THE ROLE OF THE NURSE PRACTITIONER IN EMERGENCY

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Lets get controversial...

• Anyone here not believe in Evidenced based medicine?
• Name of 1 RCT that supports the implementation of the following roles...
  • Clinical Nurse Consultant
  • Nursing Unit Manager
  • Emergency Physician
  • Emergency Nurse Practitioner

• How widely accepted are these roles in our current EDs?
What does the literature say…

- Run a medline search for
  - Emergency Physician
    - 0 RCTs, 1 Controlled trial (triage based EP)

- Clinical nurse consultant
  - 0 RCTs, 1 Systematic RV

- Nursing Unit Manager
  - 0 RCTs, 4 meta-analyses
Emergency Nurse Practitioners

• How many International trials have been conducted on the role of the ED Nurse Practitioner?
• Answer: 12 (high quality studies*)
• How many are Australian/NZ?
• Answer: 7/12 (58%)
• 2 Systematic Reviews
• Commissioned Literature RV (Masso and Thompson)
• Since 2015, 10 more Australian ED NP studies...
  • 2 RCTs
Working with Nurse Practitioners

• When were nurse practitioners first introduced into in Australia?
  1st Authorised NPs Dec. 2000 – Sue Denison and Jane O’Connell
  1st Positions May 2001 – Sue Denison and Ollwyn Johnson

• In 1994-2000 pilot projects evaluated NP models:
  • Rural and Remote areas
  • Midwifery
  • Well women's screening
  • Emergency services
  • Urban homeless men service, and
  • general medical practice

• Evaluation found that these nurse practitioners were "feasible, safe, effective in their roles and provide quality health services."
How has the role evolved in ED?

- **Nurse Practitioners** - addressing the **unmet needs of patients**
- Short version…
  - Most = Fast Track
  - Why? Triage…
    - Focus of the role was on see and treat
  - However, not completely true…
  - Plenty practicing outside of Fast Track (& not all Fast Tracks are the same)
ED Nurse Practitioners

- ENPs are increasingly used to meet the needs of complex problems
What’s the challenge for ENPs

• Premise: Unacceptable to receive different care based on geography
• Rural/Metro differences in ENP roles
  • In Regional/Rural Areas = ENPs ↑ Critical Care
  • Metro Areas = ENPs ↑ Fast Track
• Unlike ACEM Trainees; no national developed curriculum for ENPs
  • Left to the Individual/Facility/Department
    • ✔ Meets the needs of that location
    • ❌ Lacks Transferability
• Inconsistencies about the specific training of ENPs
• Role confusion
Endorsement is hard…

- Prerequisites:
  - RN with 3-5 years of experience
  - Masters Degree – Specific to Nurse Practitioners
    - Diagnostics, Prescribing, Hx and Physical Examination, Complex Case Rx
    - VIVA in front of panel
  - Then 5000 hours (3 years 1.0 FTE) of ‘advanced practice’
    - Transitional or Candidate period (mentored – ENP or EP)
  - Portfolio submitted to AHPRA – typically takes 6 months to prepare
  - Typically takes 5 years from enrolment to endorsement
There are Practice Standards for ENPs

- Published in 2015
- 3 modes of Practice
  - Rapid
  - Focused
  - Disposition
- 3-5 Categories in each standard
- Not formally credentialed
  - Implied within AHPRA standards for NPs

Credentialing …

- Finding the balance
- More Training vs. Variation
- Politics…
  - Nursing vs. Medical Organisations
    - Sharing Education & Training
    - Power and Governance
    - Public Expectations
- Individual ENPs
  - Content vs. Driven
Interprofessional Practice...

Interprofessional education for interprofessional practice: does it make a difference?
Leon Fitterman, Jennifer M Newton and Benedict J Canney

Much of the rhetoric on interprofessional learning is not underpinned by high-level evidence.

Interprofessional education (IPE) has been identified as a critical component in the development of a collaborative wards dedicated to interprofessional learning and practice. Studies have shown that IPE improves patient care.

EMERGENCY DEPARTMENTS OF THE FUTURE
Mid-level providers and emergency care: Let’s not lose the force
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Abstract
The progressive rise of ED visits globally, and insufficient numbers of emergency physicians has resulted in the innovations to expand our emergency care workforce.

Key words: emergency physician, mid-level provider, nurse practitioner, flight nurses, and forensic and Sexual Assault Nurse Examiner (SANE) nurses. What do these provider groups have in common? They all have professional associations, clinical stand-
UK – Moved towards this approach

http://www.rcem.ac.uk/docs/Training/4.1%20ACP%20Curriculum_FINAL.pdf
USA - Doctoral Nurse Practitioner Training

**USA**
- ACEP have position paper on training
- Move towards Doctoral prepared NPs (2015 recommendation)
- Being considered in Australia

**Benefits**
- Great rigor for NP roles

**Limitations**
- Still lack specific training in EM
• Is it time to consider interprofessional training of ED Nurse Practitioners within Australia?
Open to discussion… Thanks!