership the positive contributions of advanced practice nursing.

Recommendations

- Protect funding support for APN positions and education to ensure stability and sustainability.

- Conduct further research on:
  - the 'value-added' of APN roles
  - their impact on healthcare costs

Policy Implications

- Address remaining regulatory barriers
- Provide forum for professional stakeholders to come together with government in public interest rather than self-interest
  - bring physician and non-physician primary health care providers together to advise on primary health care policy development and implementation
- Develop communication strategy that highlights roles of all primary care team members
- Address threats to collaboration (e.g., physician incentives for NP work; financial incentive for MDs to work with PAs)

Policy Implications

- Develop a PHC HHR strategy and role descriptions that account for increase in number of medical school positions, increased attractiveness of family medicine residency, and introduction of PAs

- Support graduate education for NPs to be consistent with requirements for advanced practice nursing

- Facilitate interprofessional education

- Foster openness to supporting different types of collaboration – tailored to patient needs and unique community and health human resource issues

- Re-name NP-led clinics to capture the IPC dimension

Dissemination

- **CHSRF Website (Commissioned Research Reports)**:

  Clinical Nurse Specialists and Nurse Practitioners In Canada: A Decision Support Synthesis

  http://www.chsrf.ca/final_research/ClinicalNurseSpecialistsAndNursePractitionersInCanada_e.php

- **Researcher-on-Call Webinar**:

  Integrating Advanced Practice Nurses
  http://www.chsrf.ca/research/RoC_apn_e.php

Dissemination

- **CHSRF Mythbuster:**

  http://www.chsrf.ca/mythbusters/html/myth34_e.php

Dissemination

Special Issue of Canadian Journal of Nursing Leadership, December 2010 (Funded by CIHR/CHSRF)

1. Advanced Practice Nursing in Canada: Overview of a Decision Support Synthesis

2. An Historical Overview of the Development of APN Roles in Canada

3. Education of APNs in Canada

4. CNSs and NPs: Title Confusion and Lack of Role Clarity

5. The Primary Health Care NP Role in Canada

6. The Acute Care NP Role in Canada

7. The CNS Role in Canada

8. The Role of Nursing Leadership in Integrating CNSs and NPs in Healthcare Delivery in Canada.

9. Factors Enabling APN Role Integration in Canada

10. Utilization of NPs to Increase Patient Access to Primary Healthcare in Canada – Thinking Outside the Box

Implementation

McMaster Health Forum

- Spring 2011
- Funded by CIHR/Health Canada
- Collaboration with Canadian Nurses Association, Office of Nursing Policy (Health Canada) and CHSRF to mount a forum of key stakeholders to move forward on implementation of recommendations

OECD Working Paper (July 2010)

Nurses in Advanced Roles: A Description and Evaluation of Experiences in 12 Developed Countries:

Australia	Belgium
Canada	Cyprus
Czech Republic	England
Finland	France
Ireland	Japan
Poland	United States

http://www.oecd.org/officialdocuments/displaydocumentpdf?cote=delsa/hea/wd/hwp(2010)5&doclanguage=en

OECD Working Paper (July 2010)

- Focus on NP role in Primary Health Care
- **Objectives:**
  - Review factors motivating the development of APN roles
  - Describe state of development of the role
  - Review results of evaluations of APN roles on care and cost
  - Examine main factors that have hindered or facilitated the development of APN roles and how barriers have been overcome

Ontario-Based Research (underway)

- Systematic review on effectiveness and cost-effectiveness of APNs – patient, provider, health system outcomes

- Influence of MD incentives on interprofessional team

- Influence of power and interdependence on collaboration in FHTs

Ontario-Based Research (underway)

- Case study of the introduction and sustainability of an NP-led clinic in Ontario
- Evidence-based practice and NPs
- Factors influencing integration of the NP role in LTC settings
- Evaluation of an NP-led interprofessional pain management team in LTC

Resources

- NP Role Implementation Toolkits
- **P**articipatory **E**vidence-Based **P**atient-Focused **P**rocess for **A**dvanced Practice Nursing Role Development, Implementation, and Evaluation (PEPPA) Framework
- PEPPA Toolkit
- APN Data Collection Toolkit
- APN Literature Database
- APN Policy/Practice Briefs

NP Role Implementation Toolkits

CNPI: Implementation and Evaluation Toolkit for NPs in Canada (2006)

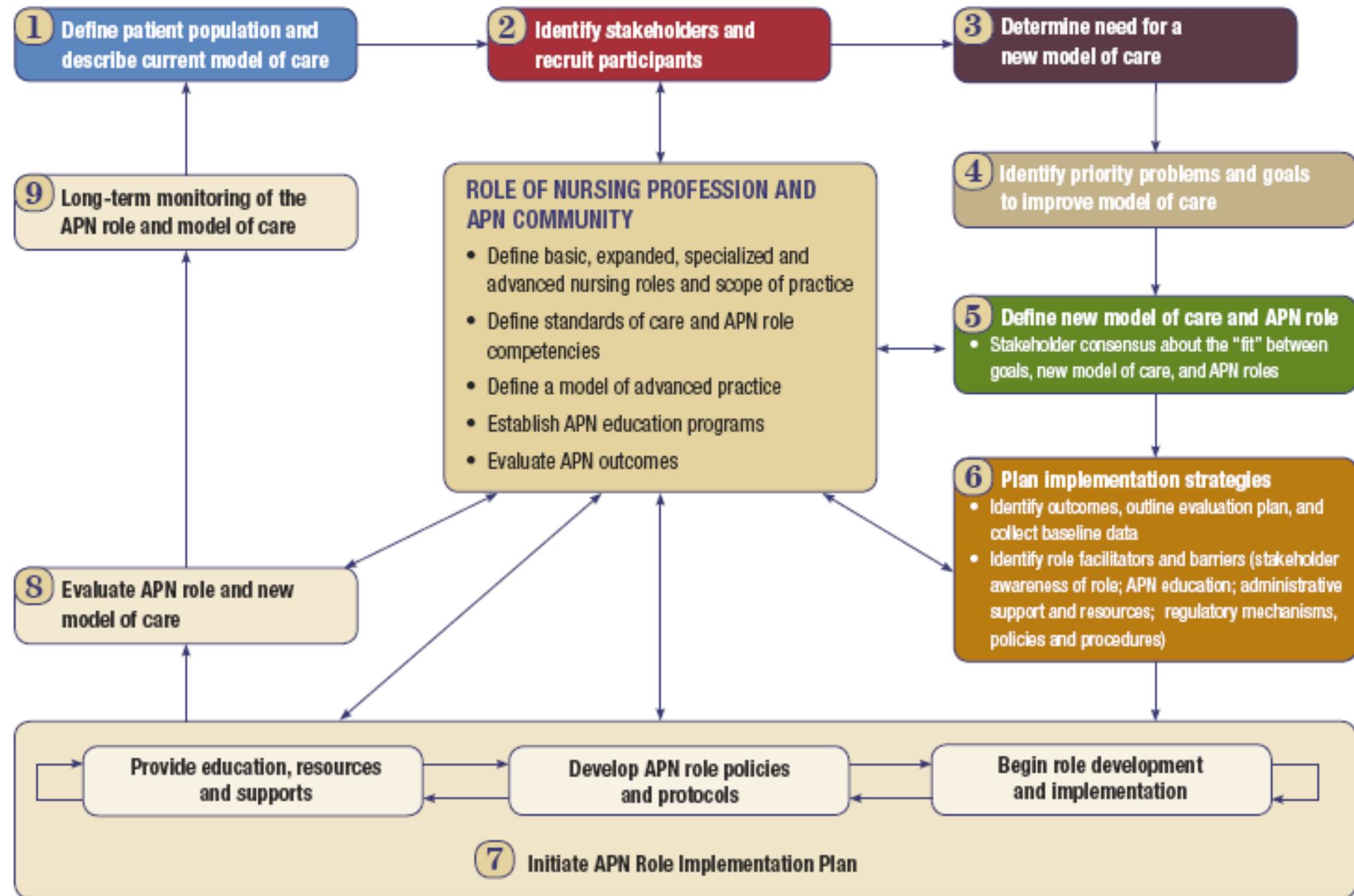http://206.191.29.104/documents/pdf/Toolkit_Implementation_Evaluation_NP_e.pdf

Winnipeg Regional Health Authority: A Guide to the Implementation of the NP Role in Your Health Care Setting (2006)

http://www.wrha.mb.ca/professionals/nursing/files/np_toolkit_000.pdf

Taranaki District Health Board (New Zealand): NP Development Toolkit (2007)

http://www.tdhb.org.nz/services/nursing/documents/nurse_practitioner_toolkit.pdf

The PEPPA Framework

1 Define patient population and describe current model of care

2 Identify stakeholders and recruit participants

3 Determine need for a new model of care

9 Long-term monitoring of the APN role and model of care

ROLE OF NURSING PROFESSION AND APN COMMUNITY

- Define basic, expanded, specialized and advanced nursing roles and scope of practice
- Define standards of care and APN role competencies
- Define a model of advanced practice
- Establish APN education programs
- Evaluate APN outcomes

4 Identify priority problems and goals to improve model of care

5 Define new model of care and APN role
- Stakeholder consensus about the "fit" between goals, new model of care, and APN roles

6 Plan implementation strategies
- Identify outcomes, outline evaluation plan, and collect baseline data
- Identify role facilitators and barriers (stakeholder awareness of role; APN education; administrative support and resources; regulatory mechanisms, policies and procedures)

8 Evaluate APN role and new model of care

Provide education, resources and supports

Develop APN role policies and protocols

Begin role development and implementation

7 Initiate APN Role Implementation Plan

Designing

Innovative Cancer Services and **Advanced Practice Nursing Roles:**

Toolkit

PEPPA Toolkit

- Design appropriate APN role or changes to an existing APN role

- Create a business case and budget for an APN role

- Establish a plan to support optimal APN role implementation

- Outline a plan for monitoring and evaluating the role

Freely available on Cancer Care Ontario website:

http://www.cancercare.on.ca/ocs/clinicalprogs/oncnursing/

(look under 'Related Resources' on the right side of page)

APN Data Collection Toolkit

CHSRF/CIHR Chair Program in Advanced Practice Nursing (APN)

APN Data Collection Toolkit

http://www.apnnursingchair.mcmaster.ca

Building capacity in APN research that informs health policy

Canadian Health Services Research **Foundation**
Fondation canadienne de la recherche sur les services de santé

CIHR IRSC

A compendium of common instruments to measure dimensions of APN for policy makers, managers, researchers, APNs and graduate students involved in APN role development, implementation and evaluation

APN Literature Database

Search a collection of published papers and grey literature related to the development, implementation and evaluation of Nurse Practitioner and Clinical Nurse Specialist roles, available at:

http://plus.mcmaster.ca/searchapn/QuickSearch.aspx

APN Policy Briefs

Canadian Nurse Practitioner Job Satisfaction

By Kimberley Lamarche[1], RN, DNP, Susan Tullai-McGuinness[2], RN, PhD, Alba DiCenso[3], RN, PhD, Karen Harlow-Rosentraub[2], PhD

Article can be found at: http://www.longwoods.com/home.php?cat=252

THE ISSUE

Interest is building among governments, educational institutions, nursing regulatory bodies and other healthcare providers to better understand how the Primary Health Care Nurse Practitioner (PHCNP) role can be fully integrated into the Canadian healthcare system. When studying the role of the PHCNP, job satisfaction is an important consideration that influences recruitment and retention.

THE PURPOSE

To describe the level of job satisfaction and the factors that influence job satisfaction among PHCNPs in Canada

What did we do?

We used a descriptive correlational design to survey 796 licensed PHCNPs in Canada (response rate: 196 (25%) using two established instruments: the Misener Nurse Practitioner Job Satisfaction Survey and the Minnesota Satisfaction Questionnaire. About half the respondents worked in rural/remote areas.

What did we find?

- NPs are satisfied with their jobs.
- Factors that influenced job satisfaction were intra-practice partnership and collegiality (extrinsic factor) and challenge and autonomy (intrinsic factor)
- Lowest satisfaction scores were associated with pay and monetary issues

How will this research help?

This study found that PHCNPs are satisfied to highly satisfied in their role. This is especially pertinent given that about half of the sample worked in rural and remote practice locations. Consistent with the literature, factors that influenced satisfaction are autonomy, challenge, collaborative practice and collegial relationships.

Those responsible for recruiting and retaining PHCNPs should consider these factors when developing job descriptions and in facilitating PHCNP role implementation.

What's next?

Given the low response rate, replication of this research within jurisdictions and employment settings should be considered. Research is also needed to identify strategies for promoting PHCNP autonomy, collaborative practice and collegial relationships in primary health care settings.

BOTTOM LINE?

PHCNPs are satisfied with their jobs. Factors that positively influence their job satisfaction are intra-practice partnership, collegiality, challenge and autonomy.

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FOR MORE INFORMATION:
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