THE ROLE OF THE ADVANCED PRACTICE NURSE

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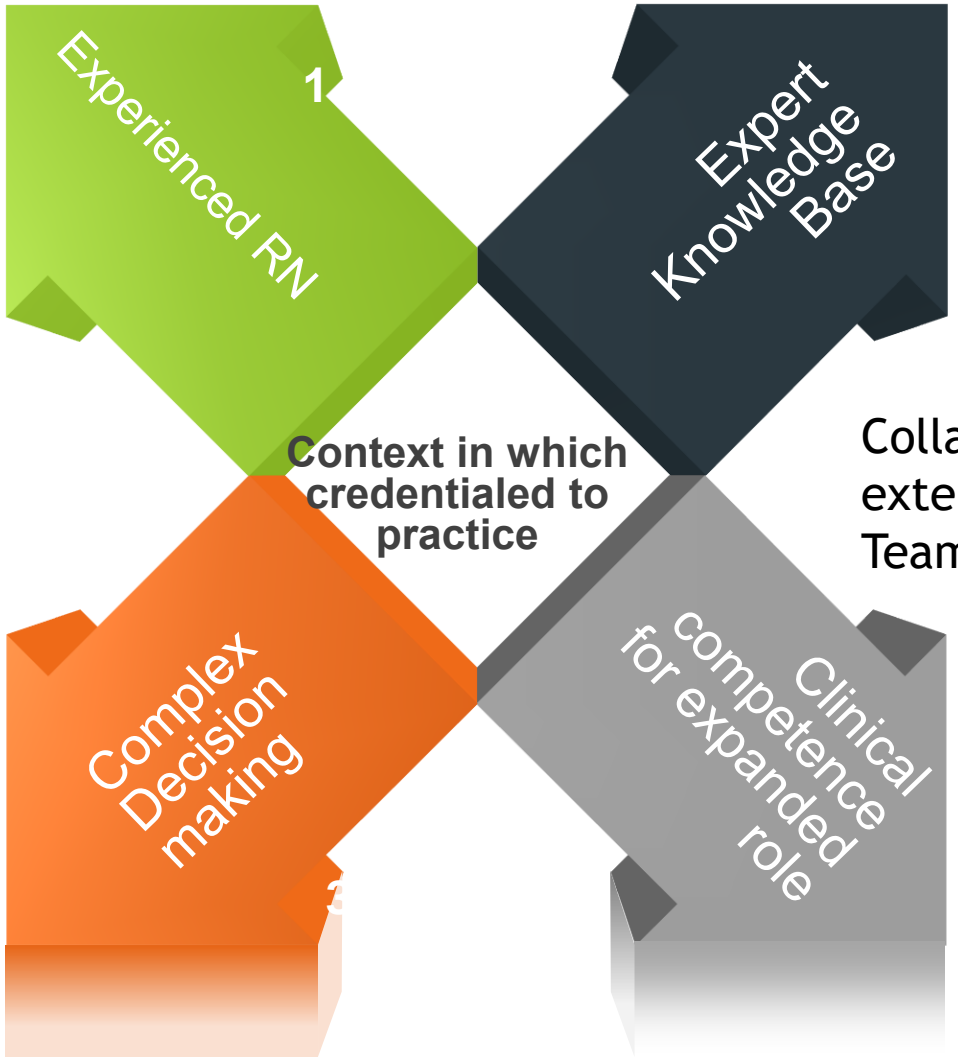
Disclosure

Advanced Practice Nurse



Some autonomy

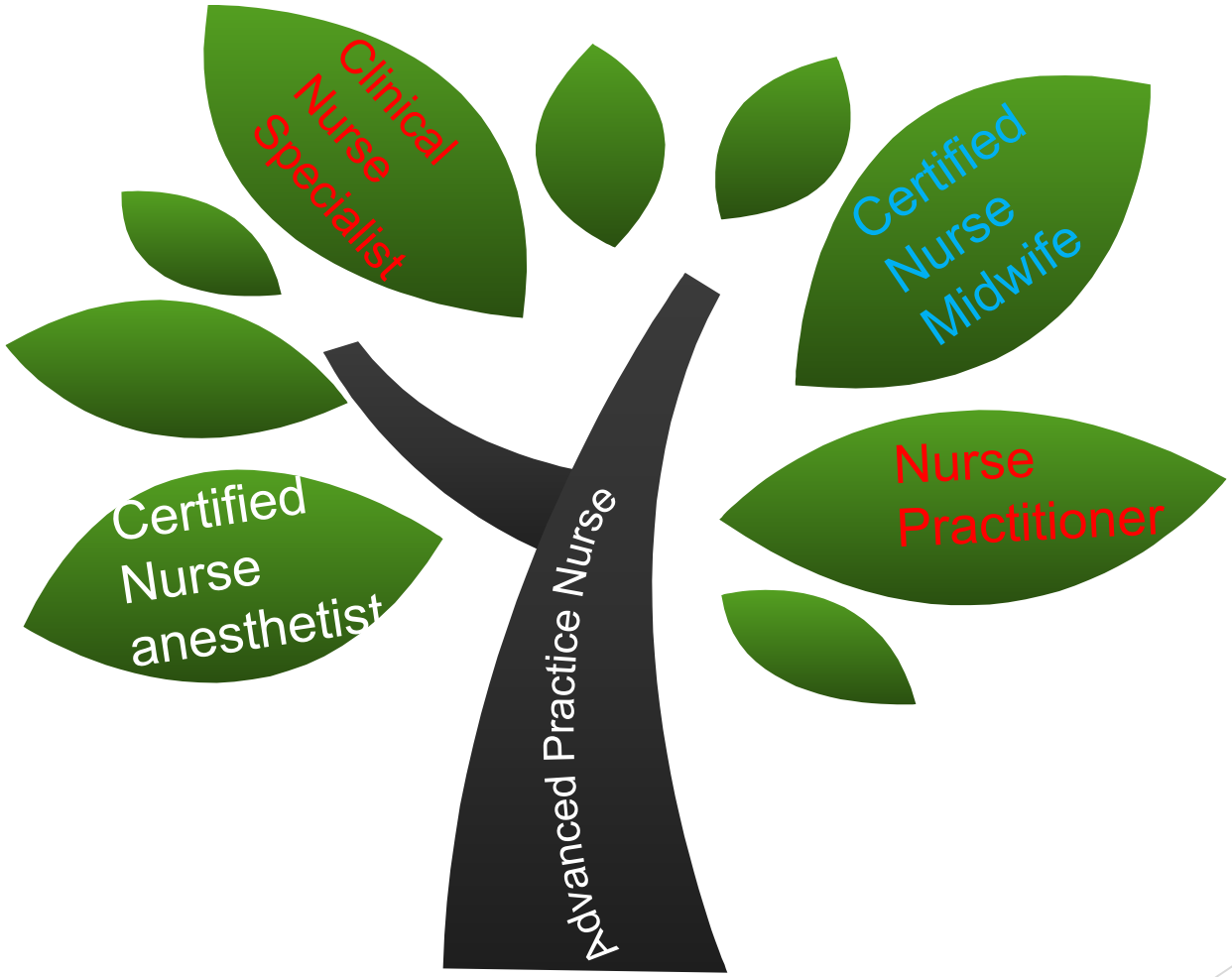
Collaboration to a greater extent in a multidisciplinary Team

(International Council of Nurses, 2002, 2008)

Why Advanced Practice Nursing?

- Mounting challenge of ageing population
- Increase complexity of disease
- Advances in Technology
- Underserved population both in developed and developing countries
- Role continues to evolve in response to :
  - Changing patient and community needs
  - Health system requirements
  - Changing ambitions of those professionals who want to advance the profession (ICN, 2008)

Categories of Advanced Practice Nursing



Joel, (2017)

Distinction between CNS & APN

Criterion for comparison	CNS	ANP
Focus	Problems of nursing practice	Patient care/treatment (Assessment, diagnosing, prescribing and treatment
Practice areas	System management, Consultation System change Mentoring	Direct care provision Primary care Health Promotion Role modeling
Aim	Provision of expert nursing care	Increasing access to health care system
Title recognition	By nurses as role model for expert professional practice	By the public as local patient consultant
By the public as local patient consultant	Masters degree in Schools Of Nursing	Mixed history of Masters degree and certificate level in a variety of educational Settings (Schools of Nursing, Medicine, Public Health)
Legislative support	Slow	Faster because of necessity To prescribe (Prescribing laws for reimbursement
Model	Purely nursing	Medical (Lindeke et al (1997); Pattern (2007)

APN Four Pillars of the Role

(Lee et al, 2018; https://hee.nhs.uk/our-work/developingour-workforce/advanced-clinical-practice/ advanced clinical-practice-definition(2017)

Activities involved in Extended Practice

- Allows nurses to assume some medical tasks typically performed by physicians, (Crouch, 2018)
- Initial assessment, management and care of level 1–3 patients (Lee et al, 2018)

- Manage defined cohort of clinical conditions often following protocolised pathways
- Short-term restorative stabilization to patients in unstable chronic conditions and with complex acute and critical illnesses
- Resuscitation, advanced physiological monitoring and provision of advanced organ support. (Woo et al, 2017)
- Participate in daily rounds, supervise or directly perform procedures (Suturing, cannulation, assessment and triage),
- Provide education for house staff and nurses including rotating team members
- Involved in quality improvement
- Sits on a number of committees. (Dykstra et al, 2017)
- Supporting families
- Collaborating with the ICU team and co-ordinating specialist and multi-specialty care

Models of employment

- **First model**, nurse practitioners (NPs) are assigned to a separate team that cares for patients in collaboration with an intensivist.

- **Second model**, NPs and house staff are combined into one team whose responsibilities overlap.

- **Third model** uses a nurse practitioner as an overseer who helps manage and delegate the components of care. (Dykstra, 2017)

Benefits

- Continuity of patient care, not being on frequent rotation coverage as junior physicians
  - Hence familiarity with the environment and patient demands unlike physicians who were constantly on rotation
- Enhance mentoring and training for less experienced staff,
- Support gaps in the medical workforce:
  - Establishing and nurturing a positive culture of communication
  - Care coordination which requires interpersonal communication and collaboration
  - Of value in cross disciplinary communication, discharge planning, follow up care, and administrative work
  - Enable physicians to pay greater attention to patients of higher complexity and acuity, (Woo, et al, 2017)
  - To establish an alliance with a patient and family that allows for attentive listening, compassion and connection. Dykstra and Marini, 2017)
- Developmental pathway for senior nurses who wish to advance within a clinical nursing role hence supporting recruitment and retention of skilled staff (Lee et al, 2018)

Cited outcomes of APN extended role

- Properly trained and supervised non-physician prescribing providers can provide high-quality critical care
- No difference in mortality rates and this suggests the role is beneficial.
  (Costa et al 2014 in Lee 2018)
- The quality of primary care by NP/APNs shown to be comparable to that of physicians in terms of effectiveness and safety
  (Swan et al 2015 in Woo et al, 2017)
- However previous studies critiqued for:
  - Falling short of randomized controlled trials (RCTs) (only two)
  - Predominantly small sample sizes and questionable study methodology, e.g.
    - Heterogeneity mixing both NPs and non-nursing healthcare providers
  - Inconclusiveness of the reviews in terms of cost-effectiveness of NP services in the emergency departments
    - One study: cost of NPs higher than that of resident physicians
    - Another study: NPs reduced the cost of emergency and intensive care medicine
    - Another study: inadequacy of evidence to determine the cost-effectiveness of NPs
  - Studies were conducted before 2013 therefore may be outdated. woo, et al, 2017)

Cited outcomes of APN extended role

A systematic review by Woo et al (2017)

- 15 studies on impact of the advanced nursing practice roles on the length of stay, time to consultation, time to treatment, mortality, patient satisfaction and cost saving.
- Not without limitations
  - Heterogeneous in designs, interventions and outcome measures
  - In keeping with professional boundaries of nurses which differ across countries
  - Poor definition and description of the scope of advanced nursing practice
  - Educational preparation for nurses to assume advanced practice was rarely discussed
  - The level of theoretical knowledge and clinical competence of the nurses might differ across the studies

Table 4 Summary of study results and statistical conclusions by outcome

Study	Setting	Length of stay	Waiting time		Mortality	Patient satisfaction	Cost
			Time to consultation	Time to treatment			
NP-directed care (NP only)							
Colligan [33]	ED	↓	↓				
Dinh [30]	ED		↔			↑	
Goldie [31]	Post-cardiac surgery unit	↔				↔	
Jennings [28]	ED	↓	↔				
Jennings [29]	ED			↓			
Landsperger [38]	ICU	↓(ICU) ↓(Hospital)			↔		
Moran [39]	Stroke center			↓	↔		
Morris [40]	Trauma center	↔					
Roche [42]	ED	↔	↔			↔	
Collaborative care (NP + Physician)							
David [35]	ICU	↔					
Hiza [36]	Trauma center	↔					↓
Hoffman [37]	ICU	↔			↔		
Scherzer [41]	ICU	↑(ICU) ↔(Hospital)			↔		↔
Skinner [34]	ICU				↔		↓
Steiner [32]	ED	↔	↔				

↑significant increase; ↔ no significant difference; ↓significant decrease

Woo et al. 2017

Recommendations

- **Strategic planning for role implementation** – needs assessment, vision for the role of NP and resources needed, gap to be covered
- **Regulatory requirements**: standards for licensure, accreditation, certification, and education (LACE) of nurse practitioners
- **Structured training** with adequate senior supervision and
- **Strong partnership** between the hospital and the university including buy-in from key stakeholders

(Lee et al, 2018)

Recommendations

- Carefully considered integration of Nurse practitioners into the clinical practice considering:
  - The type of Unit, the care delivery model, patient acuity levels, and providers' roles and responsibilities.
  - Involvement of relevant stakeholders – multiprofessional team
  - Competency-based orientation with high fidelity simulation
  - Post graduate fellowship program or internship
  - Mentorship
  - Team Collaboration
  - Programme evaluation:
    - 54% noted that they were not ready to practice after completion of their graduate education, but nearly 90% were ready to practice after they completed the orientation program.
- Determining the full-time equivalent of nurse practitioner positions based on:
  - Calculating the numbers of providers, nurse practitioners, residents, fellows, and physician assistants needed and
  - Determining how much each will work on the team and reporting lines
- Commitment to continued professional development (Simone et al, 2016)

Issues with Advanced Practice Nursing

A plethora of titles

- Clinical Nurse Specialist (CNS)
- Nurse Practitioner (NP)
- Advanced Nurse Practitioner (ANP)
- Advanced Practice Nurse (APN)
- Advanced Practice Registered Nurse (APRN)
- Higher Level Practitioner
- Nurse Consultant
- Nurse Clinician
- Nurse Expert
- Expanded Role/Extended Role
- Additional Qualifications
- Certified Nurse Midwife
- Certified Nurse Anaesthetist
- Non-Physician Practitioners

(American association of Colleges of Nursing, 2009; Costello, 2009; Gail, Field, Simpson & Bond, 2003, Walshe, Newham 2001; Lindeke, Canedy & Kay, 1997)

GOVERNMENT NOTICE

DEPARTMENT OF HEALTH

No. 368 **15 May 2014**

THE NURSING ACT, 2005 (ACT No. 33 of 2005)

NOTICE RELATING TO THE CREATION OF CATEGORIES OF PRACTITIONERS IN TERMS OF SECTION 31 (2) OF THE NURSING ACT, 2005

I, Aaron Motsoaledi, Minister of Health, hereby, in terms of section 31 (2) of the Nursing Act, 2005, and after consultation with the South African Nursing Council, create the following category of practitioners—

a. Nurse Specialist.
b. Advance Midwife will onwards be referred to as Midwife Specialist.

These categories of practitioners hold an additional qualification in terms of section 34 of the Nursing Act.

Issues of Paediatric and Neonatal Nursing

- Very few ICUs specialize in the provision of care to the Paediatric or Neonatal patients
- 19.6% beds dedicated to paediatric and neonatal ICU patients within both the public and private sector (Bhagwanjee & Schribante, 2007)
- Paediatric and neonatal patients often admitted to adult ICUs nursed by adult ICU trained nurses
- ICU mortality rate was 42.8% more in the adult ICU versus the Paediatric ICU in a study done in UK. (Pearson, Shann, Barry et al. 1997)

Issues of Paediatric and Neonatal Nursing

- 5.9 million children under the age of 5 years died in 2015 globally
- 75% of the children were infants and
- Most of the infants who died were from the WHO African region (WHO, 2015)
- Neonates often born with potentially critical or life-threatening conditions
- Therefore in need of constant specialist medical and nursing/midwifery monitoring and immediate management by
  - Paediatric or
  - Neonatal nurses

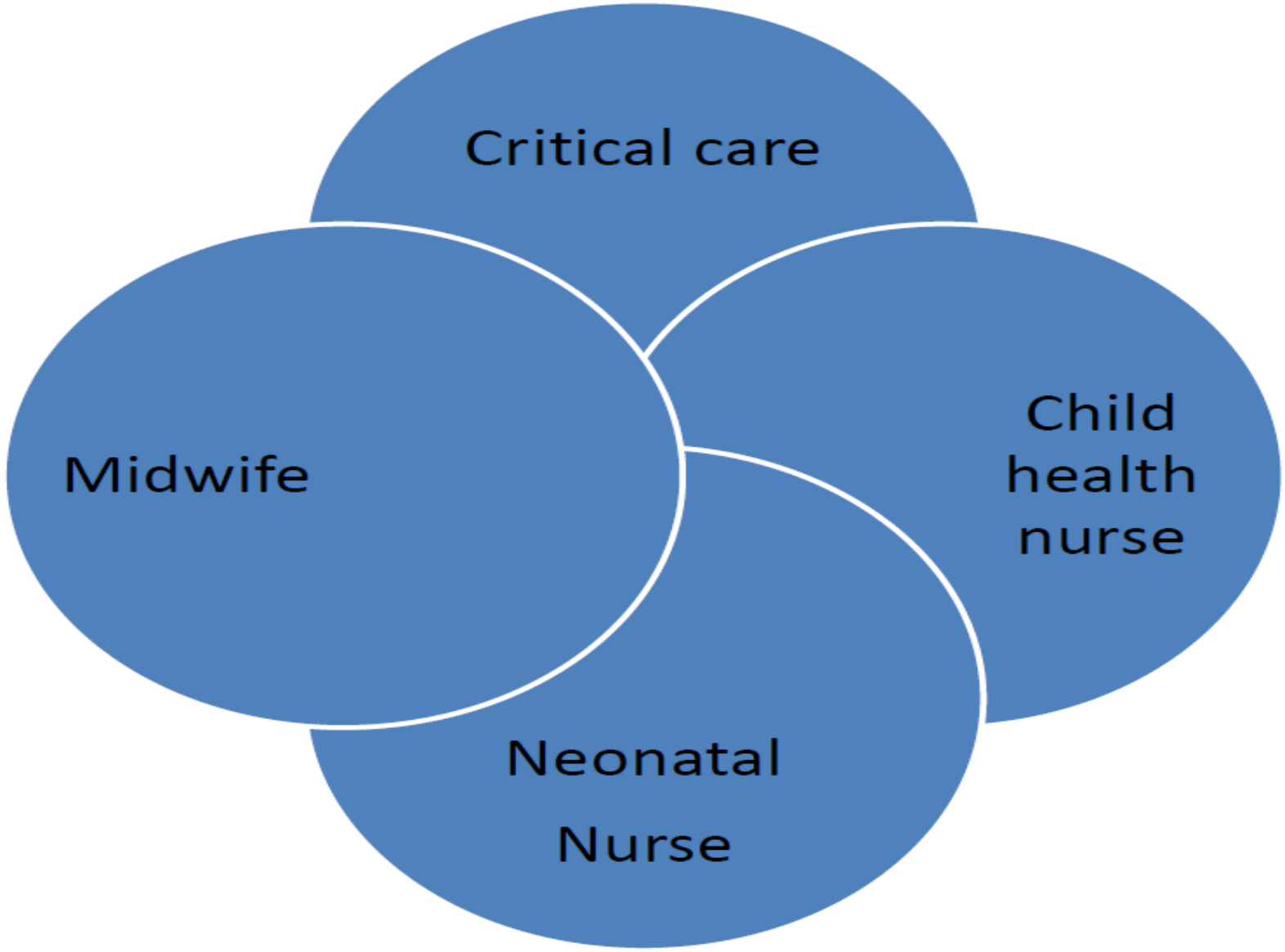
Issues in Paediatric and Neonatal Nursing

- Few registered nurses are exclusively specialized in Neonatal Nursing /Neonatal Intensive Care (NIC)
- Neonatal Nursing or Neonatal ICU not yet accredited by the South African Nursing Council (SANC)
- Therefore neonate taken care of by either:
  - Non-specialized nurses
  - Advanced Midwives
  - Paediatric Nurses/Paediatric ICU Nurses
  - Nurses with a qualification in adult critical care
- Hence treated like ‘small adults’
- Despite being anatomically, physiologically, psychologically and emotionally different (Urden et al, 2018)

Issues in Paediatric and Neonatal Nursing

- Neonatology in Nursing is aligned to Advanced Midwifery (ADM)
  - Anecdotal evidence informs that a sick neonate does not belong to ADM
- Paediatric called child nursing
  - Not mentioning neonate in their competency framework
  - Nor mention of the lifespan of their population among competencies
- OSD considers accredited programmes by SANC
- Therefore tendency for nurses to be attracted to accredited programmes
- Tendency for Neonatal care to fall into cracks
- Cannot take a chance with such high risk population

4. OVERLAP OF COMPETENCIES WITH OTHER NURSING SPECIALIZATIONS



Recommendation

- Strengthen Continuing Professional Development
- Track and recruit short course neonatology nurses. SANC kept the register at some stage
- Overseas recruitment by some private hospitals
- Neonatology association to pursue development of competencies like other specialisations
- Partner with a university/College to train a few cohorts of students for long term
- Could negotiate RPL if you have evidence of achievement of some competencies once Neonatal nursing accredited

Conclusion

- Benefits of APN are evident in literature
- The ball is in your court to negotiate your aspirations in Neonatal nursing
- New graduate APNs although educated about acute care, diagnoses and management, may lack appropriate competency
- This lengthens the time that APNs can practice autonomously
- Nevertheless, necessary to first prepare
  - A receptive context to effect sustainable change (Woo, et al 2017)
- Literature admits that a focused academic programme may facilitate early achievement of competences by the trainee advanced clinical practitioner and allow fast track credentialing
- BUT the nature of tertiary and quaternary care requires considerable patient contact hours until proficiency is reached at the required standard. (Simmone, et al, 2016)

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