The Role of the IBD NP

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Overview

- History of Nurse Practitioners in Nova Scotia
- Current IBD Practice
- The Future Evolution of the Role as we move toward “An IBD Center of Excellence”

Nurse Practitioners

Nurse practitioners (NPs) are registered nurses with advanced education and an expanded scope of practice.

CRNNS 2015

Roles and Responsibilities

The nurse practitioner:

- Has the knowledge and skill to diagnose and treat acute and chronic illness
- Prescribe medications
- Order and interpret laboratory and diagnostic tests
- Perform procedures
- Refer to as well as accept client consultations from other healthcare providers.

Health promotion and illness prevention, research, education and policy development are central to the care that NPs provide.

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What to Expect from a NP

Nurse practitioners in Nova Scotia provide healthcare to a broad range of clients in a variety of practice settings such as community clinics, emergency rooms and collaborative emergency centers, hospitals and long term care facilities.

They are fully accountable for the care they provide to their clients, including individuals, families and the communities.

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Education

- To become an NP in Nova Scotia, a registered nurse must:
- complete an approved NP education program
- meet the entry-level NP competency requirements
- pass the NP examination specific to their focus of practice
- fulfill all other CRNNS registration and licensure requirements

NPs establish a collaborative practice relationship with a physician or group of physicians who will be available for consultation about client care

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How did this all Start?

History of NP's in Nova Scotia

In 1995 a Ministers working group was established to investigate the feasibility of introducing Nurse Practitioners

It was decided very early on NP's would work with physicians in a collaborative practice model and not as solo or independent practitioners

Demonstration Sites
Primary Health Care

In 1999, four organizations were established as demonstration sites:

- North End Community Health Center
- Springhill and Area Healthy Community Society
- North Queens Community Health
- Healthy Pictou West

Objectives

To improve patient centered primary care

To improve responsiveness of primary care

To improve access to care

To increase emphasis on health promotion and illness prevention

To improve collaboration

To improve accountability

Results

Most participants reported a major benefit and it was seen to positively impact on most of the goals of the initiative

Patients accepted and were satisfied with the quality of services provided by the NP

The NP provided a greater choice of providers, reduced patient load for all providers, reduced stress for providers, allowed more time for patients

Specialty Nurse Practitioners

In the 1990's Capital Health developed the role of the Expanded Role Nurse

Experienced expert nurses willing to complete a MN and advanced training in health assessment and pharmacology mostly provided by medicine

This role operated under DMF's and was designed to fill the gap until legislation in Nova Scotia supported nurse practitioners

ERN's

The first Expanded role nurses were in Cardiology and Thoracic Surgery

Later Hepatology, Nephrology, Neurology and GI

Legislation

In 2002 the RN Act (2001) was passed giving the CRNNS the authority to license primary health care and specialty nurse practitioners.

In the first year 15 NP's were licensed, 9 PHC NP's and 6SNP's

IBD Nurse Practitioner

In January 2002 a collaborative practice IBD clinic was established by four gastroenterologists and a Nurse Practitioner

It was the first such IBD Collaborative Practice in Canada

The goal of the clinic was to increase access to quality healthcare, improve patient knowledge of IBD and encourage self care.

Attributes of an IBD Nurse Practitioner

- Excellent interpersonal skills
- Sensitivity to patients needs
- Flexibility
- Cultural awareness
- Part of multidisciplinary team
- Provide holistic care and health promotion
- Convey and promote positive attitudes regarding IBD

WAINWRIGHT, 2014

Where to Start?

- Article by Allison J. Nightingale in the UK
- Examined the effectiveness of a nurse specialist in IBD
- Demonstrated decreased in hospital visits (38%) and hospital bed days (19%), increase in remission rates (6%), and patient satisfaction particularly with health education and avoidance of illness
- Stressed the importance of a direct access patient helpline

Keys to Successful Role Development

•An extensive orientation on the care of patients with IBD

•An NP mentor

•Administrative Support

Collaborative Practice

The initial plan was for the NP to follow the fairly “stable” IBD patients

Very quickly this changed because the need was with the patients who were flaring requiring quicker access to healthcare.

Within a few years the NP practice was full and closed to new referrals, a second NP was hired in 2006

Urgent Access Clinic:
An Innovation in Collaborative Care In An Outpatient IBD Clinic

Objectives

To determine the feasibility of an Urgent Access Nurse Practitioner Clinic for patients with inflammatory bowel disease

Explore the benefits of an “open access” clinic for symptomatic IBD patients

Setting the Stage…

- A study published in the American Journal of Gastroenterology shows that Canada has the highest incidence of (IBD) in the world. Canada has the highest incidence of per capita cases in the world with about **one in 350 Canadians** suffering from ulcerative colitis or Crohn’s disease.
- Nova Scotia has one of the highest reported incidence in Canada

Gastroenterology Wait-Times: Program Results

200 GI Specialist / 5500 Patients

50% of patients referred by FD wait > 2 months to see GI specialist

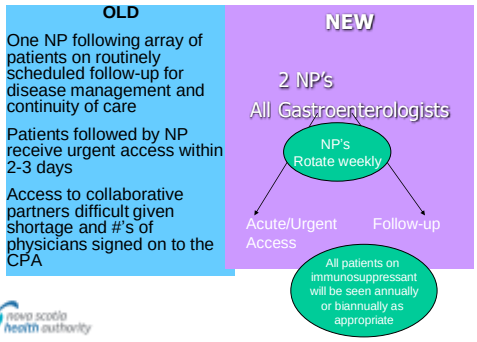
25% wait > 4 months

Once seen, 50% wait another 6 weeks for diagnostics

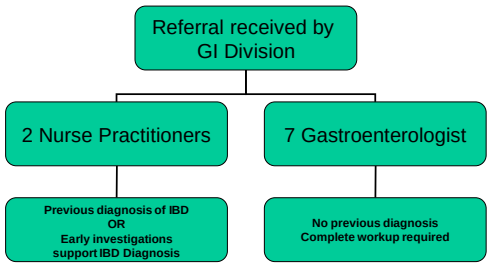
Wait times are long regardless of referral centre (community or teaching hospital)

2 out of 4 patients classified as “urgent” who ought to be seen in 7 days wait 14 days, while 1 in 4 waits more than 5 weeks

IBD Model



Urgent Access Care Model



Referral Process

All IBD referrals were triaged by the Division Head and those considered urgent were forwarded to NP team

Patients referred with clinical features highly suspicious of significant inflammatory bowel disease were seen within 7 days

Remainder of patients were telephoned and an assessment of urgency was established with the patient booked according to severity of symptoms

Referral Process

One NP ran the routine follow-up clinic while the 2nd NP ran the urgent access clinic

Patient was seen in IBD Urgent Access clinic with complete history and physical performed by NP

Gastroenterologist covering IBD clinic was consulted if deemed necessary and a management plan established including pharmacological and diagnostics management

Patient was followed up by NP in clinic within 14 days of initial assessment

NP Wait Times

NP Urgent Access Clinic	**Days** (2007/07/01 – 2008/01/31)		
	<7 Urgent	7 – 14 Semi-urgent	>14 Other
% of patients seen within specified # of days	80.4	6.1	13.5

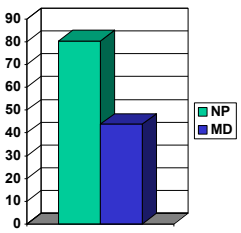
NP-IBD Urgent Access Clinic

80.4 % of NP patients were seen within 7 days of initial consult

(July 07 - Jan.08)

43.8% of MD patients were seen within 7 days of receiving new urgent consult

(April 06 – Dec. 07)



Successes

Urgent IBD patients requiring referral within 7 days were triaged and seen in clinic approximately 50% sooner when seen by the NP compared to a gastroenterologist

Success with challenges

- One NP for urgent access for the whole division proved to be very difficult to manage
- The volume of patients was high as was the acuity
- The initial plan was for urgent access clinic to stabilize the patient and then send them back to the Gastroenterologist for ongoing care but because access to the NP was much easier (patient helpline) the kept coming back

Evolution of the Role

- We were forced to change the model again
- We were now following approximately 800 patients, we could only manage urgent access and ongoing follow-up for that group
- Patients referred to the division were seen by GI and referred to us if it was felt they needed urgent biologic access or if they had additional educational or psychosocial needs
- We each kept 2-3 clinic appointments open daily for urgent access

What have we been up to?

- Currently we follow a large IBD patient population, most are on biologic or have additional needs
- We do approximately 1400 patient visits/year and respond to approximately 1200 calls on the patient helpline
- We have an ongoing transition clinic with the IWK
- We provide educational nights for patients 3-4x/year
- We participate in research both as PI's and sub investigators
- In partnership with Capital Health IT we developed Ccasper an EMR for IBD patients and won a the CH Bronze Award, Canada health Infoway Award of Excellence and an Accreditation Canada Award

What's on The Horizon?

Best Practices in IBD Care

Canadian Digestive Health Foundation

Recommendations

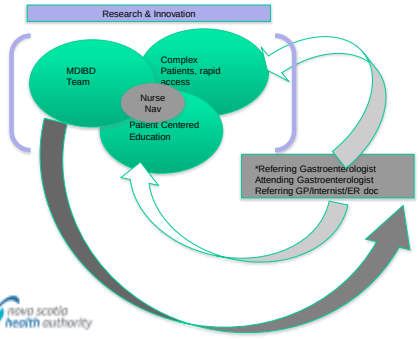
- Recognition of IBD as a **chronic disease** and **national health priority**
- More **funding and resources** allocated to IBD
- Creation of an IBD **Consortium** to facilitate and harmonize the development of individual **IBD Centres of Excellence**
- Adoption of a **multidisciplinary team** approach to the treatment of IBD, in the Centres of Excellence and elsewhere throughout the country
- More strategic use of multidisciplinary team members, including **IBD nurse specialists**, and more research to corroborate best practices within the team model
- **Data collection and measurement** to establish value and further enhance efficiencies.

Moving Toward an IBD Center of Excellence

Development of a Formal MD IBD Team

- Clinical Psychologist
- Nurse Practitioners
- Nutritionist
- Gastroenterologists
- Nurse Navigator
- Research
- IBDologist

Model for Patient Flow



Challenges

- Having right people on the team/resources
- Space
- Measuring Outcomes

thank you!