The Role of Advanced Nursing Practice in Palliative Care – a regional discussion

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Content

- What do we mean by Advanced Nursing Practice?
- Main differences between CNS and NP
- CNS in a hospital and community
- NP hospital and community
- CNS in community setting
- Benefits of advance nursing roles
- Discussion
What do we mean by advanced nursing practice?

- Autonomy to practice at the edges of expanding boundaries of nursing
- Using theoretical framework and scholarly enquiry
- Being an expert-by-experience in a specialty is not, on its own, sufficient for advanced nursing practice
- An advanced nursing practice role would include practice, education, research, leadership
- Includes CNS and NP roles
- Educational preparation should include Masters Degree (from 2010)

(Taken from NZNO position statement on advanced nursing practice)
<table>
<thead>
<tr>
<th>CRITERIA</th>
<th>NURSE PRACTITIONER</th>
<th>CLINICAL NURSE SPECIALIST</th>
<th>SPECIALTY CLINICAL NURSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Focus</td>
<td><strong>Broad scope of practice related to population and speciality. May case manage population/patient group</strong></td>
<td><strong>Specific skill/intervention and/or disease type/health promotion management. Defined specialist area of practice. May case manage with support</strong></td>
<td><strong>Practices within a specific practice area using a greater knowledge than RNs at other levels</strong></td>
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<tr>
<td>Nursing Role</td>
<td><strong>Complete patient management through advanced skills – assessment, differential diagnosis, treatment and evaluation</strong></td>
<td><strong>Both extended aspects and expanded role dependant on patient needs</strong></td>
<td><strong>May include extended aspects</strong></td>
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<tr>
<td>Resource for</td>
<td><strong>Patient, family, community, health professionals (service/local/national level). Consultant for organisations. Revenue generator</strong></td>
<td><strong>Skill or specialty care to patients</strong></td>
<td><strong>Practice area</strong></td>
</tr>
<tr>
<td>Context</td>
<td><strong>Autonomous with clinical responsibility, expanding across services. May run nurse-led clinic</strong></td>
<td><strong>Independent within a speciality team. May extend across service.</strong></td>
<td><strong>Multidisciplinary team member within a ward or unit</strong></td>
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<tr>
<td>Practice Scope</td>
<td><strong>Holistic management of patients utilising specialist expertise. Utilises advanced assessment, diagnostic and treatment skills which may include pharmacotherapy</strong></td>
<td><strong>Specialist care that may include delegated responsibilities, diagnostics and implementation of treatment protocols/standing orders.</strong></td>
<td><strong>Skilled Management of patient in specialty ward/unit/or Community Practice</strong></td>
</tr>
<tr>
<td>Requirements</td>
<td><strong>Must be a strong and progressive leader. Must be involved in policy at a National and Local/service level</strong></td>
<td><strong>May be a strong and progressive leader. May be involved in policy at a national and Local/service level</strong></td>
<td><strong>May have a leadership role May be involved in policy at a national and Local/service level</strong></td>
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Model for Advanced Nursing Development (Mearns, 2005)

- Traditonal Nursing Role
- Advanced Nursing Duties
- Nurse Practitioner
- Clinical Nurse Specialist

Moving Outside Comfort Zone

Personal Characteristics

Environmental Influence
CNS in hospital palliative care team

- research based, professional specialist palliative care and support to all patients with life limiting disease
- provide skilled, flexible palliative care to meet the health needs of individuals and carers within the Hospital setting.
- work collaboratively with other health care professionals
- improve the ability of hospital staff to provide palliative care through specialist education.
CNS in hospital palliative care – does it make a difference?

- Patient
- Nursing personnel
- System (healthcare system)

What research has shown…

How do I know it’s working?
PC Nurse Practitioner CDHB

- **Change of focus** - broad/strategic
- **Increased role** - coordination, evaluation, outcomes
- **Continuity** - through strategic planning, policy and service provision
- **Workforce planning**
  - Advanced clinical expertise: **assessment, diagnosis, treatment, planning. Order tests/investigations/prescribe Tx**
- **Collaboration** - provide complementary skills
NP CDHB cont

- Provide flexibility - focus on the patient, Whanau & wider community
- Provide PC leadership & role modeling
- Education & teaching - empowering
- Mentorship/coaching
- Reduce inequalities
- Quality & research develops evidence based standards, quality initiatives & research projects
Initial goals – making a difference?

- Case manage an episode of care; in collaboration & facilitating transitions & goals of care
- Reduce/prevent unnecessary admissions
- Reduce time waiting for a prescriber
- Provide a total package, flexibility & responsiveness
- Education - patients/whanau/generalist HP
- Improving patient outcomes
Local/regional Gaps

Lack of cohesive PC service delivery & patient information: Hospital - Nurse Maude CNS – DN’s
5 Local regional DHB hospitals
Rest homes - more complex residents
Young people 20-50 yr olds - ? placement
Minority groups - Maori/non-malignant
The wider region - West Coast
Lack of cohesive PC education
Possible role development - collaborative opportunities

- Developing Regional Palliative Care & Education strategy
- Improving structural systems in the delivery of palliative care - place of choice / PPC
- Improving information flow
- Bridging the divide - joint funding
- Working with CNS community team
Collaborative opportunities cont

- Initiatives to reduce disparities - improve access ie non-malignant disease, Maori - Ngai Tahu
- Enhancing generalist capacity & education
  - Chronic progressive disease management
  - Learning through practice - resource to DN’s, RCF
- Nurse led PC clinics - improve efficiency
Difficulties/limitations

- Time to develop the role – Funding only for an “upgrade” from CNS
- Continue to provide daily consults + PMH
- Building HR capacity within the service – mentoring
CNS in community settings

- Advanced level clinical interventions
- Case manage with support
- Collaboration
- Modelling of advanced nursing practice
- Support / resource for generalists
- Arrange/coordinates staff education
- Develop links with community groups
- Min PG dip in specialty practice (and working towards Masters degree) plus min 5yrs PG experience and 3 years (2 years senior role) in specialty practice
CNS in community settings

This role central to the future development of palliative care services in the community generating a culture of sharing knowledge and expertise
NP in Community settings

- Systematic support and intervention for RACFs in providing a palliative approach
- Palliative care consultation and intervention across the Primary Care sector (as is available in hospital)
- Timely specialist palliative care support and intervention for all people who need it
NP in Community settings

- Autonomy in clinical practice, including prescribing, means more prompt, effective interventions
- Better, sooner, more convenient
- New role – requires strong leadership across settings and disciplines to promote cohesion
Aged Care setting – some outcomes of palliative care NP role
149 in-patient beds across 2 facilities
September 2010 – June 2011

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<thead>
<tr>
<th>Outcome</th>
<th>Number of occasions</th>
<th>Explanatory notes</th>
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<tr>
<td>Hospital transfers directly and definitely prevented</td>
<td>8</td>
<td></td>
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<tr>
<td>Rapid intervention with improved measurable outcomes</td>
<td>26</td>
<td>In addition to hospital transfer prevention above. In these situations GPs were often unable to visit for several hours</td>
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<tr>
<td>Unscheduled GP visits avoided</td>
<td>16</td>
<td></td>
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<tr>
<td>Advance Care Plan (ACP) discussions completed with residents</td>
<td>31</td>
<td>NP is in the process of implementing ACP across the organisation in line with national initiative. PSS believe that this initiative will further improve overall care and treatment for residents; positive outcomes are well documented in the international literature</td>
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<tr>
<td>Total NP DIRECT clinical contacts</td>
<td>234</td>
<td>Clear overall benefit to resident, family and/or staff and well supported and appreciated by GPs</td>
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Benefits of advanced nursing roles in palliative care

- Excellence and innovation in clinical care promoting improved patient outcomes such as prompt, effective symptom management based on best practice
- Leadership and innovation in service delivery leading to proactive interventions/change processes within clinical setting or across settings, in turn leading to improved patient outcomes
- Advanced level support and resource across disciplines (including medical and allied health staff)
- Advanced level support and resource for non-specialist providers of palliative care thus improving patient outcomes across settings
Discussion

- Do you have advanced nursing practice roles in your setting?
- If so, what are the benefits? How well is it working?
- How do you see advanced nursing practice roles fitting in to your setting?
- What might be some challenges with establishing such roles?