



BRIEF

Optimizing Nurse Practitioners for Better Access to Health Care (2013)

Background

Nurse practitioner (NP) practice was established in Newfoundland and Labrador in 1998. The Association of Registered Nurses of Newfoundland and Labrador (ARNNL) was the second jurisdiction in Canada to receive legislation and regulations to support NP practice. Since then, the NP regulations have been amended, the NP scope of practice has been expanded, support for the role has grown, and the NP role is established in many areas of the health care system. However, there are still communities and areas of the health care system which could be further enhanced by utilizing the NP role. In many communities, NPs are regarded as the consistent health care provider and the main source of health information. NPs complement, rather than replace, other health care providers. There are over 3,000 NPs in Canada with 123 NPs practicing in communities and health care settings throughout the province. Research demonstrates that optimizing the NP skill set will have a positive effect on reducing wait times and ensuring efficiencies at a lower cost to the health care system.

A Viable Option to Decreasing Wait Times

ARNNL's *Public Awareness Survey* (2012) revealed that the vast majority of a random sample (82%) would like to see more NPs working in their communities (results are accurate within five percentage points 19 times out of 20). Government's document, *A Strategy to Reduce Emergency Department Wait Times in Newfoundland and Labrador*, indicated that 56 to 86 per cent of clients surveyed were triaged as either non-urgent or routine. High volumes of low-urgency clients create overcrowding in the emergency department and lead to long wait times. The *Strategy* supports the use of community-based alternatives to the emergency department. Ideally, this goal could be achieved by increasing access to NPs in after-hour and weekend/walk-in services (e.g., Major's Path Clinic in St. John's). Other provinces are already utilizing NPs to improve access to community-based services. Manitoba, for example, has established QuickCare Clinics, staffed by NPs and RNs, offering Manitobans community-based alternatives to the emergency department. Since 2007, Ontario has established 25 clinics in which NPs in a collaborative practice model provide health services to "orphan" populations. By investing in these more effective NP health service models, we can build a more responsive health system that ensures quality client outcomes and decreases wait times.

Admission and Discharge

ARNNL supports the work of the Department of Health and Community Services to enable NPs to work to full scope of practice. However, despite the progress, there remain barriers that limit NPs from working to full scope.

Currently, NPs are able to admit and discharge clients only when a physician signs off on the client record. NPs working in hospital settings or in long-term care facilities are able to carry out all of the requirements for admission and discharge, (including completing the history; physical examinations; and ordering, changing and discontinuing therapeutics), however, they are not able to independently admit or discharge. *The Act Respecting the Delivery of Health and Community Services and the Establishment of Regional Health Authorities* (2006) gives the authority to the Regional Health Authorities (RHAs) to make bylaws regarding medical privileges, including the privilege of admitting and discharging clients from health care facilities. Currently, RHA bylaws do not designate NPs this authority and therefore is a barrier to full scope of practice and the delivery of cost-effective health care service delivery.

It is in the best interest of the client and the health care system that NPs have the authority to admit and discharge in specific health care settings. Enabling NPs to admit and discharge patients will:

- Increase client access to health services;
- Enhance continuity of care;
- Reduce fragmentation of the client experience; and
- Improve client flow through the system, thereby reducing wait times.

In Ontario, legislation was amended in 2011 and 2012, granting NPs the authority to discharge and admit, respectively, hospital in-patients. British Columbia, Alberta, Manitoba, Saskatchewan and Nova Scotia are in the process of amending the required acts to allow NPs to admit and discharge clients in their respective jurisdictions.

NPs can play an important role in admission and discharge of clients in all RHAs. ARNNL believes that through better utilization of NP education, competencies and knowledge, and through working collaboratively with other health care providers, our province will meet community needs and improve access to health care services. It will result in positive impacts to client, organizational and system outcomes.