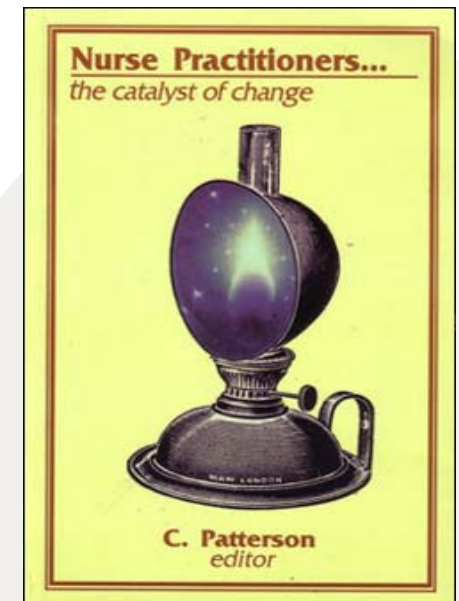


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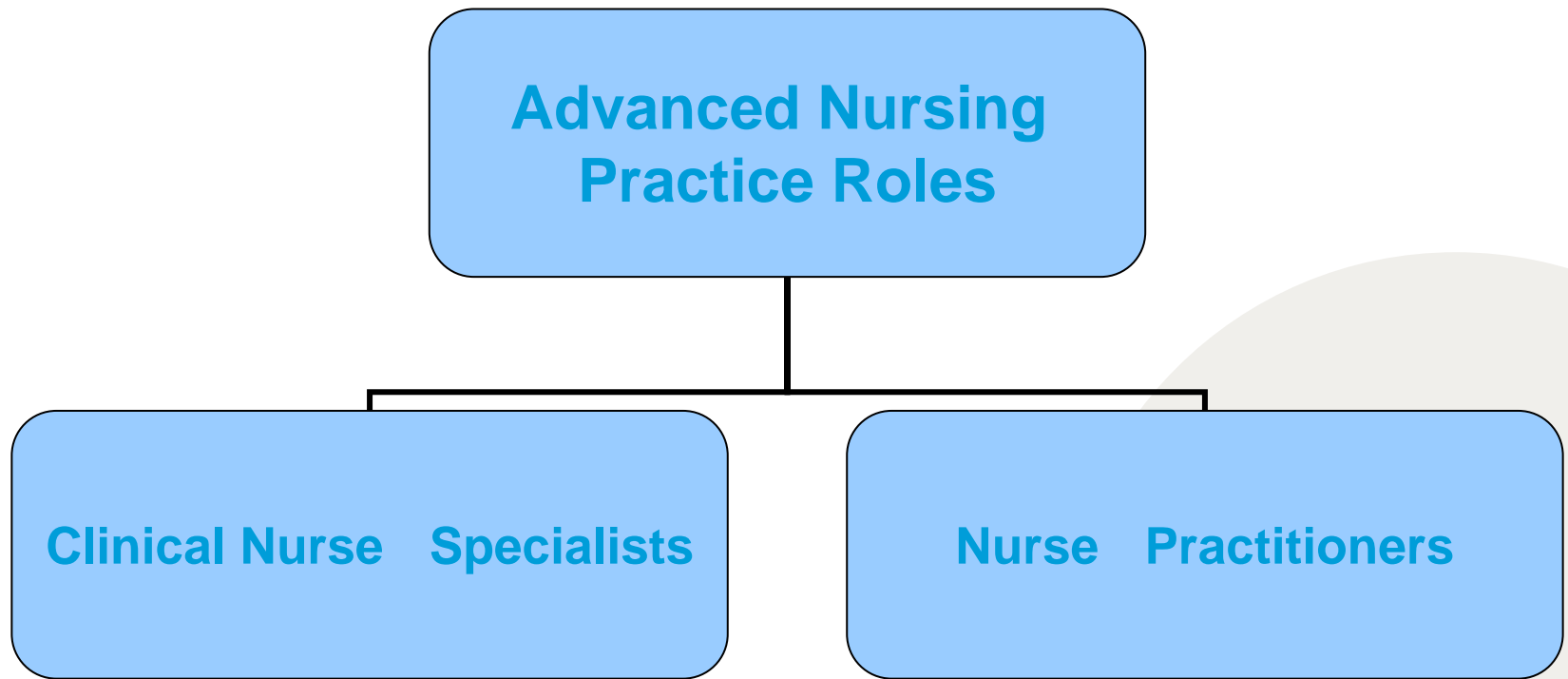
# Objectives

- Define Nurse Practitioners
- History of NPs (United States and Canada)
- History of Nephrology NPs in Canada
- Reasons for the Integration of NPs in NARP
- Role of NPs in NARP

# Advanced Nursing Practice

- “advanced level of nursing practice that maximizes the use of in-depth nursing knowledge and skill in meeting the health needs of clients”
- Qualifications:
  - RN
  - Clinical specialization
  - Masters degree in Nursing or equivalent

Capital Health Model for Advanced Nursing Practice



# Who Are Nurse Practitioners?

- Do not have the medical training.
- RNs with advanced education & clinical training.
- Not physician-assistants or physician-extenders.
- Patient care, evaluations & diagnosis.

## Historical Perspectives of Nurse Practitioners: United States

- **Mid-1960s:** need for primary care providers in rural areas
- **1965:** 1<sup>st</sup> NP program
- **By 1974:** >65 NP programs
- 28, 000 (1992) → 95, 000 (2000): **240% ↑**
- As of 2004, ~106, 000 NPs (5,000 – 6,000 new NPs/year)

# Canada

- **1960s:** physician shortages (740:1) and movement towards specialization in medicine (fewer MDs in primary care)
- **1967:** 1<sup>st</sup> NP program (Dalhousie University in Nova Scotia)
- **1970s:** several approved education programs
  - **1971:** 1<sup>st</sup> university program in Ontario to prepare expanded role RNs
  - “nurse practitioner-like” roles

# Canada Continue

- **1980s:** most NP initiatives disappeared
  - Perceived oversupply of physicians, lack of mechanisms for remuneration, absence of legislation, little public awareness, and/or lack of support from medicine and nursing
- **1990s:** renewed
  - Limited resources, shift to primary health care



## Number of Licensed NPs by Province/Territory (2003-2005)

	2003	2004	2005	% Change
N.L.	57	62	68	19.3%
N.S.	29	34	43	48.3%
N.B.	6	14	22	266.7%
Ont.	552	598	653	18.3%
Sask.	---	42	75	n/a
Alta.	76	112	132	73.7%
NWT/Nun.	5	16	22	340.0%
<b>Total</b>	<b>725</b>	<b>878</b>	<b>1026</b>	<b>41.5%</b>

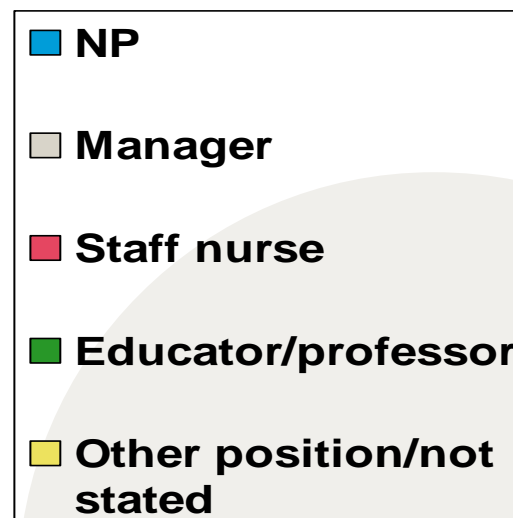
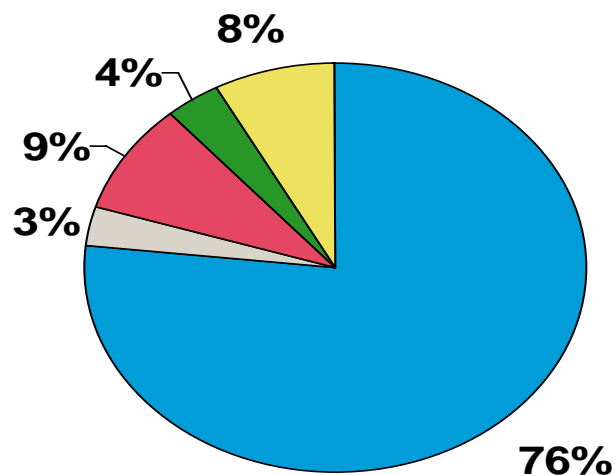
CIHI, 2006

# Legislation & Regulation

- Newfoundland & Labrador: Registered Nurses Act (1997), NP is a protected title (primary health care/specialist).
- P.E.I.: Registered Nurses Act (2006), protected title.
- Nova Scotia: Registered Nurses Act (2002), protected title.
- New Brunswick: Nurses Act (2002), protected title (only primary health care NPs are eligible for registration).
- Quebec: Nurses Act (2005), only nurses with specialist certificate can use the title “specialized nurse practitioner”, primary health care regulations in progress.

- **Ontario:** Regulated Health Professions Act & Nursing Act, no title protection for “nurse practitioner” but protection for “registered nurse extended class”.
- **Manitoba:** Extended practice regulation (2005), titled as extended practice: RN (EP).
- Saskatchewan: Registered Nurses Act (2003), NP is a protected title.
- Alberta: Public Health Act (1996) → Registered Nurse Profession Regulations (2005), protected title.
- BC: Health Professions Act (2005), protected title.
- NWT & Nunavut: Nursing Profession Act (2004), protected title.
- **Yukon Territory:** no legislation governing NPs.

# Licensed NPs by positions (2005)



## Education attainment of licensed NPs (2005)

	Initial education in nursing	Highest education in nursing
Diploma	66.6%	15.2%
Baccalaureate	32.9%	61.9%
Masters/Doctoral	0.5%	22.9%

# CNPI: Canadian Nurse Practitioner Initiative

## Goals for NP Programs

- By 2010, all programs at Master's degree level.
  - 5 non-masters degree (3 of the 5 are becoming master's degree)
- Minimum of 700 clinical hours
- Consistent content to allow for transferring of credits and for consistency in education preparation
- To become accredited across the country
- Strive to have clinically prepared NP faculty

# CNPI: Canadian Nurse Practitioner Initiative

1026 NP vs. 268,376 RN  
0.38%

# Nephrology NPs in Canada (4.2%)

- BC (2006): 2
- AB (2004): 5 in Edmonton, 1 in Calgary
- SK and MN: 0
- Quebec (2005): 8
- ON (1995): 23
- Newfoundland & Labrador (2005): 1
- NS (1998): 3
- New Brunswick and PEI: 1
- NWT, Nunavut & Yukon: 0



# Why integrate NPs in NARP/Nephrology?





**Satellite Hemodialysis Units**  
Effective January 4, 2006

- ★ Satellite Dialysis Centres
- circles indicate 100km radius

Projection: Nevada 2701, Eastern Zone (1983, US Survey Feet)  
Capital Health Finance: Funding and Methodologies: ja/tee01.wor

January 24, 2006

As of June 2006

>3600 patients

- HD: 734
- PD: 173
- Tx: 976
- RIC: 1109
- DNC: 650
- Excludes general nephrology clinics
- 27 Nephrologists

## Reasons for the introduction of NPs in NARP:

- Change in model of care (2004)
- Enhancing continuity of patient care
- Enhancing quality and comprehensiveness of patient care through collaborative practice
- Provision of consistent evidence based practice
- Advanced clinical skills

## Scope of NP

- Diagnose a disease, disorder or condition
- Order and interpret diagnostic tests
- Prescribe medications (except narcotics and benzodiazepines)
- Counsel/Teach
- Refer to appropriate specialties
- Lead (bringing evidence-based practice into patient care)
- Participate in research

CNA, 2005

## Role of NP: Clinical Practice > 90%

- Comprehensive health assessment
- Identifies health needs and capabilities
- Develops plan of care
- Makes decisions regarding clinical and diagnostic investigations
- Evidence based clinical decision making
- Performs diagnostic procedure/interventions
- Requests consultations
- Coordinates activities
- Directs client care

## Role of NP: Education

- Facilitates patient/client to identify learning needs
- Act as a preceptor to NP students
- Participates in nursing education
- Participates and supports staff education
- Serves as a resource person for staff

## Role of NP: Professional Development

- Accepts responsibility for continuing competency
- Participates in quality improvement activities
- Identifies the need for change related to clinical, educational, or research issues in clinical practice.

# Role of NP: Leadership

- Serves as role model for evidence based practice
- Acts as a resource to interdisciplinary team
- Participates in unit, program, site, region committees



# Role of NP: Research

- Clarifies relevant research questions, collaborates, initiates and disseminates research
- Provides leadership in development and evaluation of evidence based practice
- Promotes the use of research to evaluate outcomes of care

## Role of NP in Hemodialysis (3)

- Hemodialysis rounds (consultation with Nephrologist)
- Follow-up of HD patients who have been admitted to off-service units
- Follow-up of patients who are acute on chronic/ patients who by-passed RIC clinic
- Coordinating referrals, consultations, investigations or follow-ups

## Role of NP in Hemodialysis (3)

- Works with the consult service
- Admits/Manages patients on ward
- Insertions and Removal of CVC's
  - Tunneled
  - Non-tunneled

# Role of NP in Vascular Access (1)

- Comprehensive physical assessment and history
- Orders for pre-op and post-op care
- Assess veins for access creation
- Manages access related complications
- Consults other disciplines as necessary
- Admissions for access complications
- Patient education

# Role of NP in Diabetic Nephropathy Clinic (1)

- Staff orientation and training
- Staff support and problem solving
- Diabetic nephropathy clinics
- Follow “complex” patients
- Program development and development of new clinic sites
- Project co-ordination

# Questions?



# Thank You!

- Contact

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