

NPs enhance care at private hospital

A nurse practitioner intern programme at Tauranga's Grace Hospital has seen two nurse practitioners endorsed – the first to work in any private hospital in New Zealand.



Nurse practitioner Lorraine Hogan undertakes a pre-operative assessment.

The advanced practice NP role has existed in New Zealand for 15 years – the country's first NP gained registration with the Nursing Council in 2001. NPs have advanced assessment skills, can order and interpret diagnostic testing and prescribe treatment, resulting in timely intervention. Because they work within a nursing framework they are also able to support nurses, improve patient satisfaction and outcomes overall and meet consultants' and nursing needs. Importantly, NPs introduce a more evidence-based approach to nursing practice to ensure its currency, bridge the divide between medical and nursing teams, and can develop greater confidence in nursing skills across the team.

Grace Hospital, a 48-bed hospital has six operating theatres, a procedure room and an endoscopy unit. Around 7500 procedures are performed each year. A majority of these are orthopaedic surgery, such as hip and knee joint replacements, but general surgery, urology, gynaecology and plastic specialties are also provided. Those aged between 60-69 are the largest age group admitted for surgery, followed by those aged 50-59. Co-morbidities increase with age,² resulting in more complex, higher acuity patients being admitted. The average length of stay for in-patients is 2.5 days, so there is a rapid turnover of patients.

Patient and consultant expectations for advanced nursing care are increasing, as our facility expands, and the range and type of surgeries increases.

By Janet Keys and Keely Rackman

Why would you need a nurse practitioner (NP) in a private hospital? There are seemingly no emergencies, everything is elective and organised in advance, so what role could an NP take that would add value for the hospital and job satisfaction for the nurse? These questions arose as nursing managers at Grace Hospital in Tauranga investigated the rationale for developing a nurse practitioner intern (NPI) programme.

In the private surgical sector, as with many areas in health-care delivery, nursing is the backbone of patient care. Patients', consultants' and staff's expectations are very high, and the standard of service delivery needs to meet those expectations. There are, however, many factors that can potentially increase the vulnerability of patients and nurses in this environment, and may lead to expectations not being met.

These include the fact nurses are the only clinical staff on site caring for patients after

hours in most small to medium-sized private surgical hospitals. The nursing skill mix in private hospitals can be limited because of lack of exposure to acutely unwell patients.

The population in New Zealand is living longer,¹ and patients are presenting for surgery in the private setting with increased co-morbidities.

After surgery, a range of post-operative complications can occur, requiring an early response. There can be delays in timely medical assistance for patients, due to consultants having to return to the site, being constrained by other work, social commitments and traffic.

Nurses provide care for patients 24 hours a day, making decisions and ensuring patient safety. It is therefore vital they have the knowledge and skills to anticipate and manage all aspects of nursing care and treatment competently and in a timely way.

It became obvious to management that we needed nurses with advanced knowledge and skills to lead patient care, particularly in the potentially vulnerable after-hours period, when there was reduced support on site, and doctors were not immediately available.

Demand for advanced care

One solution to the potential after-hours vulnerability would have been to employ a junior doctor on site to respond to patients. Demand for advanced care in the private sector contrasts with surgery in the public sector. The elective nature of the surgery allows for more thorough pre-operative screening, and the incidence of post-operative issues is reduced as a result. Acute cases are not usually managed in private hospitals. The fluctuating demand for medical assistance may have meant the role was not satisfying for the doctor. It may also have been an inefficient use of the scarce junior doctor resource.

When researching utilisation of NPs in private hospitals, we found the role was not used widely in these settings.³ Most NPs were employed in district health boards (DHBs) or primary health care settings. Overseas studies had demonstrated improved patient outcomes through the use of advanced nursing roles, and recent studies still support this.⁴ The role of clinical nurse specialist was considered, but it was decided an NP would be the best solu-

tion because it was an advanced nursing role.

A proposal for two funded NP positions was put to the board of directors in *what year?* The board was very supportive of this extra measure to enhance the standard of patient care and as a test case for New Zealand private hospitals. The NPI programme was implemented at Grace Hospital in 2012. Positions were advertised within the organisation and externally. Two candidates were selected; both were internal applicants and both had already attained their masters in nursing.

Three-year programme

The programme was planned to run for three years, and include postgraduate papers in pharmacology and prescribing. The two NPIs helped develop the programme to meet their needs and those of the hospital. The hospital educator, the inpatient ward charge nurse, the general manager and an anaesthetist mentor met regularly to ensure the programme was modified, as needed, along the way, and was meeting all developmental requirements. Recognising the NPIs had minimal exposure to acutely unwell patients in the private setting, we contacted Bay of Plenty DHB and, with the assistance of the director of nursing Julie Robinson, on-site experience at the DHB and collaboration with DHB NPs was facilitated for the NPIs. This helped them gain experience, collegiality and mentorship. They attended NP meetings at the local DHB, and this helped them understand the depth of the role, get guidance on portfolio preparation and participate in local networks.

The NPIs met monthly with their anaesthetist mentor to review and reflect on practice, and this support was invaluable. As the programme progressed, the NPIs had allocated study days during which they worked alongside anaesthetists, carried out assessments on pre-operative patients and developed and refined their skills and experience in assessing post-operative patients. The anaesthetists supported the programme, helped with teaching, shared interesting patient assessments, investigation results and explained treatment plans. The NPIs also observed several common surgical procedures and began participating in case reviews, having input into policy and procedure reviews and teaching. Study time was allocated to meet the commitments of the postgraduate papers.

During the last year of the programme, the NPIs, with the support of the hospital medical advisory committee, developed standing orders for prescribing. This allowed the nurses to extend their thinking to encompass the entire patient stay, including treatment plans.



Nurse practitioner Kirstie Cooke (centre) with inpatient ward clinical leader Sharon Rendell (left) and ward RN Liz Mason.

This helped prepare them for NP endorsement, which would enable them to prescribe patient treatments and medications.

As the end of the programme drew near, the NPIs used their study time to prepare their portfolios and ensure their knowledge was at the level required for the Nursing Council panel assessment. At the end of 2015, one was successfully endorsed as an NP by Nursing Council, and the second nurse obtained endorsement in 2016. The programme has been celebrated by our nursing team, our consultants, the board, and has been recognised by the New Zealand Private Surgical Hospital Association in its quality awards.

Feedback from patients and consultants confirms the role is highly beneficial in ensuring timely access to advanced assessment and treatment for post-operative patients. The NPs' role in assessing complex pre-operative patients has meant patients are presenting for surgery in a considered and planned way, ensuring reduced cancellations on the day of surgery.

Our NPs are currently working part-time, working 12-hour shifts, which meet the needs of our hospital, and provide job satisfaction for them. As novice NPs, they are continuing to be well supported and mentored, and are continuing to grow and develop their expertise.

Both NPs, Kirstie Cooke and Lorraine Hogan,

are glad the "intense process" is over, but very grateful for the support of hospital management and their anaesthetist mentor.

For Cooke, who completed her masters in 2008, getting back into study was a challenge – "at times it was hard to see the light at the end of the tunnel". But now she is loving the professional satisfaction the new role affords. "We are supporting our nursing colleagues and maintaining a clinical role, which is very satisfying."

Hogan agrees. "We are providing holistic care and immediate attention – we don't have to wait or to seek permission. I think the patients we care for are getting a better service now, because, as NPs, we follow up on their long-term conditions or primary health care concerns," she said.

Another NPI has just started on the pathway, and both NPs will be involved in mentoring her. The appointment of another NPI recognises the importance of succession planning and service continuity. Subsequent to implementation of this programme, several other private hospitals have enquired about how the hospital achieved this, and have started their own programmes. It is satisfying to know we have encouraged the growth of the NP role in private surgical hospitals.

The implementation of the NPI programme was not always smooth sailing. It was, at times, challenging for the two candidates, as they assimilated the role into an already established hierarchical nursing structure. The success of the programme can be attributed to a number of factors:

- ▶ gaining the support of the board and hospital management;
- ▶ mentorship from the anaesthetist, who supported and facilitated development of the role;
- ▶ the two candidates, who studied hard and performed the new role with dedication and professionalism, and were flexible and responsive to the needs of the organisation; and
- ▶ the nursing team, who developed respect and pride in the achievement of our two NPs and who continue to support them. •

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