Advanced Practice Roles in Public Hospitals To Enhance Service & Quality of Care

Drivers for Workforce Redesign

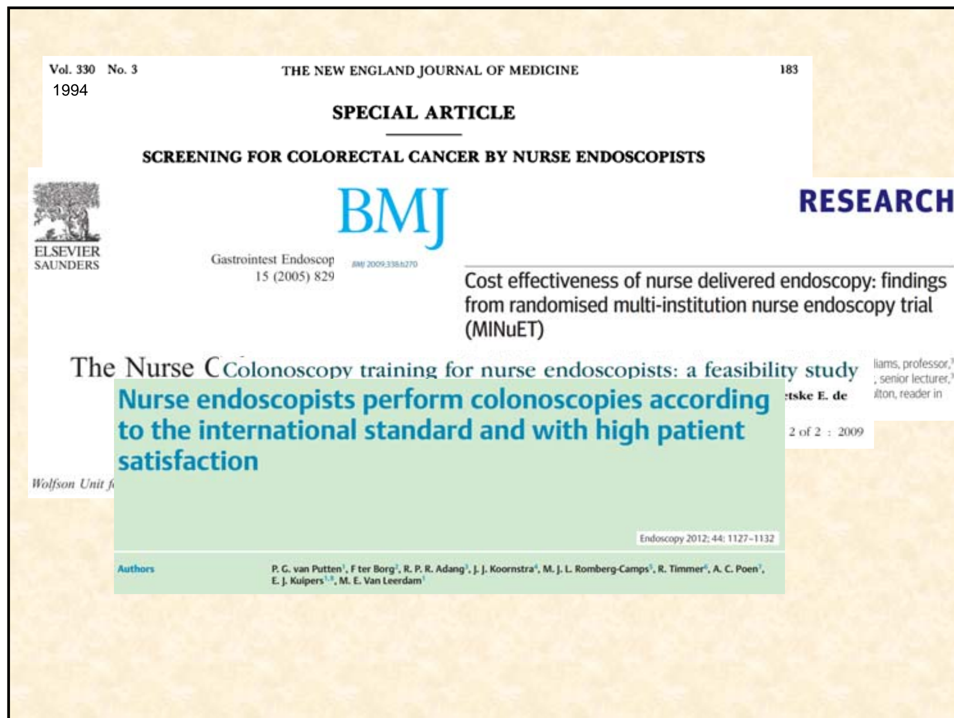
- Future shortages & self-sufficiency
- Mal-distribution
- Overspecialisation & fragmentation of care Clinical staff motivation & retention
- Financial sustainability – more cost effective models
- **Demonstrated deficiency in access or quality of care which cannot be sustainably addressed without a changed model**

Advanced Practice RN & Allied Health - VIC

- Nurse endoscopy (7) and bladder Ca screening (6)
- 180 Nurse practitioners, mental health, ED, chronic dis.
- Rural ED limited Rx, PICC line insertions
- Advanced practice allied health - physio roles – ED, orthopaedics (back pain clinics, neurosurgery
- Pharmacy – advanced medication models
- *Also over 1000 allied health & nursing assistants safely deployed with improved patient experience*

Background – Nurse endoscopy program

- Dramatic increase demand, 30% in public sector, NBSCP
- Large waiting lists & waiting times not publicly reported
- Substantial international evidence for nurse colonoscopy
- Screening colonoscopy not a great use of skills for gastros
- Drive from enlightened gastroenterologists
- Delegated model – part of team – not independent practice
- Increased service provision, no substitution and no impact on medical training
- Support from HWA and Victorian Department

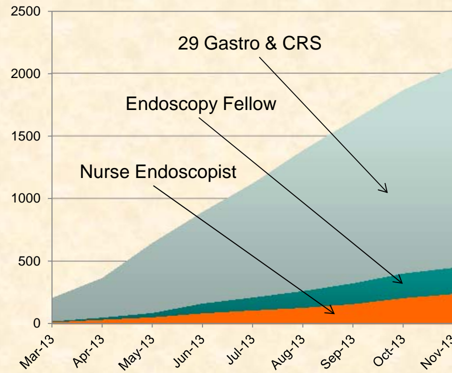


Nurse Endoscopy Program

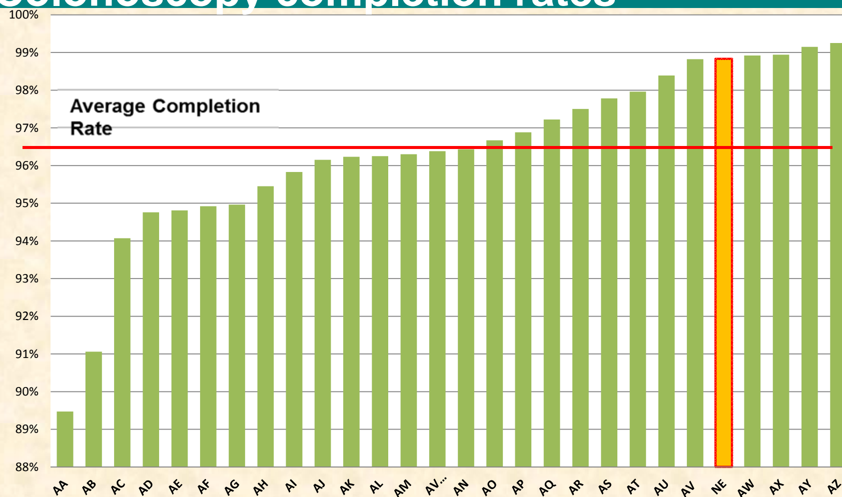
- Victorian and Qld Models (different approaches)
- Local health service and VMIA sign off
- Theoretical modules - UK university
- Introduction to Gastroenterology & endoscopy - clinical rotation
- Skills Training, simulation
- *Basic Skills in Colonoscopy* Hands-on Course
- Supervised Practice - physicians and surgeon trainers at each site (paid). Key medical leaders on side
- Formal sign off and 'numbers requirement' – equivalent standard
- Improvement in systems for the **whole endoscopy service –** prove safety and effectiveness

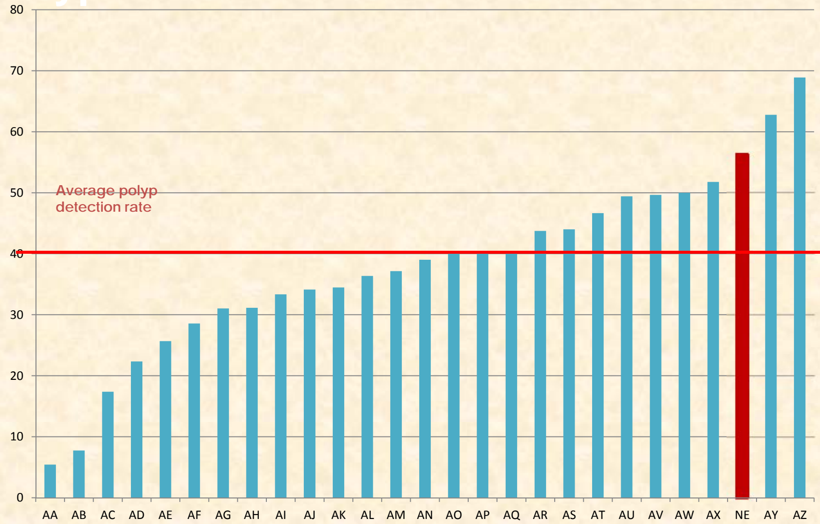
Impact of Nurse Endoscopy on Lists @ Austin

- Nurse commenced **dedicated list** in Feb 2013
- **12%** of colonoscopies (since first list
- 1st NE - 1083 (579 as trainee; 504 as a NE). ZERO complications



Colonoscopy completion rates




Polyp detection rates
80
70
60
50
40
30
20
10
0
Average polyp detection rate
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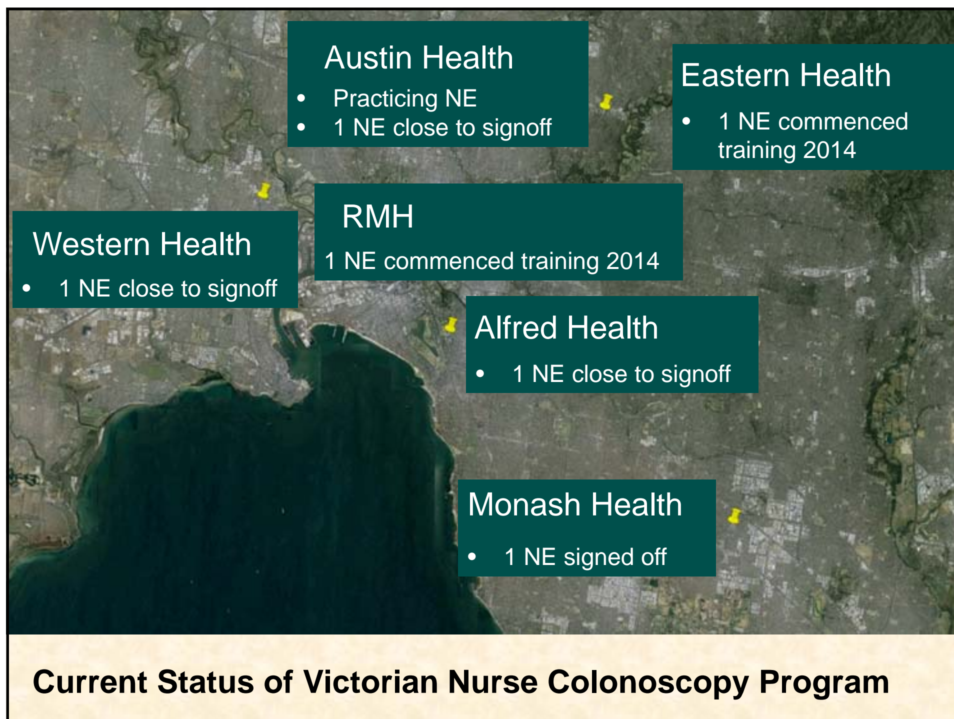
Austin Health
• Practicing NE
• 1 NE close to signoff
Eastern Health
• 1 NE commenced training 2014
RMH
1 NE commenced training 2014
Western Health
• 1 NE close to signoff
Alfred Health
• 1 NE close to signoff
Monash Health
• 1 NE signed off
Current Status of Victorian Nurse Colonoscopy Program

Quality Benefits of Role Redesign

- Document procedures and clinical pathways, (can assist registrar training)
- Scrutiny - huge focus on audit & outcomes for whole unit – better than solo practitioner
- Promotes multidisciplinary team approach
- Frees up existing practitioners for higher order roles
- Improves access and reduces risk of waiting

Change Fear marketed as Quality Concerns

- Biggest barrier to redesign is fear of change from existing workforce
- Fear – jobs, status, income, influence
- Fear "marketed" as threat to quality of care → media & politics
- Fear is largely irrational and locally disappears following implementation

You can do it badly

- Proposed Qld. nurse endoscopy model, now modified
- Nurse practitioners
- Trained in isolation from doctors
- Substituted rather than delegated model