

Advanced Roles for Nurses: Clinical Nurse Specialists and Nurse Practitioners

CAHSPR Subplenary
May 30th, 2012



Advanced Practice Nurse

Inspire •

Engage •

Lead •

- Registered nurse
- Graduate nursing degree
- Expert clinician with advanced clinical decision-making skills and a high level of autonomy
- Expanded scope of practice
- Formal credentialing process



Competencies

Inspire •

Engage •

Lead •

- Clinical
- Education
- Research
- Leadership
- Consultation and Collaboration

Types of Advanced Practice Nurses in Canada

Inspire •

- Clinical Nurse Specialist (CNS)
- Nurse Practitioner (NP)
 - NP-Adult
 - NP-Paediatrics
 - NP-Primary Health Care
 - NP-Anesthesia Care

Engage •

Lead •



Nurse Practitioners

Inspire •

Engage •

Lead •

- Involved in health promotion, disease prevention and acute and chronic illness management
- Diagnose
- Order and interpret diagnostic tests
- Prescribe pharmaceuticals
- Perform specific procedures within their legislated scope of practice



Clinical Nurse Specialists

Inspire •

- Contribute to development of nursing knowledge and evidence-based practice and facilitate system change

Engage •

- Address complex health care issues for patients, families, other disciplines, administrators, and policy makers

Lead •

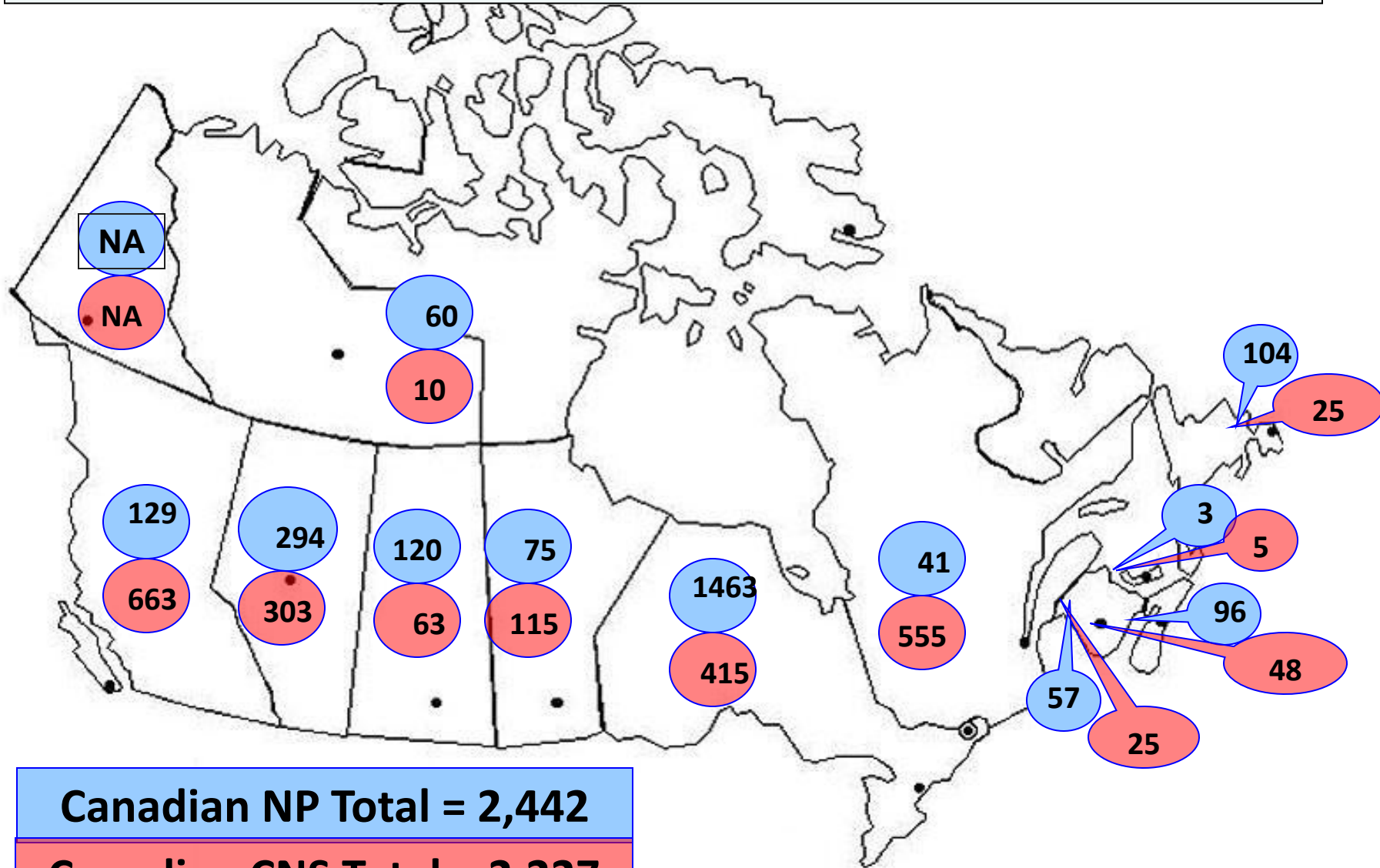
- Specialize in specific area of practice that may be defined in terms of a population, a setting, a disease or medical subspecialty, type of care, or type of problem

Continuum of APN Roles



Bryant-Lukosius, D. (2004 & 2008). *The continuum of advanced practice nursing roles*. Unpublished document.

Advanced Practice Nursing Workforce in Canada by Province/Territory in 2009



Canadian NP Total = 2,442

Canadian CNS Total = 2,227



NP roles

- 40+ year history in Canada
- Drivers for NPs in Primary Health Care: Canadian Nurse Practitioner Initiative (CNPI) and emphasis on interprofessional primary health care delivery
- Drivers for NPs in acute care settings: physician shortages
- Education programs, research and development of NP practice
- Legislation exists in all 13 provinces/territories
- Numbers increasing quickly across Canada



NP roles

- Regulatory mechanisms to support expanded scope of practice
- Increased integration across various types of practice settings
- Introduction of NP-led clinics in areas of physician shortages
- Recent Ontario studies have shown that:
 - high quality chronic disease management in primary care associated with presence of NP (Russell et al, 2009)
 - NPs and PAs associated with significant reduction in ED wait times, length of stay, and proportion of patients leaving without being seen (Ducharme et al, 2009)



CNS roles

- 40+ year history in Canada
- Less understanding and awareness especially of clinical role
- Limited access to CNS-specific graduate education programs
- No additional license as practice falls within the scope of practice of the registered nurse
- Lack of credentialing and role titling makes it difficult to accurately assess employment trends



CNS roles

- Number of CNSs declining especially in British Columbia and Ontario
- Some pockets of higher deployment, but nationally stagnant growth in role development or use
- Lack of a national voice or vision for the role in the Canadian health care system
- Little CNS-focused research in Canada



Effectiveness of APNs

Numerous randomized controlled trials (RCTs) and systematic reviews have shown that APNs are effective, safe practitioners who can positively influence patient, provider and health system outcomes:

PHCNPs:	28 RCTs (18 since 2000)
Specialist NPs:	18 RCTs (11 since 2000)
CNSs:	32 RCTs (20 since 2000)



Outcomes

Inspire •

Patient:

- Health status
- Quality of life
- Quality of care
- Satisfaction

Provider:

Satisfaction

Health System:

Cost

Length of stay

Engage •

Lead •

PHCNPs (28 RCTs)

US: 15, UK: 8; NE: 2, CA: 3

Inspire •

Engage •

Lead •

	Health Status	Quality of Life	Quality of Care	Patient Satisfaction	Provider Satisfaction	Cost	Length of Stay
Improvement	7			6		2	1
Decline						1	
No difference	15	2	2	5	1	1	

Specialist NPs (18 RCTs)

US: 10, UK: 6; AU: 1, CA: 1

Inspire •

Engage •

Lead •

	Health Status	Quality of Life	Quality of Care	Patient Satisfaction	Provider Satisfaction	Cost	Length of Stay
Improvement	5			5	1	2	2
Decline							1
No difference	7	1	7	2	1	2	2



Recent Systematic Review

Newhouse RP et al. (2011)

Advanced Practice Nurse Outcomes 1990-2008: A Systematic Review NURSING ECONOMIC\$/September-October 2011/Vol. 29/No. 5/pp.1-22.

- Published studies conducted in US between 1990 and 2008
- 14 randomized controlled trials of NPs (12 high quality): NP outcomes similar to comparison groups
- 4 randomized controlled trials of CNSs (all high quality): CNSs in acute care reduce length of stay and cost of care for hospitalized patients.



Decision Support Synthesis

Inspire •

To conduct a literature review and stakeholder interviews to:

- Identify and describe distinguishing characteristics of CNS and NP role definitions and competencies
- Identify key barriers and facilitators for effective development and utilization of CNS and NP roles

Engage •

Scoping Review of Literature: 468 papers (all Canadian papers of any type or date and international review papers 2003-2008)

Lead •

Key Stakeholder Interviews (81): APNs, government policymakers, nurse administrators, regulators, educators, physicians, other health care team members



Decision Support Synthesis

Special Issue – December 2010

- 10 papers summarizing the DSS
- Peer-reviewed
- Introduction by decision makers
- Three commentaries
- Guest editor: Dot Pringle
- Fully and freely available on line:



<http://www.longwoods.com/publications/nursing-leadership/22240>

General Facilitators to APN Role Integration

Inspire •

- Systematic patient-focused planning to guide role development including early stakeholder involvement

Engage •

- Clearly defined roles
- Public and health provider awareness and acceptance

Lead •



PHCNPs – Facilitators and Challenges

Facilitators:

- Government legislation and regulation
- Government funding for NP positions
- Emphasis on interprofessional collaboration facilitated by a shift away from fee-for-service physician reimbursement

Challenges:

- Working out relationship between two autonomous clinicians (NPs and physicians) with substantial overlap in scope of practice
- Inconsistencies in educational preparation across Canada
- Lack of rigorous studies to examine cost-effectiveness of role



Specialist NPs – Facilitators and Challenges

Inspire •

Facilitators:

- Support from medical and nursing administrators within hospitals
- Support from physician colleagues who appreciate help with heavy patient care demands

Engage •

Challenges:

- Difficulty implementing non-clinical dimensions of the role
- Limitations to scope of practice due to hospital restrictions on NPs' autonomous ordering and prescribing
- Inconsistent team acceptance
- Funding of role

Lead •



CNSs – Facilitators and Challenges

Facilitators:

- Support of health administrators
- Increased emphasis on promoting evidence-based practice

Challenges:

- Lack of a common vision and understanding of the CNS role
- Limited access to CNS-specific graduate education programs
- Lack of title protection or credentialing



Research Agenda

- Conduct further research on:
 - the 'value-added' of APN roles in various types of settings
 - their impact on healthcare costs
 - the CNS role

May Be of Interest

CHSRF Mythbuster: Seeing an NP Instead of a Doctor is Second Class Care

<http://www.chsrf.ca/PublicationsAndResources/Mythbusters/ArticleView/10-06-01/e4e5725f-ae5c-4369-b9c3-dfcd597b1afe.aspx>

OECD Working Paper (July 2010): Nurses in Advanced Roles: A Description and Evaluation of Experiences in 12 Developed Countries

http://www.oecd-ilibrary.org/social-issues-migration-health/nurses-in-advanced-roles_5kmbrcfms5g7-en