Advanced Practice Nursing: Building on International Experience

Denise Bryant-Lukosius, RN PhD
School of Nursing & Dept of Oncology, McMaster University
Juravinski Cancer Program, Hamilton, Ontario Canada

Bern, Switzerland, March 2, 2012
Presentation Objectives

• Describe international definitions of advanced nursing practice (ANP)

• Describe how advanced practice nursing (APN) roles are implemented around the world

• Highlight the international evidence about APN role outcomes

• Identify barriers and facilitators to successful APN role implementation

• Identify recommendations for the effective introduction of well-designed APN roles
“What characterizes advanced nursing practice is knowledge and expertise, clinical judgment, skilled and self-initiated care, and scholarly inquiry, but not job descriptions, title or setting.”

(Schober, 2004)
ICN (2004): Types of APN Roles

- 40 countries have introduced APN roles with 13 different role titles
  - Advanced practice nurse
  - Clinical nurse specialist
  - Clinical nurse consultant
  - Nurse midwife
  - Nurse anesthetist

- Nurse practitioners:
  - family, adult, pediatric, primary care, acute care, community health, women’s, gerontological, emergency, neonatal
ICN (2002): Characteristics of the NP/APN

- Graduate education from a formal program designed to produce NPs/APNs
- Formal licensure, registration, certification, and credentialing
- Prescriptive authority
- Referral authority
- Authority to admit patients into hospital
- And protected titling
ICN (2002): Nature of Advanced Nursing Practice

- Integration of practice, research, education, and management
- Autonomous and independent practice
- Recognized 1st point of entry for services
- Case management
- Advanced health assessment, decision-making, and diagnostic reasoning skills
- Advanced clinical competencies
- Provide consultation to other providers
- Plan, implement, and evaluation programs
Generic Features of Advanced Nursing Practice (Mantzoukas & Watkinson, 2006)

- The use of knowledge in practice
- Critical thinking and analytic skills
- Clinical judgement and decision-making
- Professional leadership and clinical inquiry
- Coaching and mentoring
- Research skills
- Changing practice
Advanced Practice in Canada
(CNA, 2008)

An advanced level of clinical nursing practice that maximizes the use of graduate educational preparation, in-depth nursing knowledge and expertise in meeting the health needs of individuals, families, groups, communities or populations ............

It involves analyzing and synthesizing knowledge; understanding, interpreting and applying nursing theory and research; and developing and advancing nursing knowledge and the profession as a whole.
Why is ANP so hard to define and understand?

The varied stage of ANP development and experience with APN roles across countries makes consensus challenging.

The complex, multi-dimensional nature of the role

- clinical practice, education/mentorship, evidence-based practice/research, leadership, managing change

The dynamic nature of ANP

- Being responsive to rapid changes in patient and health system needs
Advanced Nursing Practice
Advanced Nursing Practice

promoting patient health through innovation or the advancement of nursing care provided to society (Davies & Hughes, 2002)
**APNs in 12 Countries** (Delmarie & Lafortune, 2010)

**Purpose:**
To describe the development, current status and outcomes of APN roles in countries belonging to the Organization for Economic Development (OECD)

**Methods:**
Literature review and questionnaire completed by national experts from each country

**Countries:**
Australia, Belgium, Canada, Cyprus, Czech Republic, Finland, France, Ireland, Japan, Poland, UK and US
APNs in 12 Countries (Delmarie & Lafortune, 2010)

• **Current drivers for role introduction:**
  – To improve access to care
    • Government policy priorities for primary healthcare reform
  – To promote higher quality of care
  – To contain healthcare costs
  – To increase nursing recruitment and retention rates by enhancing career laddering opportunities

• **Most common roles:** NP and CNS
Barriers/Facilitators to APN Development in OECD Countries (Delamaire & Lafortune, 2010)

- Professional interests of MDs and RNs and their influence on the healthcare reform process
- How healthcare services are organized and funded
- Influence of legislation and regulation on role activities
- Capacity of the education and training system to produce nurses with higher skills
APNs in 12 Countries (Delmarie & Lafortune, 2010)

Countries with the most APN experience:

- US and Canada (1960s)
- UK (1970s)
- Finland (longstanding informally recognized roles)
- Australia and Ireland (1980’s and 1990s)
NPs were most often introduced to meet the primary healthcare needs of vulnerable populations in inner cities.
APNs in 12 Countries (Delmarie & Lafortune, 2010)

.....and in rural and remote regions

Finland: Nurses in advanced roles in primary care, public health, and rural/remote settings
APNs in 12 Countries (Delmarie & Lafortune, 2010)

- CNSs introduced in acute care settings to address patient needs for specialized and complex nursing care

- Ireland: NPs introduced first in Emergency Depts
CNS Role in Canada (CNA, 2009)

- Master’s or doctoral degree in nursing

- Improve access to integrated and coordinated services through innovative nursing interventions

- Lead and act as clinicians, researchers, consultants and educators to address complex healthcare issues at 3 levels; patients, health providers, organizations/health systems

- Develop clinical guidelines, promote the use of evidence, provide expert support and facilitate systems change
NPs in Canada (CNA, 2009)

- Family/All Ages (PHC), Adult, Pediatric, Anesthesia
- BScN or Master’s degree
- Autonomously diagnose, order and interpret diagnostic tests, prescribe pharmaceuticals and perform procedures
- Within a nursing framework emphasizing holism, health promotion and partnership with individuals, families and communities
- Provide comprehensive clinical care including: health promotion, disease prevention, illness management, supportive, curative, rehabilitative and palliative care
Continuum of APN Roles

Integrated Role Domains
- Professional development
- Organizational leadership
- Research
- Education

Clinical Practice Role
- Expanded clinical functions requiring Extended Class (EC) registration

Decision Support Synthesis
(Dicenso, Bryant-Lukosius et al., 2010)

To conduct a review of the literature and stakeholder interviews to:

- Identify and describe the characteristics of Canadian CNS and NP roles
- Identify barriers and facilitators for the effective development and use of CNS and NP roles in Canada
APN Deployment in Canada

- Fluctuations in the supply/demand of APN roles with changes in health policies, MD supply and the economy

- Better understanding and awareness of NP roles compared to CNS roles among key informants
NP Deployment in Canada

- **NP roles**
  - New education programs, research and development of NP practice
  - Increased deployment from 6 to 11 jurisdictions and doubling of PHCNPs (n=1346) between 2003 and 2007
  - Regulatory mechanisms for expanded scope of practice
    - Increased integration across various practice settings
    - Improved liability protection
CNS Deployment

• Less understanding/awareness especially of clinical component of the role among key informants

• Lack of credentialing and role titling makes it difficult to accurately assess employment trends

• Number of CNSs declined from 2747 to 2288 (2000-2006)

• Variable pockets of role expansion and deployment, but nationally stagnant growth in role development or use
CNS Role in Canada

• More difficult to introduce

• Interventions target 3 constituent groups with potentially competing interests
  – Patients and families, nurses and health providers, administrators and health systems

• Work may be more invisible
  – Leadership, program development, coaching, use of evidence

• Outcomes may be more long-term and more difficult to achieve
  - (i.e. practice improvement and system-wide change)
Progress for CNS roles in the US

• Flurry of CNS-related publications and policy activities driven by the NACNS to:
  – Establish a national vision (Goudreau et al. 2007)
  – Clarify credentialing and certification (Goudreau & Smolenski 2008)
  – Establish an empirical base for CNS education (Stahl et al. 2008)
  – Increase enrolment in CNS education programs (NACNS, 2004)
  – Document impact of CNSs on patient, provider and health systems outcomes (Fulton & Baldwin 2004)
  – Define substantive areas of CNS practice (Lewandowski & Adamle, 2009)
Facilitators For Integrating All APN Roles (DiCenzo, Bryant-Lukosus et al., 2010)

- Use of systematic and patient-focused approaches to role planning
- Early stakeholder engagement in role planning to promote role understanding and acceptance
- Clearly defined APN roles
- Public and health provider awareness
PHCNPs – Facilitators and Challenges

(DiCenso, Bryant-Lukosus et al., 2010)

Facilitators:

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

Challenges:

• Working out relationship between two autonomous clinicians (NPs and GPs) with substantial overlap in scope of practice
• Inconsistencies in educational preparation across Canada
Adult/Pediatrics NPs – Facilitators and Challenges (DiCenso, Bryant-Lukosus et al., 2010)

Facilitators:
• Physician and nurse administrator support within hospitals

Challenges:
• Difficulty implementing non-clinical aspects of the role
• Limitations to scope of practice due to hospital restrictions on NPs’ autonomous ordering and prescribing
• Inconsistent team acceptance
• Funding of role
CNSs – Facilitators and Challenges
(DiCenzo, Bryant-Lukosus et al., 2010)

Facilitators:

• Support of healthcare administrators
• Increased emphasis on promoting patient safety, quality of care and evidence-based practice

Challenges:

• Lack of a common vision and understanding of the role
• Limited access to CNS-specific graduate education programs
• Lack of title protection or credentialing
NO...
IT'S YOUR JOB TO CLOSE THE DOORS...

ROLE CLARITY
ANP: A Global Perspective (Duffield et al., 2009)

• Review of titles, roles and scope of practice for APN roles in the US, UK, Canada, New Zealand and Australia

• Increasing consistency and clarity among NP roles with the development of national/international competencies and regulatory policies

• Role confusion for other APN roles such as the CNS
  » No international consistency in role definitions, competency standards
  » Varied interpretations of ANP
  » Varied emphasis on responsibilities for direct clinical care
Effectiveness of APNs
(Dicenso, Bryant-Lukosius et al., 2010)

Numerous international 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:

- **ACNPs:** 18 RCTs (11 since 2000)
- **PHCNPs:** 28 RCTs (18 since 2000)
- **CNSs:** 32 RCTs (20 since 2000)
## Adult/Pediatrics NPs (18 RCTs)
**US: 10, UK: 6; AU: 1, CA: 1**

<table>
<thead>
<tr>
<th></th>
<th>Health Status</th>
<th>Quality of Life</th>
<th>Quality of Care</th>
<th>Patient Satisfaction</th>
<th>Provider Satisfaction</th>
<th>Cost</th>
<th>Length of Stay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improvement</td>
<td>5</td>
<td></td>
<td></td>
<td>5</td>
<td>1</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Decline</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>No difference</td>
<td>7</td>
<td>1</td>
<td>7</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>
PHCNPs (28 RCTs)  
US: 15, UK: 8; NE: 2, CA: 3

<table>
<thead>
<tr>
<th></th>
<th>Health Status</th>
<th>Quality of Life</th>
<th>Quality of Care</th>
<th>Patient Satisfaction</th>
<th>Provider Satisfaction</th>
<th>Cost</th>
<th>Length of Stay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improvement</td>
<td>7</td>
<td></td>
<td></td>
<td>6</td>
<td></td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Decline</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>No difference</td>
<td>15</td>
<td>2</td>
<td>2</td>
<td>5</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

## CNSs (32 RCTs)
**US: 16, UK: 11, CA: 2, Other: 3**

<table>
<thead>
<tr>
<th></th>
<th>Health Status</th>
<th>Quality of Life</th>
<th>Quality of Care</th>
<th>Patient Satisfaction</th>
<th>Provider Satisfaction</th>
<th>Cost</th>
<th>Length of Stay</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Improvement</strong></td>
<td>15</td>
<td>5</td>
<td>2</td>
<td>4</td>
<td></td>
<td>9</td>
<td>5</td>
</tr>
<tr>
<td><strong>Decline</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>No difference</strong></td>
<td>8</td>
<td>4</td>
<td></td>
<td>3</td>
<td>1</td>
<td>4</td>
<td>1</td>
</tr>
</tbody>
</table>
The Best Evidence: APN Models to Build From

- Transition Model in Acute Care
  (Brooten, Naylor et al., 2002)

- Transition Model in Home Care
  (McCorkle, 2000)

- Transition Model in Outpatient Cancer Care
  (Corner et al., 1996; Bredin et al., 1999; Moore et al., 2002; Faithfull et al., 2001)
The Cost Quality Model of APN Transitional Care (Brooten et al. 2002)

- **Goals for achieving quality of care**
  - Patient health outcomes
  - Patient satisfaction
  - Cost

- **Target populations with unmet health needs**
  - high risk, high cost, high volume
  - complex care
  - chronic disease management
  - under-serviced

- **Provide new and innovative services**
Outcomes of Transitional Care

- Improved patient satisfaction
- Better patient health: reduced morbidity & mortality; improved HRQL, functional capacity & self-care
- Improved continuity & coordination of care
- Reduced acute care service use & costs
- Increased use of outpatient, home, community services that best meet patient needs
Transitional Model: Lessons Learned

- Design a package of APN services to address gaps in meeting patient health needs across acute, community, & home care sectors.

- Complement or augment existing roles/services rather than substitute or replace.

- Link package of APN services to specific outcomes.

- Monitor APN role activities & processes in achieving outcomes over time.
Welcome to the Advanced Practice Nursing Chair Program!

Our mission is to partner with decision makers to increase Canada’s capacity of nurse researchers who will conduct high quality policy relevant health services research in the field of advanced practice nursing (APN).

We value:
- Exemplary graduate education
- Innovative and critical thinking
- Interprofessional learning and research
- Collaborative partnerships with decision makers
- Ongoing mentoring and supportive peer networks
- Evidence-informed health services and policy
- High quality rigorous research

In June 2009, the Canadian Health Services Research Foundation (CHSRF) and the Canadian Institutes of Health Research (CIHR) announced $20 million to support the establishment of 12 Chairs in health services and nursing research at eight Canadian Universities. The Chairs are part of a national network linking professors, students, and decision makers in institutions and training centres across the country.

In 2001, Dr. Alta DiCenso was awarded the CHSRF/CIHR Chair in Advanced Practice Nursing (APN), valued at $1.2 million, for a period of 10 years. The funding has enabled Dr. DiCenso to have and mentor graduate and post-graduate nursing students as well as junior nursing faculty with a focus on APNs.

Check out the new APN Chair Blog at http://apnnursingchair.blogspot.com/
APN Role Implementation Toolkits

• **Australia**
  – Clinical Governance for NPs in Queensland – A Guide (Queensland Health, 2011)

• **Ireland**
  – Framework for the Establishment of Advanced NP and Advanced Midwife Practitioner Posts (NCNM, 2008)

• **Canada**
  - Canadian NP Role Implementation Toolkit (CNPI, 2008)
  - Designing Innovative Cancer Services and APN Roles (Bryant-Lukosius, 2010)
Oncology APN
Community of Practice

Co-Chairs
Denise Bryant-Lukosius & Lisa Bitonti

Sponsor:
Esther Green
Provincial Head of Nursing & Psychosocial Oncology
Welcome to Canada's FIRST e-based Mentorship Program for Oncology APNs

Potential mentor and/or mentee participants include: