The Role of the Emergency Nurse Practitioner: A Transcontinental Comparison

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Let’s Take a Trip (Today’s Agenda)

- Discuss the current role of emergency nurse practitioners in the United States
- Analyze (take a “tour” of) select countries
- Identify contributing factors
- Review lessons learned from other countries
- Establish best global practices
The Story of a “Trouble Maker”

- In the United States (US), nurse practitioners are registered nurses who receive advanced training in the assessment, diagnosis, and treatment of patients.
- The role was initially developed to meet the needs of children but has expanded to include a number of specialty areas including emergency medicine.
- The use of emergency nurse practitioners has grown tremendously due to a provider shortage and emergency department overcrowding.
- In 2013, over five million emergency department patients were treated by nurse practitioners in the US.
- Research regarding the quality of care provided to low acuity patients demonstrates similar findings amongst NPs and physicians.
The Story of a “Trouble Maker”

- Currently, there is a push for emergency department physicians to be trained and board certified in emergency medicine which brings the training of emergency nurse practitioners into question.

- Another issue involves the scope of practice for NPs in the emergency department (full scope practice).

- *Family* Nurse Practitioners are most widely seen in the emergency department because of the ability to see patients across the lifespan.

- Acute Care Nurse Practitioners are considered “hospital” providers and arguments for the use of acute care nurse practitioners in the emergency department have been made.
Travel Plans

- Canada
- New Zealand
- Australia
- England
- Scotland
- Sweden
- Africa
- Ireland
Let’s Pack….

- A little history….
  - Implementation of the nurse practitioner role has been widely seen in western countries in the past few decades.
  - In 2008, 22 countries with formal nurse practitioner programs were identified.
Let’s Pack….

- Before we depart, there are a few definitions we need
  - Nurse practitioner: A nurse who has received specialized training to assess, diagnosis and treat patients of various acuities.
  - Emergency Department/Room: Separate division of a medical facility that is designed to care for patients with urgent medical issues
  - Overcrowding: Beyond a capacity that is comfortable or that one is able to accommodate
  - Acuity: The degree or level of care one requires
US health care is experiencing a crisis of epic proportions. Included in that crisis is the overcrowding of emergency departments across the country.

In the past 20 years, we have seen a steady increase in the number of patients seen in the emergency department each year.

As the population ages, more patients become insured via the affordable care act, and the provider shortage remains unresolved, emergency department overcrowding is expected to continue.
In 2011…..

- There were 136.3 million visits to emergency departments in the United States
- If spread out amongst the population, it would equal to 44.5 visits per 100 persons
- Five times as many patients were discharged than admitted from emergency departments
- Of all the discharged patients, 1/5 were uninsured
- Rural emergency departments had an increased number of discharged patients
Nurse practitioners were initially implemented in US emergency departments in the 1980’s

The first formal training programs for emergency nurse practitioners were introduced in the 1990’s

Official competencies for entry level emergency nurse practitioners were established in 2008

In 2014, there were approximately 12,000 nurse practitioners practicing in the emergency department.
First Stop: Canada

- Public funded universal health care system
  - Large number of patients (approximately 15% in 2006) are without a primary care provider (PCP)
  - Few patients are able to make a same day appointment with PCP

- Emergency department utilization is similar to what is seen in the United States.
  - Increase in number of visits from 6-10% annually
  - Reduction in the number of beds and facilities seen in the 1990’s due to fee structure change

- Nurse practitioner role has transitioned from a “grassroots” origin in the 1960’s to a regulated profession that requires formal education titling, scope of practice regulations, and credentialing.
First Stop: Canada

- Nurse practitioners are present in the emergency department as providers
  - Primarily care for lower acuity patients
  - Role opportunities expanded based on the “Wait Time Strategy” established by the Ontario Ministry of Health
  - Major issue is reimbursement due to fee-for-service model. Physicians cannot bill under fee-for-service when a nurse practitioner cares for the patient

- Local research found positive outcomes associated with NP care in the emergency department
  - Care is safe and effective
  - Level of care and health outcomes are equal to physicians
  - Increased levels of patient satisfaction with NP care
Next Stop: New Zealand

- Nurse practitioner licensure is regulated and standardized.
  - Must have at least 4 years experience in the practice area and completion of a clinical master’s degree program.
  - After completion of the program, applicants must submit a portfolio that demonstrates entry level nurse practitioner competencies.*

- Nurse practitioners provide care in a variety of settings from home settings to hospitals.
Next Stop: Australia

- Both public and private hospitals exist
- An increase in emergency department visits has been seen each year. Major issue is with boarding in the emergency department.
  - Fast tracks and other extensions of the emergency department have been created to combat the issue
- The nurse practitioner role is relatively new in Australia with the first nurse practitioner endorsed to practice in 2000.
- Nurse practitioners are present in the emergency department but restricted to the care of minor injuries and illnesses.
- High patient satisfaction scores and positive outcomes have led to the current development of a framework that will expand the emergency nurse practitioner scope of practice.
Next Stop: England

- Publicly funded universal health care system
- An increasing number of emergency department seen each year.
- A number of unique regulations exist including limiting the length of stay limited to 4 hours, eliminating formal triage, and employing a “see and treat” system.
- Large number of nurse practitioners with emergency nurse practitioners being highly visible in England.
  - The role developed in the mid-1980’s
  - Rapid growth and evolution has been seen
Next Stop: England

- The role of the emergency nurse practitioner varies from care of minor illnesses to managing high level patients.
- The educational preparation for emergency nurse practitioners is not standardized and varies greatly.
- Research suggests patients are satisfied with the care they receive from emergency nurse practitioners.
- The majority of patients do not report a preference between nurse practitioners and physicians.
- Emergency nurse practitioners are able to competently interpret radiographs.
Next Stop: Scotland

- Nurse practitioners are present in the majority of emergency departments.
- While the role of the emergency nurse practitioner is accepted, it lacks respect at a professional level.
- The majority of emergency nurse practitioners managed minor conditions in which a protocol is in place to dictate care.
- Emergency nurse practitioners are allowed to order and interpret radiographs.
- Only a percentage of the facilities allow independent prescribing.
Next Stop: Sweden

- Publicly funded universal health care system
- ED overcrowding is not an overwhelming issue
  - Extensive network of providers
  - Non-traditional office hours that include evenings
  - Providers are accessible
  - Nursing phone triage system largely responsible for fielding patients to correct area
- Nurse practitioners are present within the health care system but not prominent in the emergency department
  - Common specialties include CNS in Primary Care, Midwife, and RN specialty areas (oncology, psychiatry, etc)
Next Stop: Africa

- Health care system is grossly underdeveloped with a critical shortage of health care workers.
  - Number insufficient to meet needs of growing population
  - Epidemic disease such as Ebola

- Many nations lack formal health care facilities with emergency care and primary care given in similar conditions.

- Nurses are the cornerstone of care and may be the only provider to assist patients with emergency conditions.

- Practice standards are lacking and vary greatly based on the lack of complexity of the health care system.
Next Stop: Africa

- The NP role exists in a few African nations such as Botswana.
- Primary Health Care is the focus of the practicing NPs in the area.
- Nurse practitioners were initially trained via a 12 month program and was only open to experienced generalist or midwives.
- Today, collaboration between the US and Botswana has resulted in a more formal program that includes classroom time and preceptorships.
  - Most are unable to afford degree programs such as BSN & MSN
Last Stop: Ireland

- Nurse practitioners are newcomers in the emergency department.
  - Shortage of physicians and increase in population has led to the recent implementation
- Limited data exists due to the infancy stage of the emergency nurse practitioner role.
- Nurse practitioners are currently assessing, diagnosing, interpreting radiographic studies, and prescribing analgesia.
  - Currently evaluating emergency nurse practitioner training programs to assess if training programs should be altered to meet the requirements of the role.
- A decrease in wait times has been seen in facilities with emergency nurse practitioners.
Departing with New Knowledge

- Contributing Factors
  - Insurance coverage
    - Universal system vs. private insurance companies
  - Availability of providers
    - Provider shortage
    - Access
  - Availability of educational programs
  - Emergency department volume
    - NPs are not utilized in locations where overcrowding is not an issue
Departing with New Knowledge

Lessons Learned

- Key Finding: The pathophysiology associated with the conditions seen in the emergency department does not vary greatly based on geographic location.

  - The primary goals of emergency department care include disease recognition, diagnosis, and stabilization of life-threatening conditions.
  - These fundamental elements can be achieved to some degree in all countries with basic resources.
  - 80-85% of diagnoses can be reached with history and physical exam alone

  - Based on this unique situation, emergency nurse practitioners have the opportunity to create a unified, transcontinental, evidence-based, collaborative group of providers
Departing with New Knowledge

Lessons Learned

- An inverse relationship between the number of available providers and the frequency of emergency department visits exists.
- Countries with universal health care systems still experience emergency department overcrowding.
- In some countries, nurses may be the only health care providers to see a patient. Transitioning nurses to an advanced practice role would further meet the needs of the patients.
- Many emergency departments are seeing an increase in the number of low acuity patients.
Departing with New Knowledge

- **Barriers**
  - Lack of funding
    - Insurance funding, funding for education,
  - Resistance to the nurse practitioner role
    - Evidence of this has been seen in the US as well as Canada
  - Reimbursement Issues
    - Unequal reimbursement for identical services
    - Competition for funds amongst nurse practitioners and physicians
  - Lack of definitive care
Departing with New Knowledge

Barriers
- Lack of consistency regarding training
- Lack of recognition of specialty
- Lack of consistency regarding scope of practice
  - Example: Pennsylvania vs. New York
  - Example: United States vs. Africa
- “Turf War” between physicians and nurse practitioners.
- Lack of data to support the quality of care provided to high acuity patients.
- Stakeholders are not familiar with the role.
Departing with New Knowledge

Global Best Practices

- Nurses are the backbone of health care systems around the world, making them a natural choice for increasing provider accessibility as well as health care quality.

- Regardless of the complexity and/or development of the associated health care system, nurses are an available resource that can be accessed and used to make positive changes.

- Emergency medicine is a distinct and separate specialty thus, emergency nurse practitioner training program should be created to ensure adequate education.
Departing with New Knowledge

Global Best Practices

- All emergency nurse practitioners should be allowed to practice to the full extent of their training.
- Full scope practice is the most effective way to extend care by allowing nurse practitioners to provide high-quality care with a physician counterpart available for consultation.
- Does not differ from the consultation practices seen amongst physicians.
- An intercontinental collaboration amongst emergency nurse practitioners is suggested based on the aforementioned similarities.
Departing with New Knowledge

Global Best Practices

- Nurse practitioners should not be limited to low acuity emergency department patients
  - Training programs should be inclusive of higher acuity skills/treatment.
- The educational requirements of nurse practitioners cannot be standardized due to drastic variances in financial resources
- Preceptorships are a valuable component of emergency nurse practitioner training and can serve as a primary method of training in countries that lack educational resources.
Global Best Practices

- Academic institutions should consider including an emergency nurse practitioner program as part of their academic offerings.
  - Creates global health opportunities
  - Creates opportunities for collaboration
  - Creates opportunities for grant funding
  - Consistent with current literature
References

References


Questions & Contact Information

ANY QUESTIONS???

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