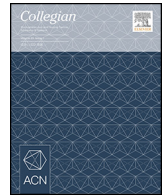




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## Profiling Nurse Practitioner practice patterns at a major urban acute health service

Grainne Lowe<sup>a,b,\*</sup>, Natasha Jennings<sup>a</sup>, Peter Tregaskis<sup>a</sup>, Anne Kenneally<sup>a</sup>, Tracey Bucknall<sup>a,b</sup>

<sup>a</sup> Alfred Hospital, Commercial Road, Melbourne 3004, Australia

<sup>b</sup> Deakin University, Burwood Highway, Burwood 3125, Australia

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### ABSTRACT

**Background:** Research detailing the practice patterns and services provided by nurse practitioners within a large health care facility is currently lacking in the literature. This study fills a gap in the literature by reporting on the practices of nurse practitioners in a variety of clinical specialty areas within the one health care setting.

**Aim:** To identify the practices of nurse practitioners in different contexts across one health service. **Background:** An expanding cohort of nurse practitioners within an Australian health service increasingly delivers services to more complex patients. Understanding this phenomenon assists future workforce planning.

**Methods:** An exploratory survey of nurse practitioner practice patterns in a metropolitan health service was conducted. Nurse practitioners electronically entered data from patient encounters for two weeks. Descriptive analysis of the quantitative data was conducted.

**Results:** Nine nurse practitioner specialties were identified and 341 encounters were analysed. All specialty groups included counselling and education in patient management. The use of nurse practitioner extensions to practice was dependent on the specialty area including prescribing medicines.

**Conclusions:** Nurse practitioner scope of practice differs across specialties and is determined by patient cohorts and associated diagnoses. The results highlighted the diversity and depth of services provided by nurse practitioners. Understanding the scope of practice assist with future nurse practitioner role development and implementation.

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#### Problem

Little is known about the specific practice patterns of Nurse Practitioners NPs across clinical specialty areas within an organisational context

#### What is known about this topic:

- NPs provide safe care to patients in a wide variety of settings.
- The scope of practice for NPs is defined by the setting in which they work.
- Barriers continue to obstruct many NPs working to their full scope of practice.

#### What this paper adds:

- A profiling of NPs across different specialty areas within the one health care organisation.
- The practice patterns of day to day work of NPs in different specialty areas.
- A discussion about the similarities and differences of practice patterns across specialty areas in order to facilitate future role development and support.

#### 1. Introduction

There is evidence reporting benefits to patient outcomes associated with the inclusion of NP roles, such as improved service delivery (Schoenwald, 2011), high levels of patient satisfaction (Jennings, Lee, Chao & Keating, 2009) and improved teamwork (Wilson, Cameron & Jennings, 2008). Other research has explored

\* Corresponding author at: School of Nursing & Midwifery, Deakin University, 221 Burwood Highway, Burwood, Victoria 3125, Australia.  
E-mail address: [g.lowe@deakin.edu.au](mailto:g.lowe@deakin.edu.au) (G. Lowe).

the role of NPs in a variety of settings, each differing in their context and particular focus whilst adding to the body of literature supporting an understanding of the role to healthcare delivery. Many of the studies report findings from particular aspects of the role such as patient satisfaction (Jennings, Clifford, Fox, O'Connell & Gardner, 2015) or improved outcomes when NPs work to full scope of practice (Oliver, Pennington, Revelle, & Rantz 2014), whilst others report on specific clinical contexts, such as aged care (Prosser et al., 2013), critical care (Jackson & Carberry, 2014), diabetes care (Murfet, Allen & Hingston, 2014) and mental health (Wand, D'Abrew, Barnett, Acret & White, 2015). Other studies have focussed on identifying clinical and non-clinical aspects of the role (Gardner & Gardner, 2005 National Nursing and Nursing Education Taskforce, 2005). Despite these many works, the dynamic nature of the role is yet to be fully understood and there remains a dearth of information about how the role is characterized in both scope of practice and tangible patient outcome benefits.

The NP role is responsive to changing organisational and patient needs. Within the Australian context the scope of the role is evolving to meet gaps in healthcare services or to improve access to existing services. Currently figures report that there are approximately 1400 authorised NPs nationally, with numbers varying across the different states and territories (Nursing and Midwifery Board Australia, 2016). At this time, there is an unknown number of those in positions working towards endorsement as a NP at any given time.

Research describing a range of services and areas of practice delivered by NPs and how these impact on patient outcomes and organisational capability, can assist in highlighting the value of the services provided by NPs. This study fills a gap in the literature by reporting on the practices of NPs in a variety of clinical specialty areas within the one health care setting. The aim of this research was to develop a minimum data set which could be used to capture NP scope of practice, which could be used to link the NP minimum data set to patient outcomes. Phase one of the study was to establish the practice patterns of NPs across Alfred Health, a major metropolitan health service using a validated tool.

NP roles across Alfred Health are diverse and situated across a variety of specialized clinical areas including: emergency (ED), mental health/emergency (MHED), mental health/aged care (MHAC), sexual health (SH), renal, Mobile Aged Care Team (MACT) and pain services, with the newest NP models developed in ophthalmology, haematology/cancer, burns, stroke management and HIV management.

## 2. Methods

A quantitative survey design was used for the study It was based upon the Australian Nurse Practitioner Research (AUSPRAC) study (Gardner et al., 2009).

### 2.1. Setting

Alfred Health in Melbourne, Australia is a major adult tertiary referral centre and incorporates the Alfred hospital, Caulfield hospital and Sandringham hospital. The Alfred hospital is the state of Victoria's adult primary referral centre for burns, haemophilia, acute haematological emergencies, hyperbaric therapy, HIV, bone marrow transplantation, heart–lung transplantation, cystic fibrosis and one of two centres for adult major trauma. A NP model of care was first developed in 2004 within the Emergency Department, and at the time of data collection had extended to six different models across inpatient, ambulatory and community care settings.

### 2.2. Sample

All Endorsed Nurse Practitioners (N=20) employed at Alfred Health were invited to take part in the survey.

### 2.3. Instrument

The AUSPRAC data abstraction tool for auditing NP service was piloted and adapted to enable an online version of the data collection tool to be devised. Slight modifications were made to the data abstraction tool, one of the components of the AUSPRAC toolkit developed by Gardner et al. (2009), following discussions with the NP team working at the organisation to ensure all relevant data were included. There were 2 minor changes; inclusion of an option “ceasing medications” and the inclusion of registered nurse (RN) into the referred to and referred from sections. The tool consisted of seven sections; demographics, diagnosis, investigations pathology and radiology, prescribed medications, therapeutic interventions and referrals made or received.

### 2.4. Data collection

Following ethics approval from The Alfred Hospital Research & Ethics Committee a link was provided to participants enabling online access to the survey through REDCap, a secure online data collection program (Obeid et al., 2012). Participants entered information about their patient interactions over a 2-week period directly onto the REDCap collection tool.

### 2.5. Data analysis

Descriptive statistics were performed for frequency analysis to identify median and interquartile ranges for demographics. Simple descriptions were used for the following variables: principle diagnosis, diagnostics, radiology, medications class per specialty, therapeutic interventions, referrals made by NPs, referrals received by NPs. The analysis was performed using Stata version 12.0.

## 3. Results

### 3.1. Demographics

Of the total number of NPs eligible to participant, a response rate 60% was achieved with 12 NPs completing the survey. Of the respondents, there were seven specialties of practice identified. Emergency Department NP (ED) were the highest number of respondents (n=4) and all other specialties had one representative (n=1). Other NP specialties included Renal, Pain, Sexual Health, Mental Health Aged Care (MHAC), Mental Health Emergency Department (MHED) and a Mobile Aged Care Team (MACT) NP. See Table 1.

NPs experience ranged from 0 to 140 months with the median 30 months (IQR 10–96). Over the study period, 301 patient encounters were entered onto REDCap. Three encounters were deleted due to missing data fields leaving a total of 298 encounters for analysis.

### 3.2. Diagnosis

A total of 74 principle diagnoses were identified in the data set. The most frequent diagnosis was dependent on the NP specialty area of practice. The Renal NP encounters related mainly to end stage renal failure (from a variety of causes), whilst Alzheimers disease was the most common diagnosis in the Aged Care NP cohort (MHAC and MACT). Patients with sexually transmitted diseases were most common for the Sexual Health NP (SH), injuries for

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