# NP ROLE -- BEYOND ACUTE CARE

Rosemary Goodyear EdD, APRN, FAANP Nurse Consultant Associates - USA

#### NP Role

#### Objectives

- Identify the roots and status of the NP role in the global nursing community
- Enumerate the wide ranging roles and practice settings for the NP in today's health care systems
- Discuss Nursing's responsibility, opportunities, and challenges with NP role expansion in Taiwan

# **NP Role – Historical Context**

- NP role emerged from the minds of a visionary nurse leader and MD colleague
  - 1965 Drs. Loretta Ford & Henry Silver MD @ University of Colorado, Denver, CO, USA
    - Certificate programs (1965) offered NP via CE
    - Within 15 years (1980) programs in USA moved into SON as the educational setting
    - By 1985 the MSN was required for NP practice
    - 2004 the DNP was introduced in USA

### NP Role – Historical Context

- I am reinforcing that –
- The foundation of the NP Role is based in Nursing, built on Nursing Theory, Practice, and Principles, and centered on the NP delivering professional client services.
- Regardless of the work setting, job description, scope of practice, or patient/clients served, the foundation of NP knowledge and role remain centered in profession of Nursing.

# NP Role – Historical Context

- Through the years the NP role has been reported in the Nursing literature and shared at conferences
- Nurses came to the USA from different nations to learn the skills and role to take back to their home
- ICN supported the beginning of a Network dedicated to the NP/APN in 2000.
- Today 19 global nations contributed to investigating the scope of practice and standards of NP role by INP/APN Network.

## NP Role - Extended

- The first USA NP graduates filled workforce needs in the rural communities, and underserved populations in large cities.
- Medicine opposed the NP role with the exception of some Pediatricians

FNP was the next area of practice to emerge due to a workforce shortage of primary care physicians

## NP Role - Extended

- Specialty NPs emerged in many--
- There were many Emergency, Neurology, Internal Medicine, etc.--

Then the consensus model evolved and is client population based--

# NP Role - Extended

- The path for NPs in Taiwan responded to the workforce needs when---
- 99% insured population used the hospital as the site of first contact when becoming ill
- The hospital physicians were over worked and needed support

## Global Interest in NP/APN

- OECD has studied role development and produced two internationally studies on the NP/APN
- Findings indicate that nations moved to implement the NP/APN when:
  - Increased need for chronic care services
  - A shift from hospital to primary care due to cost
  - Shortage of physician workforce in general practice
  - Nurses in the workforce are better educated today
  - Need for increased skill sets for primary care providers
  - Team based care vs solo practice

# **Change in Health Care**

- Currently there is change in Taiwan's health care delivery system.
- The system has revised the first point of contact for the aging population and this has resulted in a new workforce need.
- Other changes in Taiwan are an increased focus on <u>healthy life style</u>, rise in <u>chronic disease management</u> and <u>programs for active aging</u>. All areas of practice for the NP!

# NP Role -Change

- These changes, are both challenges and opportunities facing the nation and the nursing profession in Taiwan. Data reveals—
  - 1. Most of the 7000+ NPs are educated and managing patients in acute care settings
  - 2. The movement of health care delivery from hospital to community is underway.
  - 3. There are insufficient NPs with education and practice experience focused on health maintenance, aged client/patients, and/or the family, and community nursing

- Challenges and opportunities for the profession are
  - Establish educational programs that will transition
    NPs interested in practicing outside of acute care
  - Future programs for NP transition must be accessible to a MSN degree
  - Funding grants need to be available for institutions, faculty and students to support the role development
  - Community based home care must consider the NP as an essential member of their team

#### Educating the Certified Acute Care NP

- 1. Institutional interest must be present when offering NP education for transitioning
- 2. Adequate qualified faculty for implementing a transition curriculum
- 3. Resources must be allocated and clinical settings identified to implement the program
- Funding for faculty and students should be secured

#### Transition Curriculum at Graduate Level

- 1. Adopt model curriculum
- 2. Create tools to evaluate student competency and areas of needed study
- 3. Consider educational options for accessing the MSN
- 4. Consider innovative projects that will integrate prior knowledge and experience in a scholarly project
- 5. Identify preceptors and settings for clinical

#### Funding options to be explored

- 1. Does your institution have a Development Department?
- 2. Connect with corporate businesses that operate in health care marketplace
- 3. Do the Education &/or Nursing Ministries offer start- up funding?
- 4. Are there governmental programs offering "loan forgiveness"?
- 5. Will the Nursing Home Care agencies partner with schools of nursing?

#### Home Care Nursing Community

- Carry out a needs assessment of the home care nursing community agencies within 50 miles of the school about workforce needs
- Hold focus group meetings to determine personnel needs
- Establish partnerships for clinical experience for students in exchange for meeting their needs
- Explore potential preceptorship settings or faculty practice sites

#### Opportunities for the NP in the community and filling workforce needs:

- Home health nursing agencies
- Private Clinics offering primary care services
- Public health clinics for maternity, pediatric, disease based clinics, and aged patient/clients
- Neighborhood Home Care for Long Term Care program
- Day care settings for children, aged, & dementia patients
- Interdependent/Entrepreneurial NP private practices

#### Positive systems changes for NP after transition

- 1. Regulation change of NP working under protocols?
- 2. Movement for more health care opportunities external to hospital
- 3. Long term care program for aged needing total assessment and monitoring of health
- 4. Reimbursement options through NHI and fee for service

- Protocol development for practice in the community should be by an Interprofessional team of providers
- Scope of practice for the NP's competence can be drafted following focus groups of stakeholders
- Knowledge of Long Term Care Program with workforce options can be part of the curriculum
- Entrepreneurial role of NP can be part of the curriculum as a scholarly project

- Protocol Development----
- Collaborate with professionals in the community--
- Determine the range of NP problem--
- Create a list of problems ---
- Determine how this could work--

- Scope of Practice Development
- Bring together faculty, home care, and clinic professionals—
- Sort out the new knowledge and skills required-
- Draft the scope of practice-

Long Term Care Program—

- Gain knowledge and insight into the LTCP –
- Invite representatives of LTCP
- Have students contribute how they envision

- Entrepreneurial role –
- Nurses can practice independently and interdependently
- Independent contract your NP services to a Home Nursing agency, or a physician, or group physician practice
- This role will require added preparation--

# NP Role Beyond Acute Care

- The presentation is over----
- However the FUTURE of the NP BEYOND Acute Care is just beginning!
- The challenge to the Nursing Profession is here and the outcomes are in your hands—
- Thank you for your attention—
- Questions? <u>rtgoodyear@gmail.com</u>