



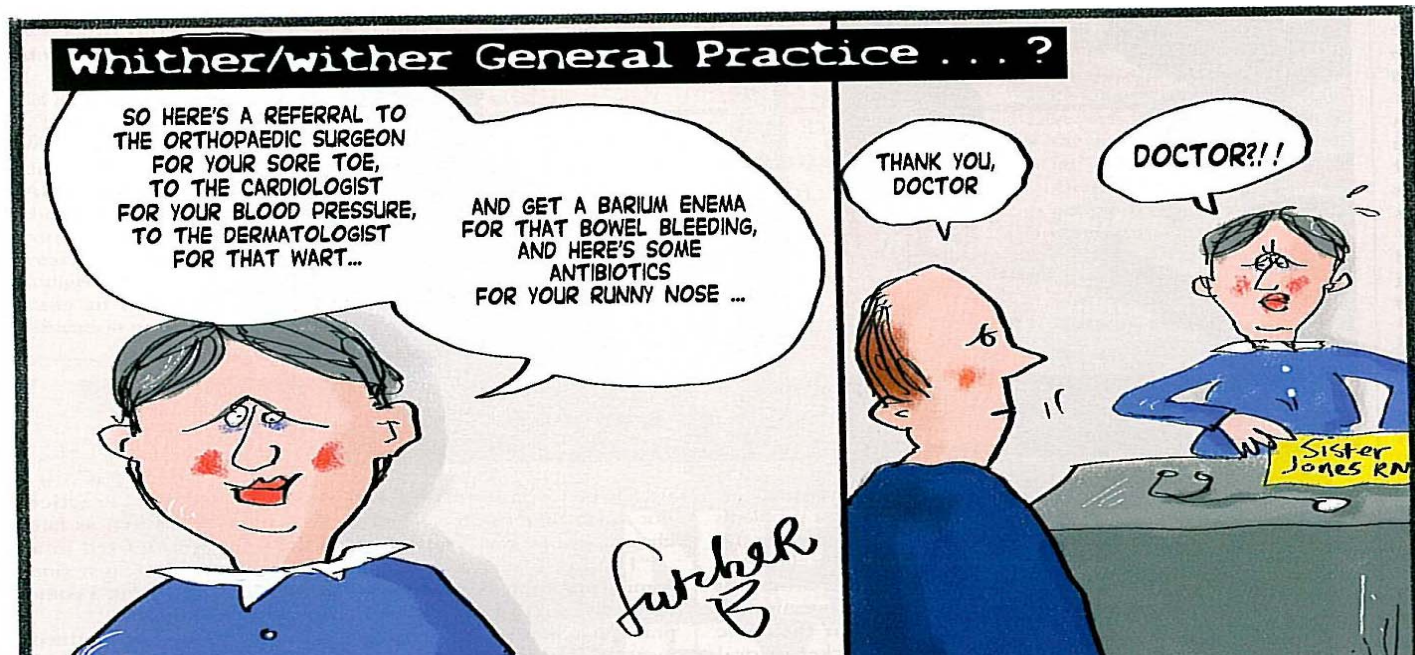
THE NURSE PRACTITIONER ROLE IN GENERAL PRACTICE

A personal prospective.

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ACCESS TO PBS AND MBS FOR NURSES PRACTITIONERS IN 2010

- Federal Budget 2009
- Nurse practitioners/ Practice Nurses? PC Nurses
- Small numbers but expect to grow
- High level of debate currently



WHAT IS A NURSE PRACTITIONER?

“A nurse practitioner is a registered nurse educated and authorised to function autonomously and collaboratively in an advanced and extended clinical role. The nurse practitioner role includes assessment and management of clients using nursing knowledge and skills and may include but is not limited to the direct referral of patients to other health care professionals, prescribing medications and ordering diagnostic investigations. The nurse practitioner role is grounded in the nursing profession’s values, knowledge, theories and practise and provides innovative and flexible health care delivery that complements other health care providers. The scope of practice of the nurse practitioner is determined by the context in which the nurse practitioner is authorised to practise.”

(ANMC NP Competency Standards)

WHAT IS MY VISION FOR MY ROLE

- Triage
- Diagnosis and management
- True collaboration
- Acute illness / Deterioration of chronic condition
- Management of chronic disease
- Direct referral into an appointment with the NP and referral to others including GP / Allied Health / Specialist etc
- NP Competencies



ENDORSEMENT IS JUST THE START

- Health Management Protocol
- How to agree on how I will work
- De-Skilling & addressing duplication
- Extending scope
- Funding models
- Patient acceptance
- Advocacy



TEAMWORK



WHAT ARE SOME OF THE BARRIERS?

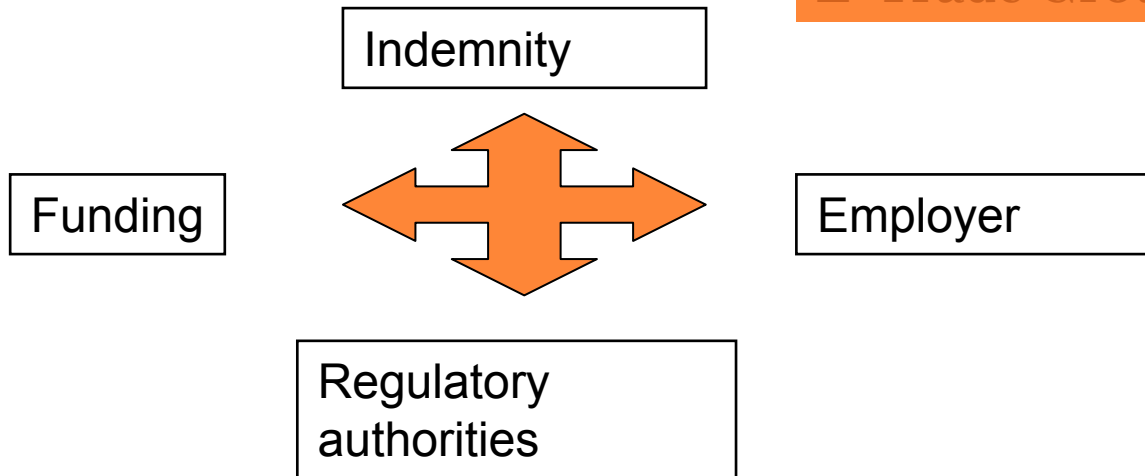
Barriers to the development of the Practice Nurse Role in CDM include:

- Historical lack of multidisciplinary team work in General Practice
- Current funding models
- The culture of General Practice
- Lack of theoretic knowledge and clinical skills of Nurses to extend practice

(Halcomb et al 2007a, NSW Dept Health 2005)

FUTURE CHALLENGES FOR INTEGRATION OF NURSES INTO GENERAL PRACTICE TEAM

- Clinical governance



*'To succeed as a team
is to hold all of the
members accountable
for their expertise'*

*Mitchell Caplan CEO,
E*Trade Group Inc*



WHAT IS NURSE LED CARE?

- Direct referral mechanism
- Assessment and technical skills
- Freedom to initiate diagnostic tests
- Prescription of medication
- Discharge

(Briggs 1997)

THE GOOD NEWS FOR THE NURSE LED CLINIC:

“There is now a very clear signal to support interdisciplinary practice in Australian primary care from the shifting of funding models to support interdisciplinary practice. The time is ripe, therefore, to engage in prospective and strategic planning to harness the benefit of the nursing role in the primary care setting”

(Halcomb 2007b)

COMMUNICATION COMMUNICATION COMMUNICATION

Zwarenstein & Bryant 2000 found:

- Believed that poor communication and unsatisfactory working practices between nurses and doctors may produce conflict and therefore less effective patient care.
- Found that increasing collaboration improved outcomes of importance to patients and health care managers.
- Also reduced costs without harm and improved staff satisfaction and their understanding of patient care

SOME ENABLERS:

- A driving force who is skilled at change management (also known as getting all aboard and thinking it was their idea!!) better if not be the nurse alone.
- Changing item numbers for nurses /
Development in advanced nursing roles
- A GP that is prepared to relinquish some aspects of care to a skilled nurse and not duplicate service
- A clear vision by all involved of what the end result will look like
- An introduction to the nurse and information about their role (by their usual GP)

DEFINING THE ROLE

- Agree on role and responsibilities
- Involve the whole GP team
- Write it down
- Evaluate and improve / maintain it
- Be aware of Role
 - ambiguity
 - conflict
 - overload
 - identity
 - insufficiency

(Brookes et al 2007)

DO YOU FEEL OVERLOADED???

