PRACTITIONER IN AUSTRALIA

by

Caroline G. Lee

Submitted to the

FACULTY OF HEALTH SCIENCES

School of Population Health and Clinical Practice

in the Discipline of Nursing

of the

UNIVERSITY OF ADELAIDE

in fulfillment of the award of

the degree of Doctor of Philosophy

July 2009

Copyright 2009 Caroline G. Lee

TABLE OF CONTENTS

ABST	RACT	10
	SIGNED STATEMENT OF CERTIFICATION	.12
	ACKNOWLEDGEMENTS	. 14
	GLOSSARY OF TERMS	. 16
1	INTRODUCTION	. 18
1.1	WHAT IS A NURSE PRACTITIONER?	18
	DEFINITION OF THE ROLE OF A NURSE PRACTITIONER	. 18
1.2	HEALTHCARE PROVISION IN AUSTRALIA'S AGED CARE SECTOR	. 20
	REGISTERED NURSES IN CHARGE	.20
	THIS PROJECT WAS THE FIRST AUSTRALIAN AGED CARE NURSE	
	PRACTITIONER PROJECT TO STUDY THE ACNP ROLE IN	
	RESIDENTIAL AGED CARE	. 21
	GP PANELS – ADDRESSING A NEED FOR MEDICAL SERVICES	.22
	PRE-EMPTIVE NURSING INTERVENTIONS	. 24
	RN WORKFORCE SHORTAGE	. 25
	SPECIALISED BODY OF KNOWLEDGE – CONSUMER AND	
	GOVERNMENT EXPECTATIONS	. 25
	RESEARCHING THE VALIDITY OF NURSE PRACTITIONERS IN STRALIA'S AGED CARE SETTING	27
	IMPROVING A PROFESSIONAL IMAGE – LEGITIMISING PERFORM	1ED
	PRACTICES	. 27
1.4	AIMS AND OBJECTIVES OF THIS RESEARCH PROJECT	30
	IS THERE A DIFFERENCE IN OUTCOMES OF CARE WITH THE	
	INTRODUCTION OF AN ACNP?	. 30

2		BACKGROUND	34
	2.1	THE NORTH AMERICAN EXPERIENCE	34
		NURSE PRACTITIONERS IN THE UNITED STATES OF AMERICA	34
		THE LEGISLATIVE FRAMEWORK IN THE US	34
		NP SCOPES OF PRACTICE IN THE US	35
		US PRESCRIPTIVE AUTHORITY	35
	2.2	NURSE PRACTITIONERS IN AUSTRALIA	36
		NURSES ACTS	36
		CONTINUING EDUCATION	36
		NATIONAL BOARDS	37
		CATEGORIES OF NP PRACTICE	38
		NURSE PRACTITIONER REGISTRATION IN EACH AUSTRALIAN	
		STATE	39
		VICTORIAN LEGISLATION AND REGISTRATION REQUIREMENTS	43
		THREE PATHWAYS FOR NP REGISTRATION IN VICTORIA	43
		PRESCRIBING MEDICATIONS IN VICTORIA	45
		THE NP SCOPE OF PRACTICE IN VICTORIA	47
		AUSTRALIAN CAPITAL TERRITORY	48
		NEW SOUTH WALES	49
		WESTERN AUSTRALIAN	50
		QUEENSLAND	51
		SOUTH AUSTRALIA	51
		TASMANIA AND THE NORTHERN TERRITORY	52
		NATIONAL REGISTRATION ISSUES	52
		MEDICARE BENEFITS FOR PROFESSIONAL SERVICES	53

-	2.3 THE AUSTRALIAN AGED CARE INDUSTRY'S REGULATORY	
l	FRAMEWORK	56
	THE AGED CARE ACT 1997	56
	APPROVED PROVIDER REQUIREMENTS	56
	AGED CARE ACCREDITATION	57
	ACCREDITATION GRANT PRINCIPLES AND CONTINUOUS	
	IMPROVEMENT	59
	THE ROLE OF PROFESSIONAL AND GOVERNMENT GUIDELINES	61
	CARE DOCUMENTATION REQUIREMENTS	63
	REGULATION AND STAFF RETENTION AT RISK	63
	THE RESIDENT CLASSIFICATION SCORE AND THE ACFI	65
	HEALTH PRACTITIONERS AND ASSESSMENTS	66
:	2.4 A PROFILE OF THE AUSTRALIAN AGED CARE INDUSTRY	67
	PROVISION OF COMMUNITY AND RESIDENTIAL AGED CARE PLA	CES
	THROUGHOUT AUSTRALIA	67
	AGEING IN PLACE	69
:	2.5 THE SHORTAGE OF NURSING PROFESSIONALS IN AGED CARE	71
	WORLDWIDE SHORTAGE OF NURSING STAFF	71
	THE AUSTRALIAN AGED CARE WORKFORCE	
	AN AGED CARE LABOUR MARKET IN CRISIS	
	DIFFICULTIES IN ATTRACTING NURSES	
	WORKFORCE SHORTAGE RELATED LEGAL ISSUES	
	RETENTION ISSUES	
3	LITERATURE REVIEW	
	2 1 DUDDOSE OF THE LITEDATURE DEVIEW	/ 6 70

3.2	REVIEW METHOD	78
3.3	CLINICAL NURSE SPECIALISTS IN OTHER COUNTRIES	80
	THE NP ROLE IN THE UNITED STATES AND CANADA	80
	CLINICAL NURSE SPECIALISTS VS NURSE PRACTITIONERS	81
	NP INTERVENTIONS LESS COSTLY	81
	NPS PERFORM BETTER THAN MDS	82
	NPS DECISIONS BASED UPON A FULL HISTORY	83
	THE POSITIVE DIFFERENCE TAKING A FULL HISTORY MAKES	85
	LACK OF GERONTOLOGY BASED DECISIONS – MDS COMPARED	
	WITH NPS	86
	THE VALUE OF A CLINICAL HISTORY	87
	ACNPS IN NORTH AMERICA	87
	STAFF EDUCATION REQUIRED TO AID NP UNDERSTANDING	88
	SUCCESS DEPENDENT ON SENIOR PERSONNEL AND	
	ORGANISATIONAL GOALS	90
	THE IMPORTANCE OF ACNP COMMUNICATION	92
	ACCESS TO MORE TIMELY CARE	94
	POSITIVE OUTCOMES RELATED TO ACNP INVOLVEMENT	95
	PHYSICIAN SURVEY IDENTIFIES POSITIVE VIEW OF ACNP	
	INVOLVEMENT	95
	NURSE PRACTITIONERS IN THE UNITED KINGDOM / EUROPE	97
	NURSE PRACTITIONERS IN NEW ZEALAND	. 103
3.4	RESPECTING STAFF EQUALS QUALITY CARE FOR RESIDENTS	103
	NURSING LEADERSHIP AND QUALITY CARE	. 103

3.5		
OUT	TCOMES	108
	AGED CARE NURSES MUST BE EXPERTS	108
	MEDICATION MANAGEMENT AND ACNPS	110
	PSYCHOSOCIAL NEEDS AND ACNPS	111
	A NURSING MODEL VS A MEDICAL MODEL	113
3.6	FACTORS IMPACTING ON THE SUCCESS OF AN ACNP ROLE	115
	HISTORY OF PHYSICIAN OPPOSITION TO THE NP ROLE IN	
	AUSTRALIA AND OTHER COUNTRIES	115
	PRESCRIBING AND ORDERING DIAGNOSTIC TESTS	118
	THE ROLE OF AN ACNP AND EVIDENCE BASED PRACTICE	119
3.7	AN AUSTRALIAN ACNP STUDY – SUBSEQUENT TO THIS PROJ 123	ECT
	THE NATIONAL AGED CARE NURSE PRACTITIONER TRIAL	123
	THE INPRAC PROJECT RESULTS	124
	THE NATIONAL TRIAL EVALUATION ACTIVITIES	125
	THE RESULTS OF THE NATIONAL TRIAL	126
	THE NATIONAL TRIAL COLLABORATOR SURVEY RESULTS	126
	THE NATIONAL TRIAL RESIDENT HEALTH AND SATISFACTION	
	RESULTS	127
	THE NATIONAL TRIAL'S ACNP WORK-TIME BREAKDOWN	130
	OTHER NATIONAL TRIAL FINDINGS	131
	THE NATIONAL TRIAL ACNP CORE INTERVENTIONS	131
	THE NATIONAL TRIAL'S IDENTIFIED LIMITATIONS AND ROLE	
	BARRIERS	132
	IN SUMMARY	132

4 METHODS USED TO EVALUATE THE ROLE OF AN AGED CARE	
NURSE PRACTITIONER IN VICTORIA AUSTRALIA – THE RESEARCH	
PROJECT 136	
4.1 AN INTRODUCTION TO THIS RESEARCH PROJECT	136
4.2 THE SITE - AN OVERVIEW	136
4.2 SELECTING PROJECT PARTICIPANTS	137
SAMPLE SIZE DETERMINATION	137
RECRUITMENT TO THE STUDY	137
DEMOGRAPHICS OF PARTICIPANTS	138
4.3 WORKING WITH THE OTHER AGED CARE TRIAL PROJECTS	138
AGED CARE NURSE PRACTITIONER PROJECTS IN VICTORIA	138
ONGOING CONSULTATION AND DEVELOPMENT OF THE ROLE1	139
DATA COLLECTION ACROSS PROJECTS	139
COMMON LIST OF MEDICATIONS ACROSS PROJECTS	140
4.4 SELECTING THE RIGHT METHODOLOGY	141
RESEARCH METHODOLOGY RATIONALE	141
4.5 PREPARATION	143
ETHICS APPROVAL	143
DETERMINING THE NECESSARY PHASES OF THE PROJECT	143
DETERMINING THE MODEL OF CARE	144
NP RESPONSIBILITIES	145
WORKING WITHOUT NP AUTHORITY	146
COMMUNICATION STRATEGIES AND FOCUS GROUPS	149
4.6 EVALUATION METHODS	151

	EVALUATION COMPONENTS151
	COMPONENT 1 SCOPE OF PRACTICE PRE- AND POST-
	IMPLEMENTATION152
	COMPONENT 2 QUALITY OF SERVICE EVALUATION PRE- AND
	POST-IMPLEMENTATION154
	COMPONENT 3 CONSUMER EVALUATION PRE- AND POST-
	IMPLEMENTATION155
	COMPONENT 4 KEY STAKEHOLDER EVALUATION POST-
	IMPLEMENTATION156
	COMPONENT 5 EVALUATIVE STUDY OF HEALTH OUTCOMES PRE-
	AND POST-IMPLEMENTATION157
	COMPONENT 6 ECONOMIC EVALUATION POST-IMPLEMENTATION
	159
	4.7 FURTHER TOOLS AND DATA COLLECTION METHODS159
5	
5	RESULTS162
J	RESULTS
5	
3	5.1 INTRODUCTION
3	5.1 INTRODUCTION
3	5.1 INTRODUCTION
3	5.1 INTRODUCTION 162 MODEL OF CARE 162 5.2 COMPONENT 1 – SCOPE OF PRACTICE 163 5.3 COMPONENT 2 – QUALITY OF SERVICE 169
3	5.1 INTRODUCTION 162 MODEL OF CARE 162 5.2 COMPONENT 1 – SCOPE OF PRACTICE 163 5.3 COMPONENT 2 – QUALITY OF SERVICE 169 5.4 COMPONENT 3 - CONSUMER EVALUATION 171 5.5 COMPONENT 4 - KEY STAKEHOLDER EVALUATION POST-

SOCIAL FUNCTION I	195
SOCIAL FUNCTION II	195
5.7 COMPONENT 6 – ECONOMIC EVALUATION POST IMPL	LEMENTATION
	200
HOSPITALISATIONS	205
STAFF VIEWS ON ECONOMIC IMPACT	208
5.8 CASE STUDIES – INDIVIDUAL OUTCOMES	210
CASE STUDY 1	210
CASE STUDY 2	211
CASE STUDY 3	212
CASE STUDY 4	212
6 DISCUSSION OF FINDINGS	216
7 CONCLUSION	226
7.1 THE ACNP ROLE	226
7.2 RECOMMENDATIONS FOR PRACTICE	227
8 REFERENCES	232
9 APPENDICES	250
10 LIST OF TABLES	251
11 LIST OF FIGURES	252
12 LIST OF INFORMATION BOXES	252

ABSTRACT

The role of an aged care nurse practitioner (ACNP) is well recognised internationally however, in Australia, the implementation of this advanced role is still in its infancy with few gerontological nursing experts registered as nurse practitioners (NP). This single Victorian facility 2002 study was the first to consider the role of an ACNP in Australia and the first to describe the clinical and social benefits or otherwise of ACNP interventions in an Australian context. NP Studies in the Australian Capital Territory (ACT) from 1999 – 2002 investigated the role in other nursing domains followed by an ACNP study conducted over 2004-2005. A subsequent national ACNP study in 2005 provided complementary results to this first Australian ACNP study which created the framework for these subsequent projects.

This study aimed to establish: clinical or other outcomes that a gerontological nurse practitioner (ACNPs) could achieve for older persons in an Australian residential aged care facility, factors that impacted upon the introduction of such a role, a definition of the role and to establish whether such a role would benefit older persons in Australia.

Various methods were used to determine the numerous outcomes which were to be studied in this project. A quantitative analysis of the functional and social status of residents who participated in the project, pre and post the ANCP interventions was undertaken. A quantitative analysis of the satisfaction of residents or their representatives pre and post the interventions is also presented. A qualitative analysis via focus groups, of the views of staff, residents and health professionals involved in the project was undertaken. Hospital rates pre and post the interventions and case studies are presented as additional information only.

The team involved in this Victorian Government Department of Human Services funded aged care nurse practitioner project at Greensborough Private Nursing Home included this researcher, the ACNP candidate, the Director of Nursing (DON) and Deputy DON. The team jointly managed the complex legal framework, to ensure interventions were implemented safely for all residents with the support of the residents' general practitioners and other health professionals working for the nursing home.

Statistically significant improvements in the resident's functional and social status were demonstrated for residents treated by the ACNP. Additionally, the resident and representative satisfaction survey revealed a higher overall level of satisfaction with the home following the project's completion. The results demonstrated that the ACNPs' interventions were of high quality, led to improvements in resident health outcomes, improved residents' quality of life and reduced hospitalisation rates. This was achieved by intervening in a timely manner when residents required relief of their physical and psychological symptoms through targeted interventions and one-on-one specialist medical nursing attention.

In summary, this study identified interventions an ACNP could undertake and therefore the role they could play in an Australian residential aged care facility, given the national legislation governing all aspects of an aged care facility. This study demonstrated that the role was feasible and achieved positive resident outcomes despite the factors that impeded its introduction.

Signed statement of certification

This work contains no material which has been accepted for the award of any other degree or diploma in any university or other tertiary institution to Caroline Lee and, to the best of my knowledge and belief, contains no material previously published or written by another person, except where due reference has been made in the text.

I give consent to this copy of my thesis, when deposited in the University Library, being made available for loan and photocopying, subject to the provisions of the Copyright Act 1968.

I also give permission for the original version of my thesis to be made available on the web, via the University's digital research repository, the Library catalogue, the Australasian Digital Theses Program (ADTP) and also through web search engines, unless permission has been granted by the University to restrict access for a period of time.

Acknowledgements

This researcher wishes to acknowledge a number of people who assisted during this project in various ways. The first acknowledgement is to the project's Nurse Practitioner candidate Richard Walpole for his significant efforts and contribution to the Case Studies in this thesis, Director of Nursing John Hardstaff, and Deputy Director of Nursing Nancye Mills, of Greensborough Private Nursing Home for their support and active role. This team had to manage a difficult registered nurse legal framework to ensure interventions were successfully implemented for the benefit of all residents and staff at the aged care facility. The second acknowledgment goes to the Department of Human Services and proprietors of Greensborough Private Nursing Home Joe and Mary Joseph, who supported the management team to undertake such a project in residential aged care, a previously unrecognised forum for nurse practitioners in Australia. Many thanks go to the residents, resident representatives, staff, general practitioners Dr Rick Hooper, Dr David Lunn, Dr Paul Clarke and Dr VJ Karna and other health professionals at Greensborough Private Nursing Home, who kindly participated in the development and implementation of the model of care and contributed to the findings and ongoing project mechanisms.

Final thanks go to my supervisors Professor Alan Pearson for his input and direction and Dr Tim Schultz for his ongoing guidance and patience during editing, to Frank Unferdorben for his project MS Access data entering support, to my children Cassie, William and Daniel and friend Graham Lee, for their years of never ending support, my husband Paul Kean for his loving encouragement, and my parents Frank and Piri Unferdorben for their perpetual faith in me. Without my family's ongoing encouragement, this thesis would never have been completed.

Glossary of Terms

ACFI	Aged care funding instrument
Aged Care	In the context used in this thesis, the residential aged care environment
Aged Care Nurse	This term is used to describe both ACNPs identified in various studies
Practitioner (ACNP) - role	and aged care nurse practitioner candidates involved in this study and
and parameters of practice	others as described.
and parameters of practice	ACNP practice refers to therapeutic medication management, diagnostic
	investigation management, referrals to medical specialists, and all
	nursing care of the aged care residents of this home. All ACNP practices
	are undertaken in partnership with the multidisciplinary team. Clinical
	practice guidelines written in 2004 based on the ACNP Project funded
	from 2002-2003 by the Victorian Department of Human Services,
	provide the framework of practice for the ACNP role.
	The equivalent term used to refer to an Aged Care Nurse Practitioner is
	Gerontological or Geriatric Nurse Practitioner.
Approved provider	A body that is approved under the Aged Care Act 1997 by the
	Commonwealth to provide services to older persons in a residential
	aged care facility that receives Commonwealth funding
BSL	Blood sugar level
CCF	Congestive Cardiac Failure
Client	The recipient of an aged care service
CPG	Clinical Practice Guideline
DON, ADON, DDON	Director of Nursing, Assistant Director of Nursing, Deputy Director of
	Nursing
Geriatrics	Sick elderly
Gerontology	The study of dependent elderly
GLNP or GNP	Gerontological or Geriatric Nurse Practitioner – the equivalent term used
	to refer to an Aged Care Nurse Practitioner
GP	General Medical Practitioner
ICU	Intensive Care Unit
IM	Intra muscular (injection)
MD	Medical practitioner (may include GPs)
MP	Medical Practitioner
NIDDM	Non-insulin Dependent Diabetes Mellitus
NP	Nurse Practitioner
PCs	Personal Carers, personal workers, nursing assistants, assistants in
	nursing – non-registered care staff employed by aged care facilities to
	provide services to residents of a basic nursing nature
PEG	Percutaneous endoscopic gastrostomy
Per	For each one; apiece
Post	After
Pre	Prior to
RACF	A residential aged care facility which is federally funded to provide
	quality care services to older persons who have been assessed by a
	recognised Aged Care Assessment service as requiring residential care.
RCS	Resident classification scale
RDNS	Royal District Nursing Service
Re	Regarding
RN	Registered Nurses as registered under various bodies in Australian
	States and other countries, including the Victorian Nurses Board in
	Victoria, Australia
RN Div 2	Registered Nurse Division 2 (in Victoria) – the equivalent of an Enrolled
	Nurse in other States or Territories
UTI	Urinary Tract Infection