

## Public Submission Cover Sheet

Please complete this sheet and submit with any attachments to the Sustainable Health Review Secretariat

### Your Personal Details

*This information will be used only for contacting you in relation to this submission*

<b>Title</b>	Mr <input checked="" type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other <input type="checkbox"/>
<b>Organisation</b>	Australian College of Nurse Practitioners – Western Australian Chapter
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### Publication of Submissions

*Please note all Public Submissions will be published unless otherwise selected below*

- I do not want my submission published
- I would like my submission to be published but remain anonymous

### Submission Guidance

**You are encouraged to address the following question:**

**In the context of the Sustainable Health Review Terms of Reference listed below, what is needed to develop a more sustainable, patient centred health system in WA?**

- Leveraging existing investment in Primary, Secondary and Tertiary healthcare, as well as new initiatives to improve patient centred service delivery, pathways and transition;
- The mix of services provided across the system, including gaps in service provision, sub-acute, step-down, community and other out-of-hospital services across WA to deliver care in the most appropriate setting and to maximise health outcomes and value to the public;
- Ways to encourage and drive digital innovation, the use of new technology, research and data to support patient centred care and improved performance;
- Opportunities to drive partnerships across sectors and all levels of government to reduce duplication and to deliver integrated and coordinated care;
- Ways to drive improvements in safety and quality for patients, value and financial sustainability, including cost drivers, allocative and technical efficiencies;
- The key enablers of new efficiencies and change, including, research, productivity, teaching and training, culture, leadership development, procurement and improved performance monitoring;
- Any further opportunities concerning patient centred service delivery and the sustainability of the WA health system.

## Submissions Response Field

*Please type your response into the field below. Alternatively you may provide your submissions as a separate attachment (Suggested Maximum 5 pages).*

### Executive Summary

The Australian College of Nurse Practitioners (ACNP) represents over 60% of Australia's 1559 nurse practitioners. ACNP works closely with government and industry to educate consumers and potential employers about the nurse practitioner role and scope of practice.

ACNP (WA Chapter) welcomes this opportunity to engage and inform key stakeholders and decision makers on the progress and untapped potential of the nurse practitioner role since its inception by the Howard Government almost two decades ago.

Many WA nurse practitioners are not working to their legislative and clinical capacity and are underutilised across the WA health system, due mainly to a lack of employment opportunities. This is denying the WA population access to care provided by highly qualified nurses with expert skills and knowledge.

We offer our recommendations, which are supported by current and proposed models of practice and evidenced nationally and internationally to contribute to the following outcomes:

1. Reduction in Emergency Department (ED) presentations for non-urgent and minor injury, chronic disease management and age care services via:
  - a. Improved consumer access to primary care nurse-led clinics and collaborative urgent access acute care centres co-staffed by nurse practitioners and other advanced practice health providers;
  - b. Nurse practitioner-led clinics offering specialist services, reducing hospital presentations/admissions and reducing stress on private and public health sector.
2. Reduced admission and length of stay in hospital via:
  - a. Improved management of chronic disease in the community;
  - b. Smoother transition between different sections of the healthcare system;
  - c. System Navigator roles utilising highly skilled advance practice clinicians (including nurse practitioners) embracing models such as currently being implemented in Queensland.
3. Timely health care for high need populations, including Aged Care, Indigenous and Mental Health.

### Background

Nurse practitioners hold postgraduate nursing degrees and are educated at a Master's level. To be eligible for endorsement as a nurse practitioner, a registered nurse must satisfy a rigorous endorsement process through the Nurses and Midwives Board of Australia.

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Once endorsed, nurse practitioners (as for other health professionals) must demonstrate annual evidence of recent practice and continuing education over and above the level required by a registered nurse.

#### **Nurse Practitioners in WA 2017**

The numbers of nurse practitioners in WA and nationally have doubled in the last 5 years with WA now boasting 246 endorsed nurse practitioners, 16% of the national figure.

In February 2017, a survey of the 247 WA nurse practitioners by the ACNP (WA Chapter) achieved a 65% response rate and identified:

- 35% work in Emergency Departments or primary health care settings. The remainder work in more than 20 other specialty areas including mental health, paediatrics, rural and remote health, aged care and chronic disease management.
- 43% are underemployed, working at least part-time as registered nurses with many expected to function as clinical leads or case managers with standing orders in the absence of a medical practitioner.
- 45% of respondents believed there was no commitment by health services to consider models of care utilising nurse practitioners.
- >70% of nurse practitioners working in the public sector said they would leave their jobs if private sector opportunities arose. They cited a lack of career prospects and/or available nurse practitioner positions as their key reasons for this; subsequently there is rapid growth currently in the private health sector.
- 20% have their own businesses. The majority of these nurse practitioners achieve significantly lower income than their hospital colleagues, yet are able to practice to their clinical capacity and provide better health services to the community.

Overall, findings of the 2017 survey identified:

- 1) Despite the clear evidence of cost savings that nurse practitioners provide, a lack of available funding or the cost of nurse practitioner wages was commonly cited by health services as the reason for their inability to create nurse practitioner positions.
- 2) WA is losing nurse practitioners to other states and from the public to the private sector. ACNP (WA Chapter) has identified the potential future loss of our most highly skilled nursing clinicians out of the public sector due to the WA limitations on their career pathways.
- 3) Lack of employment options in WA has led to a downturn in WA university applications for nurse practitioner degrees in the last 5 years. Queensland and NSW health services are now major employers of nurse practitioners nationally, with high recognition of importance of the role. Unless there is a change of approach soon, WA is likely to lose more of their nurse practitioners to the eastern states.

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#### ***Nurse practitioners positively influence health service delivery***

Some nurse practitioners work in a generalist model, often in community and primary care settings managing health and well-being in a holistic approach. Other nurse practitioners work in highly specialised areas with a narrow focus, with decades of clinical experience they function as experts in their field of practice.

Specialist nurse practitioners can offer an alternative to specialist medical referrals, giving patients timely and cost-effective access to specialist care, especially in collaborative models. Specialist and generalist nurse practitioners have the capacity to work with, and empower people vulnerable due to ethnic background, Aboriginality, socioeconomic disadvantage, remote location, gender and aging.

When employed strategically in the areas where they can have the greatest impact, nurse practitioners can increase efficiencies by improving access to care, supporting primary care providers, reducing ED presentations, decreased length of stay, and reduce hospital admissions. Their greatest strength is in service delivery models that bridge the gap between tertiary and community health care in cost-effective ways.

- ✓ The Medicare Benefits Scheme (MBS) identifies nurse practitioners as healthcare providers, issuing provider numbers that allow consumers to receive rebatable services.
- ✓ Nurse practitioners can access Pathology and Radiology MBS items, giving their patients access to rebatable services.
- ✓ Nurse practitioners work within a defined scope of practice and have prescribing rights accordingly. The Pharmaceutical Benefits Scheme (PBS) support nurse practitioner prescribing.
- ✓ Nurse practitioners can admit and discharge people from hospital and other healthcare services.
- ✓ Nurse practitioners can refer patients to specialist medical practitioners and hospital services.
- ✓ Nurse practitioners are involved in research, have clinical leadership roles, educate, coordinate, supervise and mentor all levels of health professionals including medical practitioners.

#### *Individual models:*

A cohort study of the impact of orthopaedic nurse practitioner at Sir Charles Gairdner Hospital on length of stay and cost-savings for patients with hip fractures revealed \$354,483 of cost-savings over one year, with the net annual cost-savings per patient of \$1,178 (Coventry et al, 2017).

The paediatric nurse practitioner role at Broome Hospital provides advanced paediatric nursing support, leadership, education and clinical oversight and has resulted in an additional 40-50 babies and children each year receiving high level respiratory care in their local community,

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thereby avoiding evacuations with a cost saving of \$30,000 per child, with net annual cost saving of \$1,500,000.

#### *Collaborative models:*

Fiona Stanley Hospital and NursePrac Australia have a shared-care innovative paediatric model in South-West Perth corridor.

Collaborative Primary Care of WA is a collaborative team of 8 General Practitioners and 10 Nurse Practitioners providing clinical services to several residential aged care facilities in Perth, resulting in significantly decreased hospital presentations and admissions.

Fiona Stanley Hospital/Fremantle Hospital and Cockburn Wellbeing Clinic offer a nurse-practitioner-led mental health service in the primary care setting with the aim to focus on chronic diseases and integrate clients with primary care providers.

RediMed is an industry occupational health and injury management model with collaboration between specialist surgeons and nurse practitioners.

#### **Rural solutions to health care**

The 2017 ACNP (WA Chapter) survey identified 25% of WA's nurse practitioners live and work in rural and regional areas; despite this many are not employed as nurse practitioners, instead working at lower clinical levels.

Many rural and remote nurse practitioners provide advanced health care to communities and individuals with limited GP access, practicing collaboratively as the senior onsite clinician with support from fly-in and/or remote telehealth medical specialists. Expanding the number of nurse practitioners in rural areas would enhance healthcare delivery. Additionally, 19(2) Exemption sites could offset nurse practitioner wages by claiming MBS items for non-admitted patients (as is currently the case when non-admitted patients are seen by a doctor).

The WA Country Health Service (WACHS) Emergency Care Capability Framework Project identified 40% of emergency cases in 2014/15 presented to rural areas. Many rural EDs are staffed solely by nurses and, in the absence of onsite doctors, these services would be further enhanced by employing nurse practitioners into full time senior clinical roles.

WACHS has partnered with Silver Chain Community Health Care to provide nurse practitioner services in underserved rural and remote areas with a particular focus on vulnerable populations (ATSI, aged care and mental health).

#### **Our support**

The ACNP has worked to establish communication with the WA Minister for Health Mr Roger Cook as well as industry and associations.

The college supports the Urgent Care Clinic discussions and offers an obvious collaborative solution, which would allow these clinic hubs to operate at sustainable costs. The experience and skills of nurse practitioners in emergency, paediatrics, geriatrics, mental health, primary care

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and other specialist areas creates opportunities to triage and treat many of the 600 daily less-urgent presentations to emergency departments in WA.

Nurse practitioners have been identified by the Minister for Health and the Minister for Commerce and Industrial Relations as necessary inclusions in future amendments to the Workers Compensation and Injury Management Act in WA. Streamlining patient access to urgent care for work related injuries and workers compensation claims will align WA with other states already recognising nurse practitioners in workers compensation services. The current extra administration required for medical practitioners to sign off on completed injury care in the emergency department or in private practice, is extending the burden of care to GPs and Emergency departments.

#### **ACNP Recommendations**

##### **1. Recognition of the 'Nurse Practitioner' title and profession in SHR terms of reference**

- a. Reference to 'Nurse Practitioner' when suitable equal services are offered to specialist, medical practitioner, or general practitioner
- b. When referencing prescriber, clinician or doctor
- c. When recommending health services, medical services, clinics or options to consumers

##### **2. The SHR promote employment & collaborative models of care with nurse practitioners**

- a. Increase utilisation of nurse practitioners in acute, primary, and long-term care.
- b. Reduce expenditure on medical practitioner locums in rural areas; instead offer nurse practitioners rural locums or permanent roles for nurse practitioners already working in the rural and regional areas. The end result will be stable healthcare provision from low turnover workforce
- c. ACNP (WA Chapter) recommends that the SHR consider nurse practitioners to address the shortage of medical practitioners in WA. Nurse practitioners are less expensive than doctors to educate and employ, furthermore the post graduate length of study is 2 years less than a medical degree, ensuring the profession is operational in a shorter time. Additionally, nurse practitioners cost approximately one sixth the cost of a GP to educate and can provide a similar level of service in primary care.

##### **3. The SHR consider education & endorsement of nurse practitioners for a sustainable future of health providers in WA:**

- a. Fast track training of more NPs from the RNs who currently hold a master's degree.

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- b. Pilot candidacy programs for new graduates and therefore encourage new enrolments in the Masters courses at Western Australian Universities, with supported clinical placements and training for high need areas and vulnerable patient groups.
- c. Forward thinking health services driving innovative and new models of care.

Consideration of novel models:

- A) Nurse practitioner response unit\* (NPRU), where nurse practitioners are embedded with ambulance services to offer options such as:
  - Mobile urgent care offering immediate on-scene evaluation, treatment and release of low-acuity 000-callers with primary or urgent care complaints;
  - Comprehensive assessment of frequent ambulance users, and linkage to follow-up care, including review by a specialist team (e.g.crisis intervention, falls team, geriatric intervention, chronic disease) within 4-24hours; and
  - On-scene clinical review of mental health patients, with the option of direct transport to a psychiatric urgent care facility.

(\*Los Angeles Fire Department implemented this model in January 2016)

<http://www.jems.com/articles/print/volume-42/issue-2/features/nurse-practitioner-response-unit-launched-in-los-angeles.html>

- B) Alcohol Recovery Centres (ARCs) incorporating advance practice clinicians for oversight.

Goals for ARCs:

- Reduce alcohol-affected individuals in emergency departments
- Supports early engagement with Drug and Alcohol intervention services
- Offer safe and appropriate alternative to hospital care

- C) Embedding nurse practitioners with GPs in Urgent Care clinics

- D) Establishing community based integrated chronic disease nurse practitioner services; an outpatient clinic for patients with two or more chronic diseases, including chronic kidney disease (CKD), heart failure (HF), diabetes (type I or II).

<https://eprints.qut.edu.au/89021/1/FINAL%20REPORT%20Evaluation%20of%20Integrated%20Chronic%20Disease%20Nurse%20Practitioner%20Service.pdf>