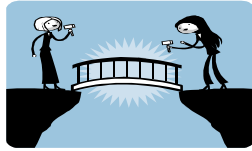


IMPROVING AGED CARE: The Nurse Practitioner Role



Broadmeadows Health Service
Northern Health, Melbourne
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Objectives

- Why Nurse Practitioners in Aged Care?
- Implementing the ACNP model.
- Evaluation of the ACNP model
- Barriers and enablers

Context

- Increasing health care costs
- Increasing complex chronic conditions
- Recruitment and retention of staff in aged care
- Shortage of GP's
- Ageing population!

Ageing Statistics

- 2007 Australia's population = 21 million.
 - ◆ 3% > 65 years or older.
 - ◆ 1.6% > 85 years or over.
- Yr 2056 predicted population increase = between 31 and 43 million people!
 - ◆ 23-25% Australians > 65 years or over.
 - ◆ 5% to 7% (1.7 - 3.1 million) aged > 85 years or over people.

Australian bureau of statistics (ABS).

Context

- Nursing crisis = health care crisis!
- Lack of interest in aged care as a career path
- Increased scope of postgraduate nursing education
- Shifting professional boundaries

Nurse Practitioner

- *“A registered nurse educated and authorised (endorsed) to function autonomously and collaboratively in an advanced and extended clinical role”*
 - ◆ Referral of patients to other health professionals
 - ◆ Prescribing medications
 - ◆ Ordering diagnostics

(ANMC 2004)

ACNP Pilot Projects

- DHS funded 3 nurse practitioner pilot projects in aged care in 2003
 - ◆ Sub-acute/continuing care
 - ◆ RDNS
 - ◆ Residential care

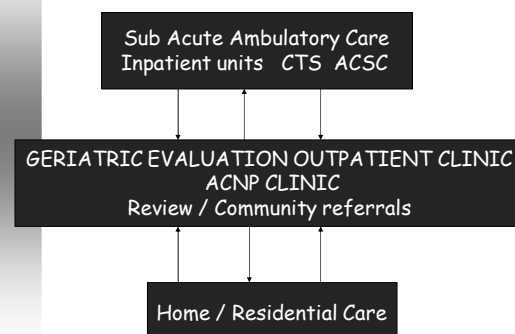
ACNP: Sub-acute Model

- Recognised role for the ACNP
- Trend of :
 - ◆ Increased demand for services
 - ◆ Greater complexity of patient needs
 - ◆ Changing service provision and new program development (GEOC,ACSC,CTS)
- Provision of a service to match patient needs

ACNP; Implementation

- Involvement of key stakeholders
- Steering committee formed
- Development of the model of care
- Identifying educational needs
- Identifying opportunities for advanced practice
- Developing clinical practice guidelines

BHS Aged Care NP Model



Geriatric Evaluation Outpatient Clinic & Aged Care Nurse Practitioner Clinic

Community referrals

- Comprehensive geriatric assessment
- Risk screening
- Ordering pathology
- Care planning
- Admission / referral

Review

- Effectiveness of discharge plan
- Maintenance of gains
- Review of progress
- Further referral
- Review of investigations
- Liaison with community providers

Sub Acute Ambulatory Care Services Community Therapy Service

- Multidisciplinary team
- ACNPC attends 2 weekly case conferences
- Cognitive pathway- cognitive screening & dementia assessment
- Falls pathway-visual screen, secondary medication review
- Referral to the geriatrician/rehabilitation consultant

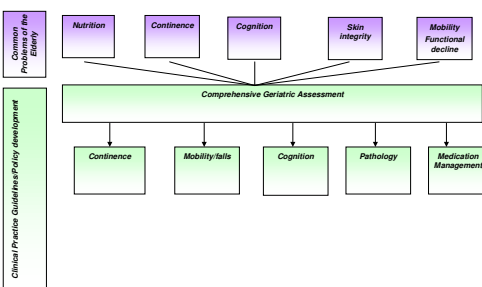
Sub Acute Ambulatory Care HARP Rapid Response Team

- Multidisciplinary team
- Complex needs at risk of hospitalisation
- Contributes as core part of the team, attends weekly meetings
- Refers to the geriatric outpatient clinic
- Admission to the inpatient units at BHS

Home / Residential Care

- Fast track for review
- Contact with GP and community services
- Potential to avoid acute admissions
- Referral, diagnostics and medical management
- Early initiation of services, admission to sub- acute with plan of care initiated

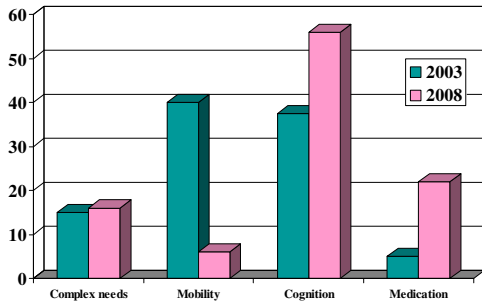
Scope Of Practice



Evaluation 2003 & 2008

- Audit of NP activities
- Health professional survey
- Patient/carer satisfaction surveys

Referrals to ACNP



Audit of NP - Extended Practice

■ Medications; NP intervention for review, change or initiation of medication

	Medication Management	Initiation of new medication	Change/cease medication	Medication review
2003	31%	7%	5%	19%
2008	100%	50%	30%	30%

Audit of NP - Extended Practice

■ Referrals

- ◆ In 2003 - 16%
- ◆ In 2008 - 20%

■ Diagnostics

Diagnostics	Pathology	MSU	CTB/XR
2003	48%	9%	12/ 7%
2008	50%	20%	20/ 0%

Patient/Carer Surveys

- Themes are consistent in 2003 & 2008
 - ◆ Quality of care
83% = excellent 17% = very good
 - ◆ Able to manage their health
Better = 83% Same = 17% Worse = 0
“Better explanation and assessment”
- If you required treatment again would you prefer
 - ◆ Home visit = 100%,
 - ◆ Home visit and clinic = 50%,
 - ◆ Clinic alone = 0% different service = 0%

GP Satisfaction Survey

- 100% of GP's indicated that the ACNP communication was “always” or “often”

Timely, kept them informed, well documented, & “always” professional
comments:

“Useful to know what is actually going on”

Any concerns about the NP model?

“None actually”

Summary

- Impact has been positive – both in figures (KPI's) and patient satisfaction
- Potential for cost savings
- Smooth transition between care sectors
- Improved discharge planning & follow up
- Reduction in waiting times
- Improved access to care
- Development of a clinical career pathway - potential for improved recruitment

Way Forward

■ Barriers

- ◆ Confusion around the role of NP's
- ◆ Low numbers of ACNP's in Victoria
- ◆ Lack of access to provider numbers

Way Forward

■ Enablers

- ◆ Government and organisational support
- ◆ Refinement and clarification of the process for NP endorsement
- ◆ Mentoring and support for NP and NPCs

– Thanks for listening!