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The Nurse Practitioner role in Residential Aged Care

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Palliative Care NP

Overview

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- How and why the NP role came about
- An outline of the role
- Summary of achievements
- Formal review 2012
- Further work 2014
- Further opportunities

Why an NP role?

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- Gaps in care provision
- Inadequate timely GP intervention
  - No 24h GP cover in Invercargill
  - Shortage of GPs (overworked, ageing)
- Specialist palliative care service (hospice) does not cover all palliative care need
- The Director of Older Persons Services understood the NP role & organisational needs
- Strong evidence in international literature of cost-effectiveness and efficacy of NP roles
- Recognition that palliative care is an increasing need, and of increasing complexity in long-term care
- Palliative Care Council priorities

How the role came about

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- Left Hospice with a view to developing community based NP role
- Employed by PSS as RN initially
- Informally started NP work in response to unmet need
  - GP unable to visit and hospital transfer not wanted
  - Inadequately controlled symptoms
  - No out of hours options except ED
  - Decision-making required re goals of treatment
- Formal implementation of role 12 months later

Outline of the role

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- 15 hours per week
- Direct clinical care (collaboration with GP)
- Background clinical care (supporting nursing team)
- Out of hours availability
- Resources to support clinical practice – nurses and GPs
- Education and mentoring
- ACP
- Policies/procedures
- Involvement in local & national initiatives
- Collaboration with Gerentology NP
  - Overlap & synergy

Why the role is effective

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- Fluid and flexible
  - Flexible hours
    - Benefits me – other, national, work
    - Benefits organisation – out of hours availability
  - Flexible workload
    - To meet clinical need in a timely manner
    - To meet educational and wider organisation need
- Working WITHIN the organisation
  - Understanding of organisation need/resource constraints
  - Understanding of needs and constraints of nursing team

Summary of achievements

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- Improved end of life care and symptom management
- Improved staff autonomy with safe, effective medication use
- Increased pro-active (rather than re-active) care
- Reduced hospital transfers
- More residents die in place of choice
- Reduced complaints
- Improved staff satisfaction

2012 Review

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- 12 months after formal inception of the role
- Quantitative clinical data collected
- Qualitative – GPs and staff
- Anecdotal evidence

Summary of outcomes

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Quantitative:

- Hospital transfers directly prevented
- Unscheduled GP visits & charting directly prevented
- Specific improved outcomes clearly demonstrated
- Many more outcomes which were difficult to demonstrate quantitatively

Summary of outcomes

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- Qualitative:
- GPs hugely positive of the role
  - Time taken with families
  - Assist with prescribing
- All staff respondents identified the role as being positive
  - Improved medication management
  - Improved planning and end of life choices
  - Improved timliness of response
  - Improved staff support/job satisfaction

ACP review 2012 (6 month period)

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- Quantitative data
- GP, staff and family survey
- Quantitative outcomes included:
  - 63 conversations
  - 19 Residents died - preferences were met
- Qualitative outcomes included:
  - Significant support from GPs and staff
  - Most GPs felt staff, then NP, should be having he conversations
  - All families who responded were hugely supportive of ACP
    - Wishes were listened to; pressure taken off; relief; no need for repeated discussions

File review 2014

- Review of all deceased Residents' files 2009 & 2012
  - Duration of admission
  - Number of hospital transfers and reasons (last 12 months)
  - Number of unscheduled GP visits (last 12 months)
  - ACP or not
  - Place of death
  - Number of comorbidities (*indication* of complexity)

Opportunities

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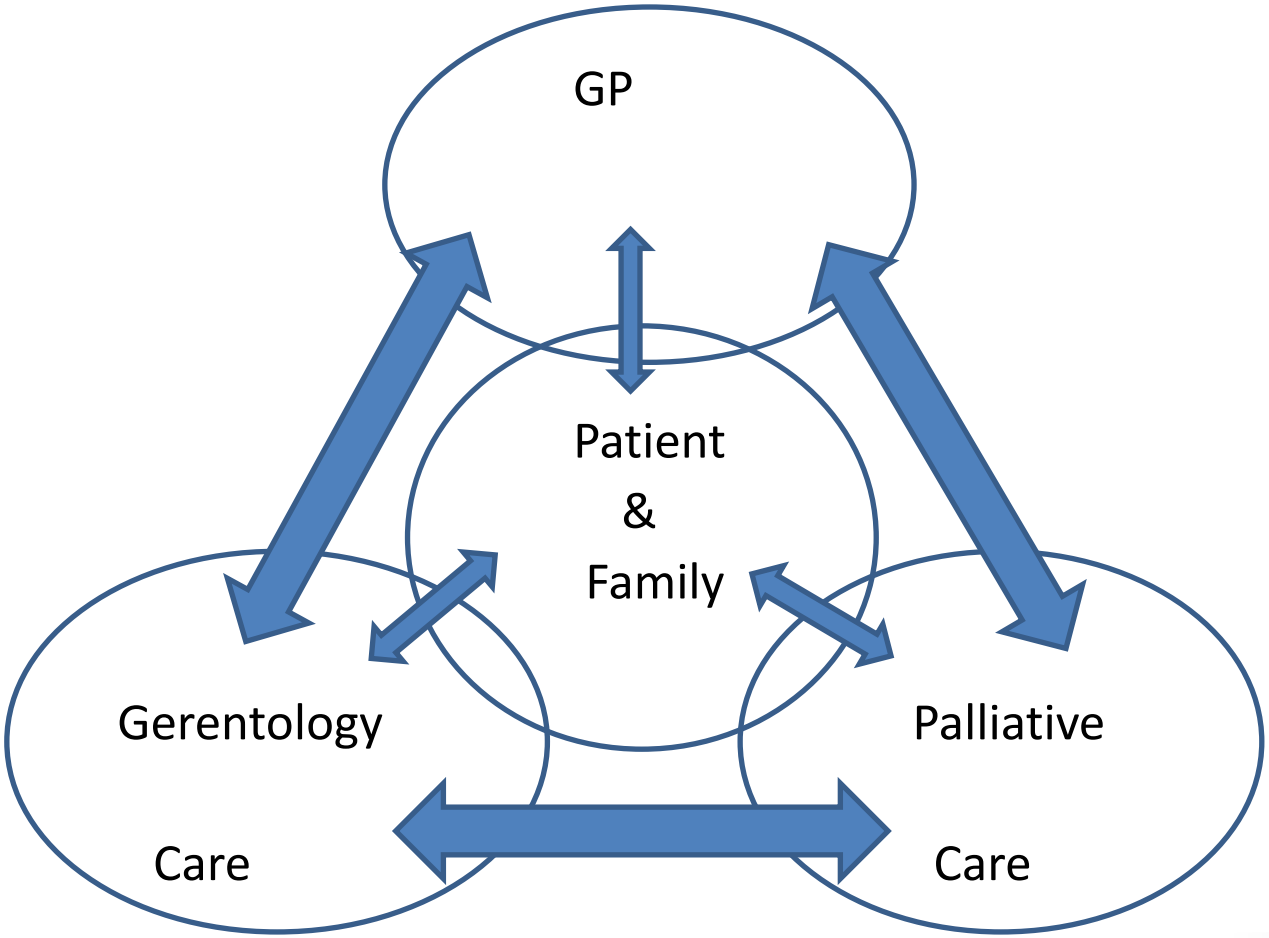
- Further increase capacity and capability
  - Advanced Practice Group => develop CNS capability
  - Palliative care competency framework
  - Pain management Knowledge and Skills Framework
- Future CNS and NP roles more commonplace
  - Encourage and support new nurses to advance their practice
- Improve Advance Care Planning
  - Need to offer to ALL Residents/families
  - Improved public awareness
  - Improved use of ACP process in secondary care
- Improve collaboration => increase efficiency

Collaboration



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THANK YOU!

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