

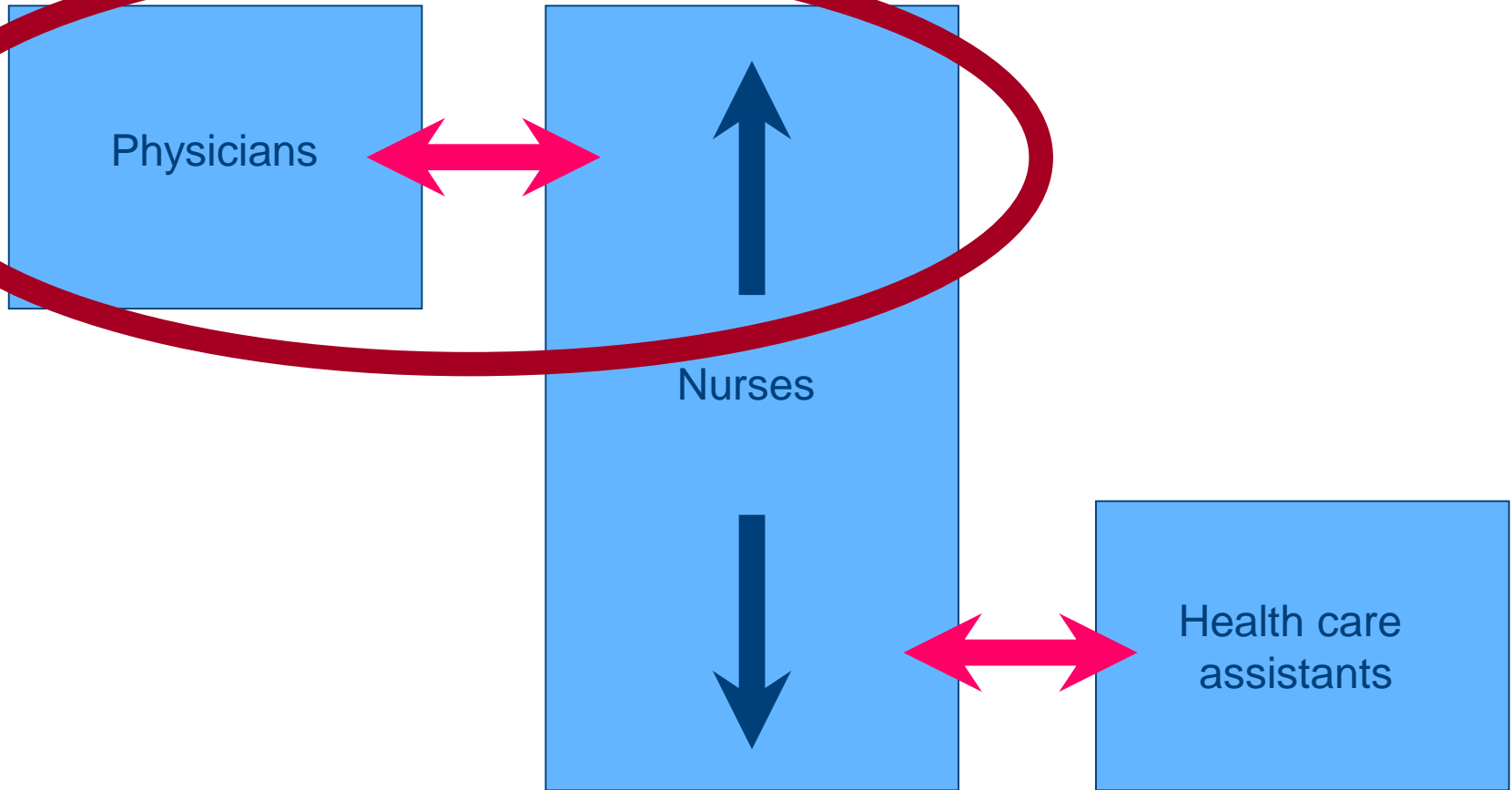


# Taakherschikking tussen verpleegkundigen en artsen

Navigeren door het bos van nieuwe  
professionals

Philip Moons, PhD, RN

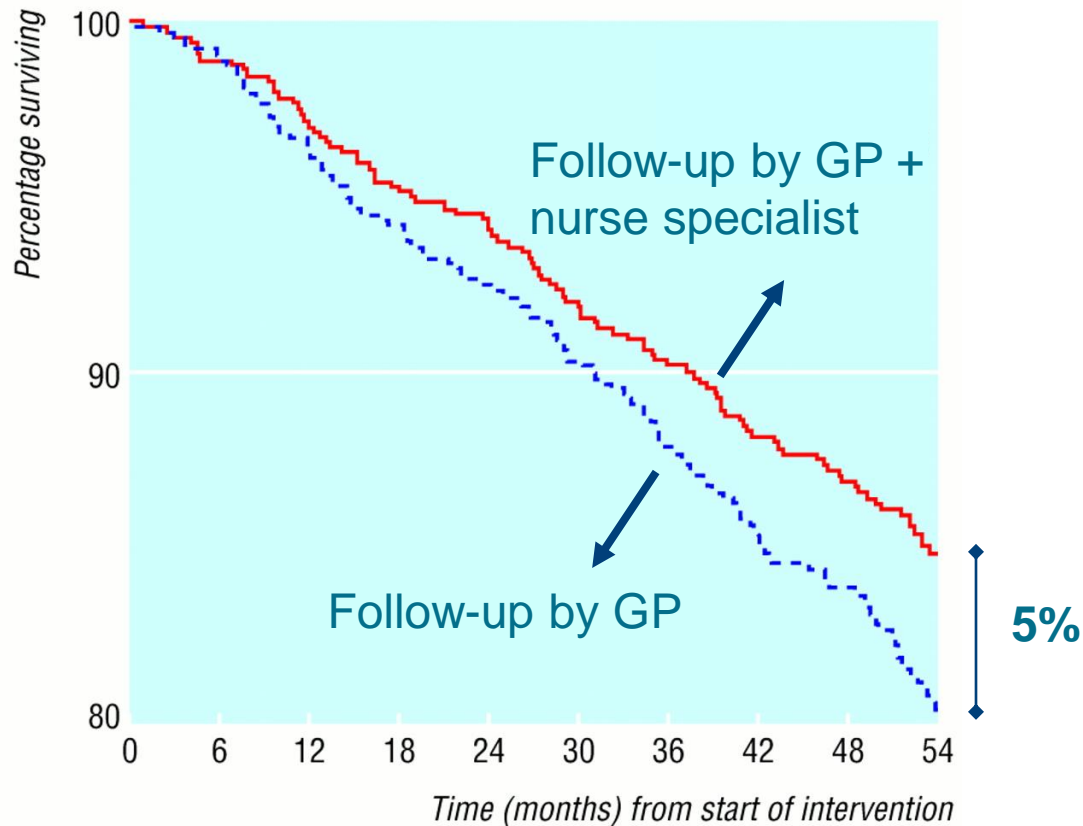
# Function differentiation – Task shifting



 Function differentiation

 Task shifting

# RCT: Secondary prevention of coronary heart disease: mortality

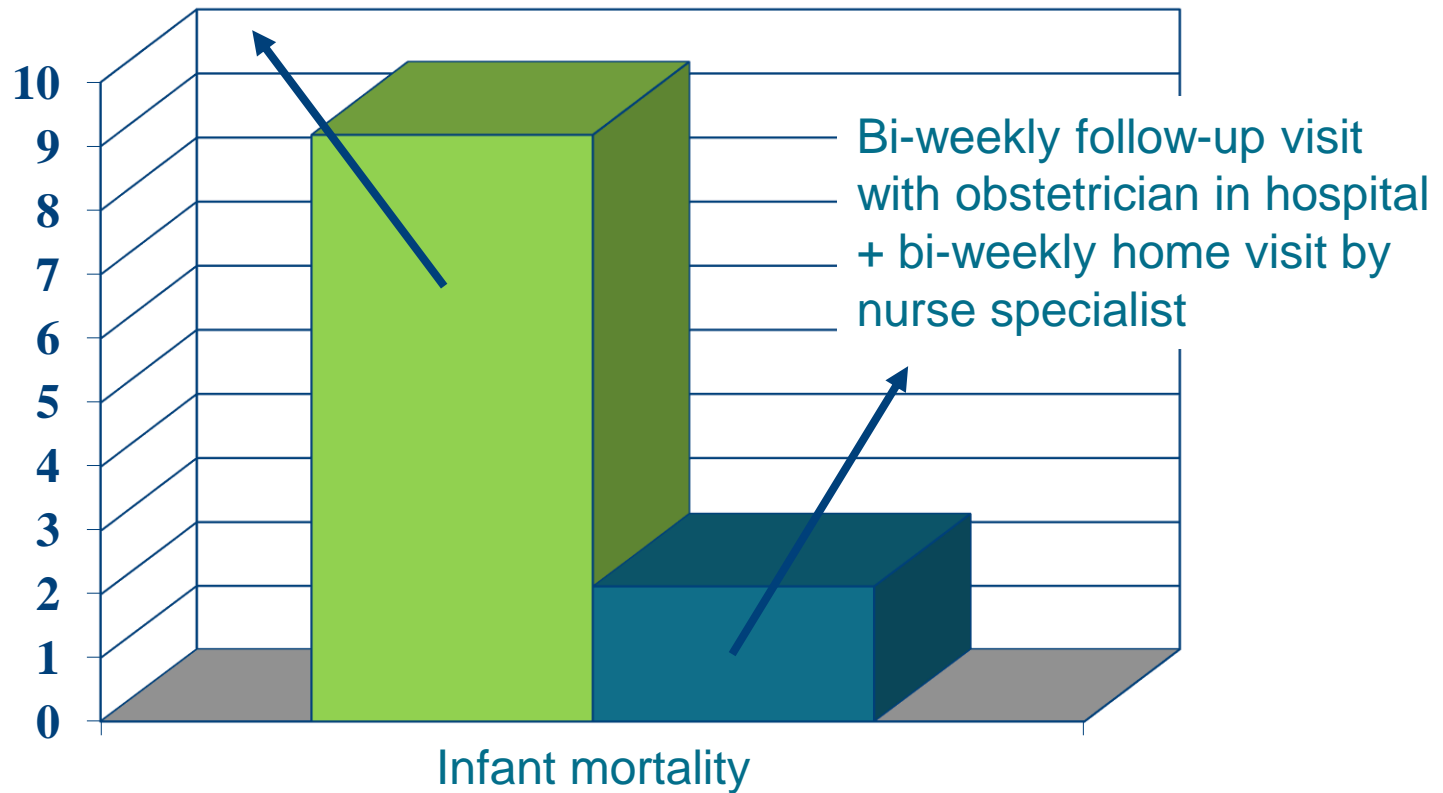


Nos at risk:

Intervention group	670	649	628	602	577	377
Control group	667	643	617	587	559	382

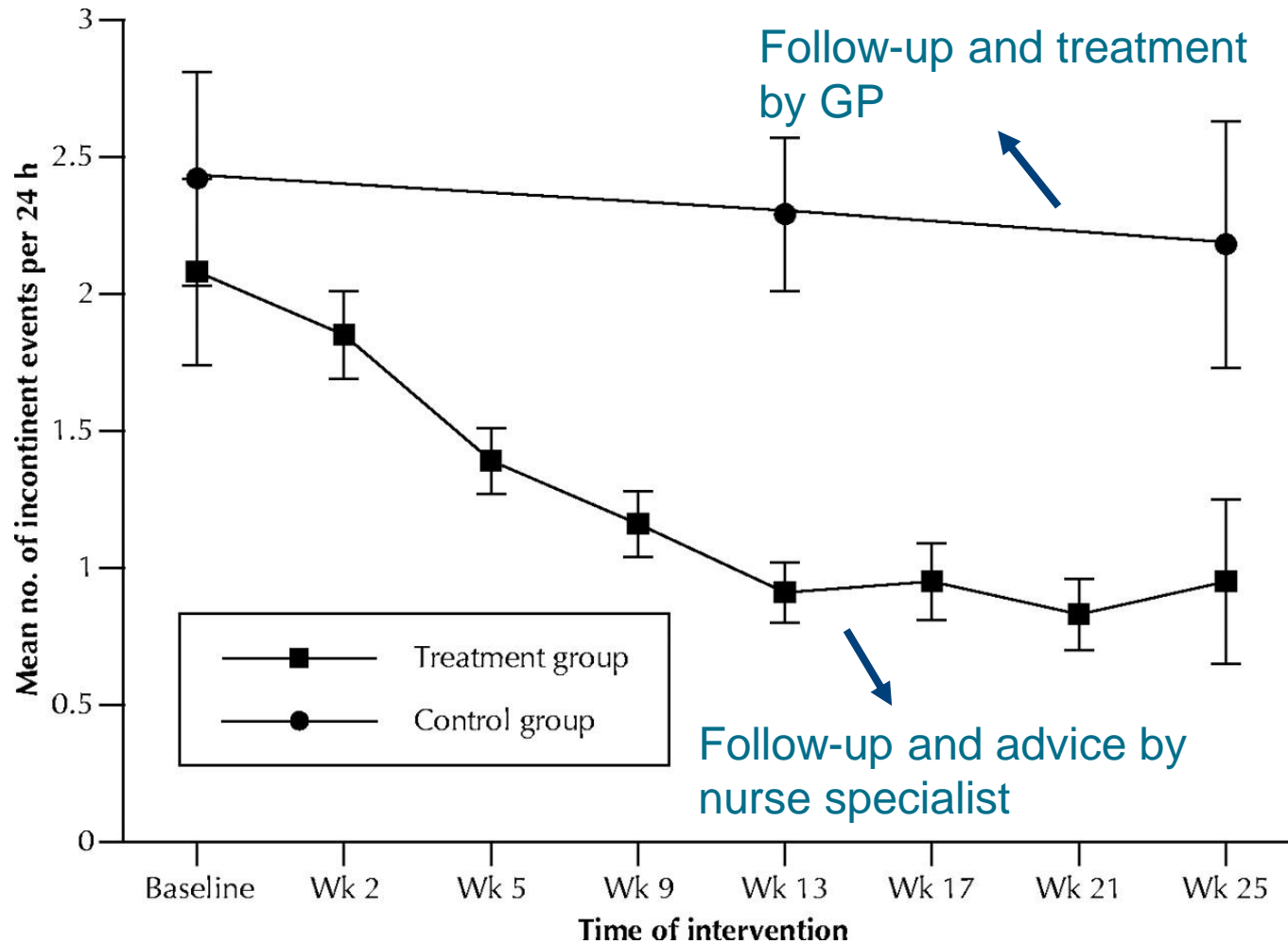
# RCT: follow-up of women with high-risk pregnancies

Weekly follow-up visit  
with obstetrician in hospital

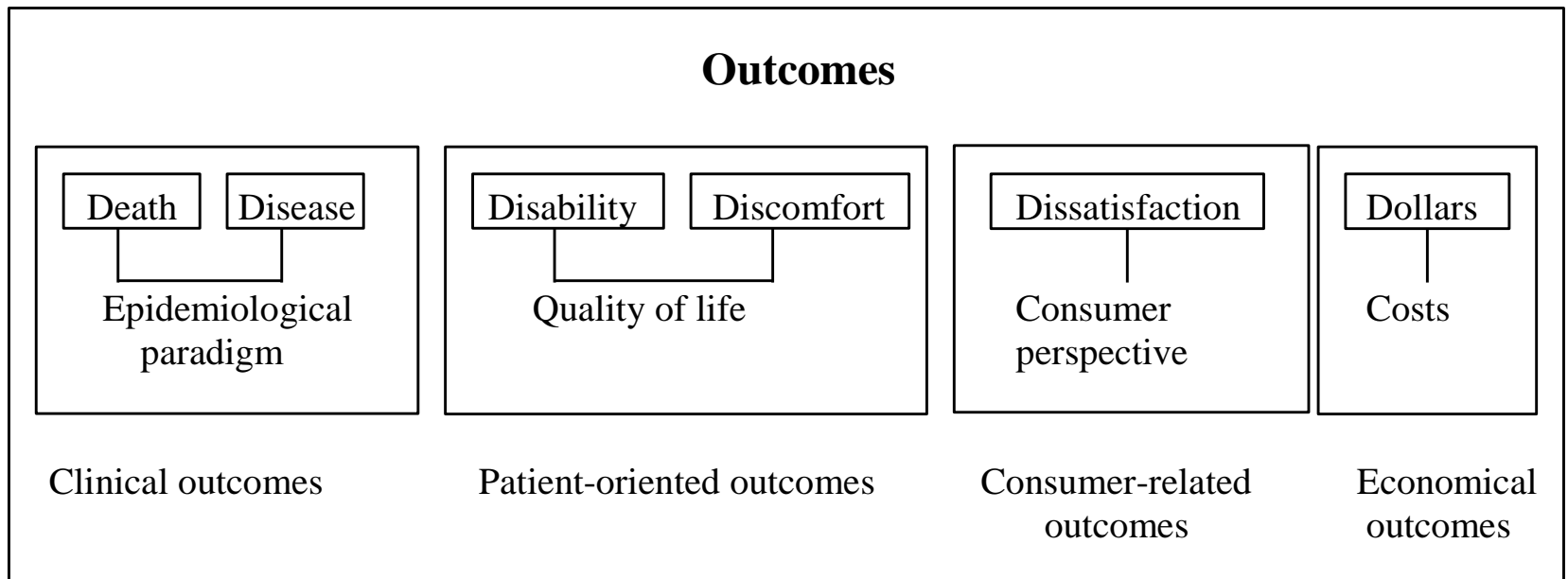


Relative risk: 4.3 (95%CI: 1.1-17.6)

# RCT: management of urinary incontinence



# Nurses do make a difference!!

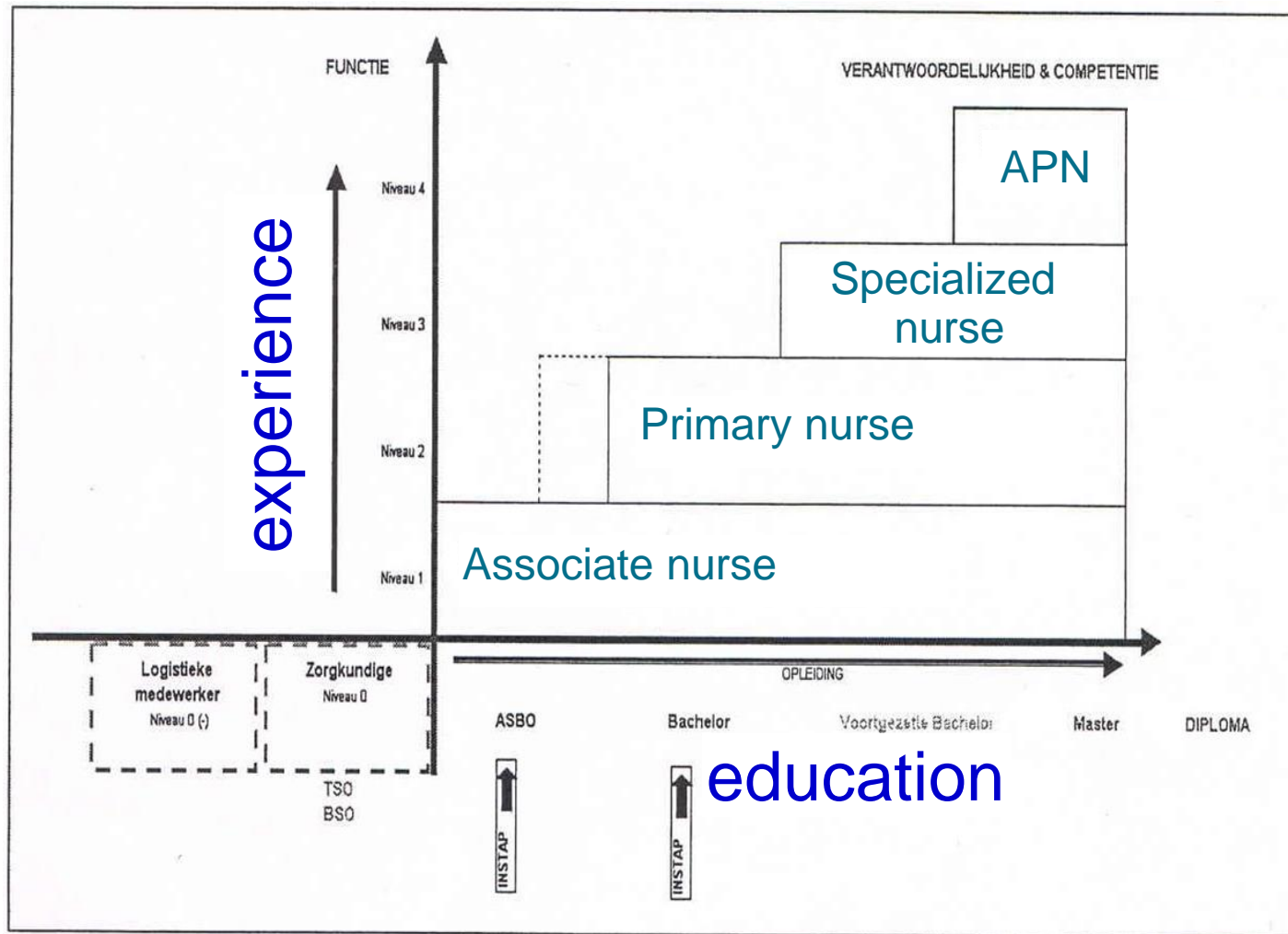


# What kind of nurse do we need?

A nurse  $\neq$  A nurse  $\neq$  A nurse



# What kind of nurse do we need?





# Level 1: Associate nurse

- Entry level of most nurses
- Merely at executive level
- He/she can take up the care for a limited number of patients ( $\pm 3$  pat.), but needs supervision of primary nurse
- Normally, an associate nurse evolves towards a primary nurse

## Level 2: Primary nurse

- The primary nurse is a role model in nursing practice
- He/she focusses on the executive level, as well as coordination of care
- Can take up care independently for several patients ( $\pm$  10 pat.)

# Level 3: Specialized nurse

- A nurse who has developed a 'unit-overarching' expertise with respect to one or more patient populations
- He/she has a consultant and educational role towards patients, nurses and physicians of the entire hospital, and sometimes for professionals from other organisations
- Will contribute to the management of care at the unit, but also in the hospital at large

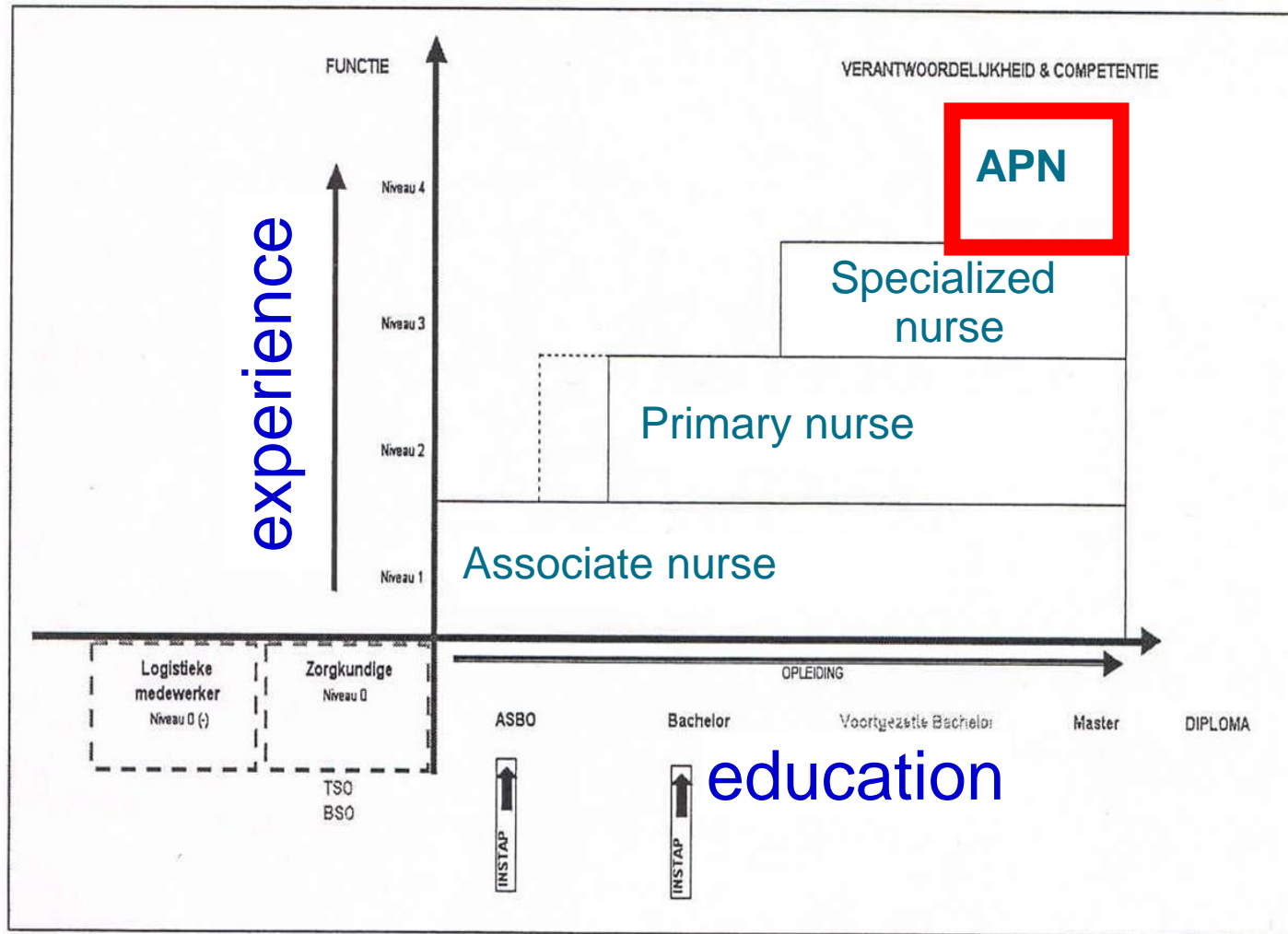
# Level 4: Advanced Practice Nurse

- Nurse with Masters or PhD
- Nurse who, through profound clinical and scientific education, developed towards an Advanced Practice Nurse (APN)

# Difference Specialized nurse - APN

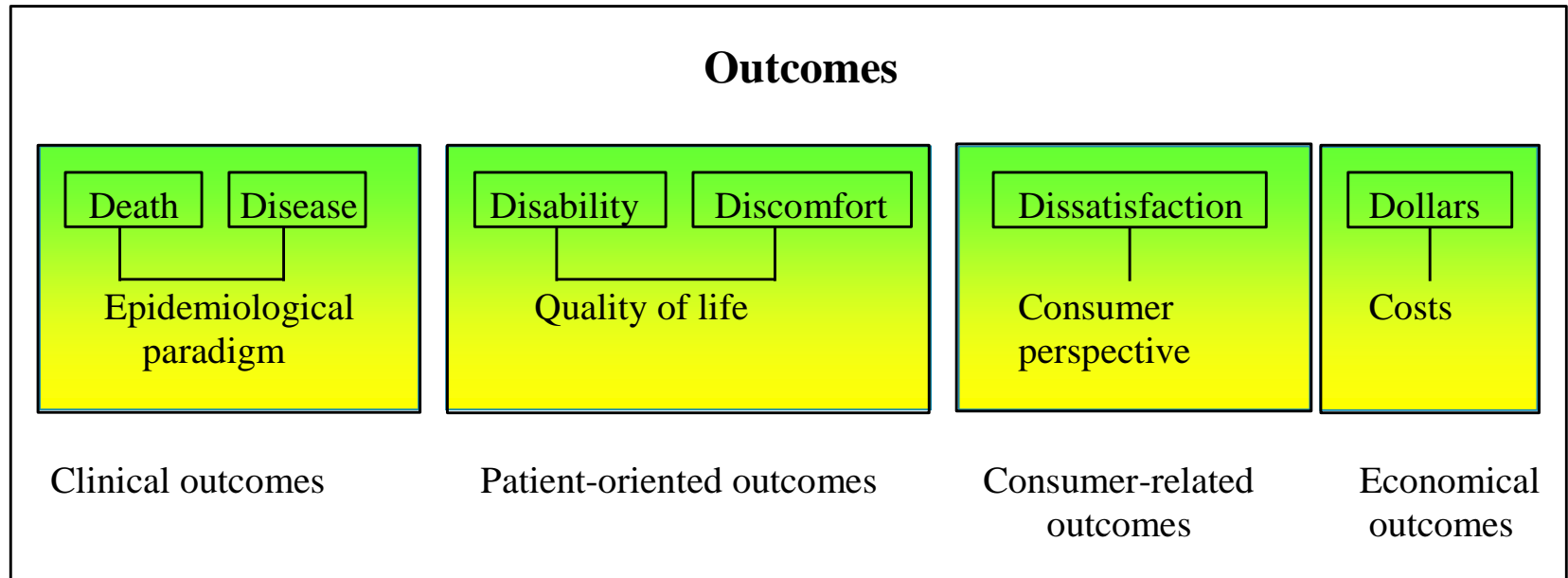
- Specialized nurse
  - Specialisation
- Advanced Practice Nurse
  - Specialisation
  - Expansion
  - Advancement

# What kind of nurse do we need?



# Patient outcomes of Advanced Practice Nurses

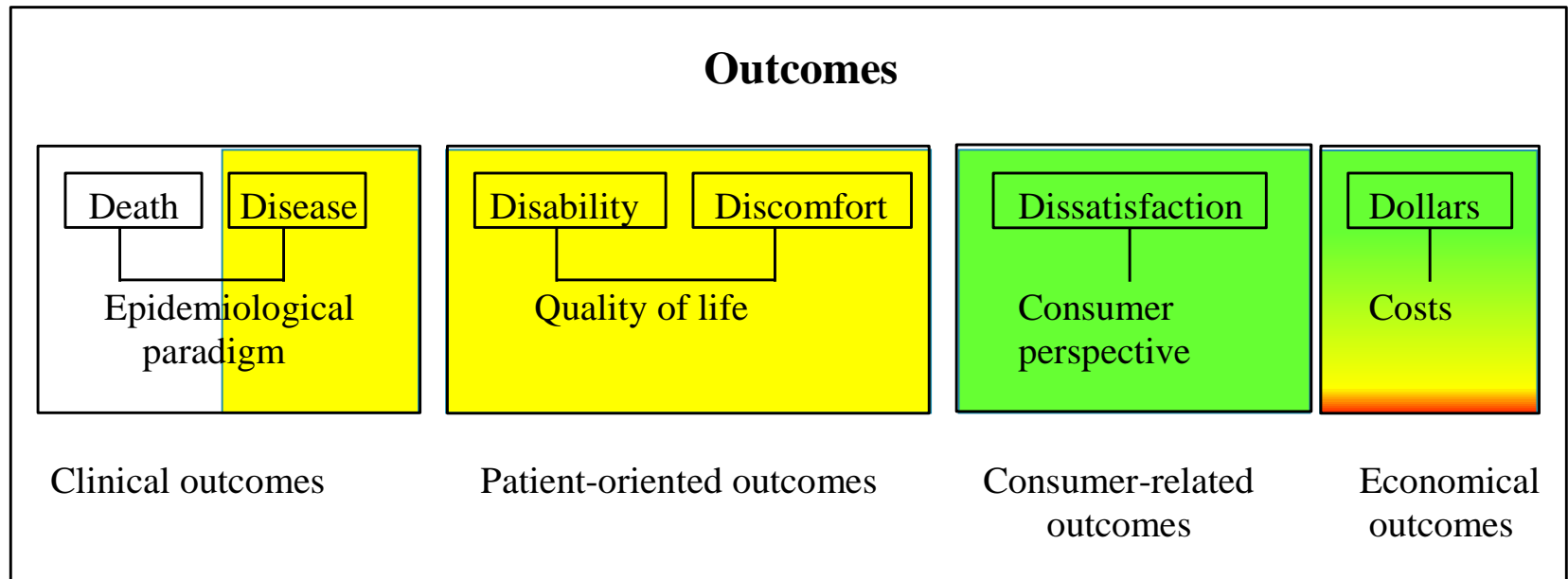
## APN to complement physicians



- Positive effects
- Negative effects
- No difference

# Patient outcomes of Advanced Practice Nurses

## APN to substitute physicians



- Positive effects
- Negative effects
- No difference



# Outcome: Nurses

- Traditional career of nurses:  
*.... in order to move up the career ladder,  
nurses need to move away from  
the bedside...*
- Interesting clinical career opportunities for nurses

# Outcome: Organisation

## Characteristics of a Magnet Hospital

- Working with clinically competent nurses
- Good nurse-physician relationships and communication
- Nurse autonomy and accountability
- Supportive nurse manager/supervisor
- Control over nurse practice environment
- Support of education
- Adequate nurse staffing
- Concern for patient is paramount

# Outcome: Organisation

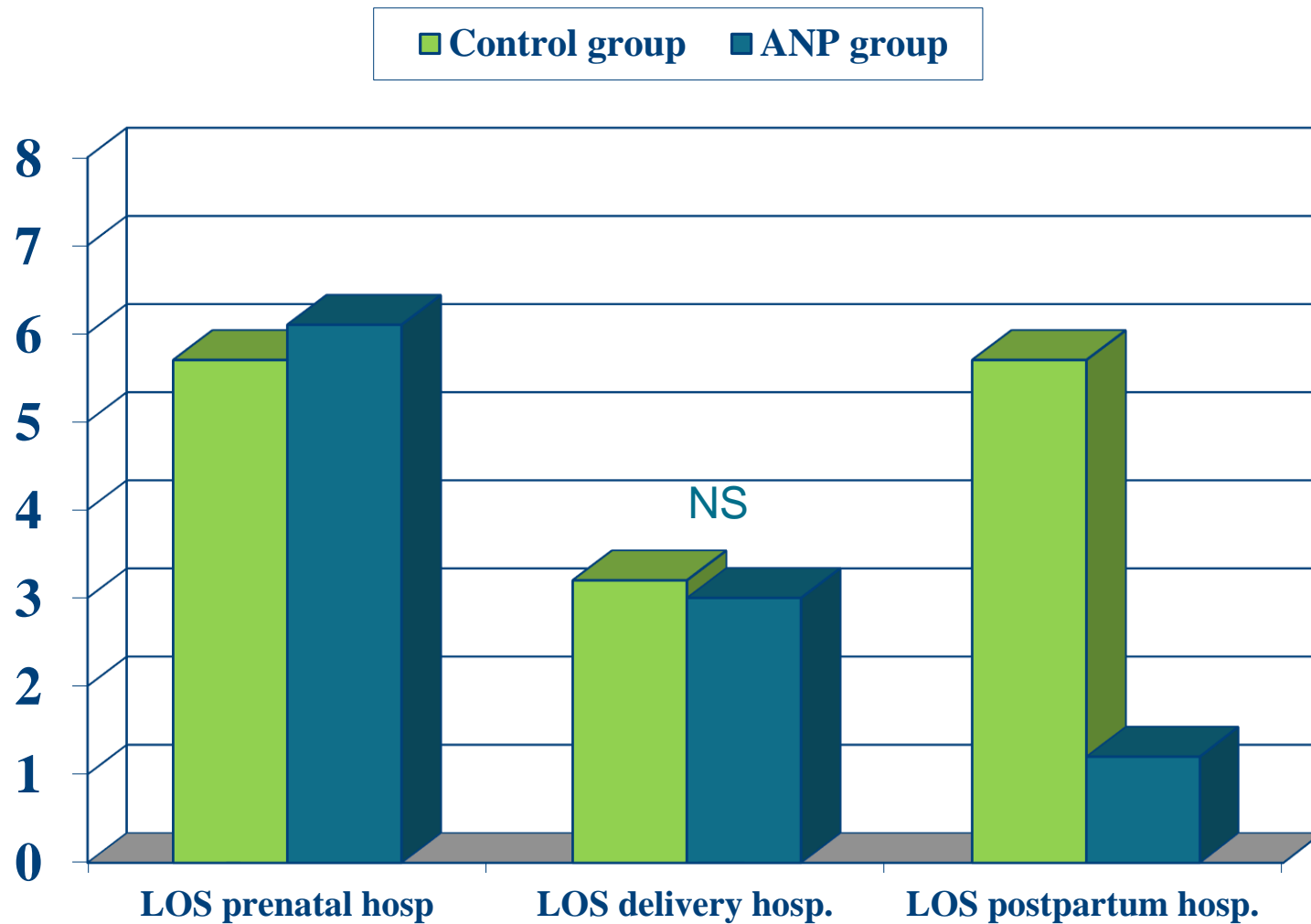
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And who will pay for this ???



# RCT: follow-up of women with high-risk pregnancies



# RCT: follow-up of women with high-risk pregnancies

	<b>Control group (n=88)</b>	<b>APN group (n=85)</b>
<b>Total costs</b>	4181968 US\$	1685823 US\$

Cost reduction of 2.5 million US\$ in 85 patients

# RCT: Cost effectiveness of a Clinical Nurse Specialist in rheumatoid arthritis

Costs per patient over 2 years	<b>Clinical Nurse Specialist (n=61)</b>	<b>Inpatient group (n=62)</b>	<b>Day care group (n=61)</b>
<b>Average total healthcare costs</b>	8092€	16581€	13252€
<b>Average total societal costs</b>	11572€	22448€	16896€

Cost reduction of 324764 euro in 61 patients

*(van den Hout et al, Ann Rheum Dis 2003)*

# Study: Economic evaluation of health failure nurse management

- Sensitivity analysis
  - Reduction of hospital days with 10%  
= cost reduction of £18 million
- Reduction in length of stay of readmissions:
  - 50% reduction in hospital days results in a net benefit of £20 million/year.

## **An economic analysis of specialist heart failure nurse management in the U.K.**

**Can we afford not to implement it?**

S. Stewart<sup>1,2</sup>, L. Blue<sup>3</sup>, A. Walker<sup>3</sup>, C. Morrison<sup>2</sup> and J. J. V. McMurray<sup>2</sup>

*(Stewart et al, Eur Heart J 2002)*



Will they take over my job ???



Should KB78 include 2 distinct professions?  
Nurse and Advanced Practice Nurses?



# Conclusion

- A clear distinction between specialized nurses and Advanced Practice Nurses
- Advanced Practice Nurses provide a better quality of care, in a cost-effective way ..... if the APN is complementary to physicians
- Advanced Practice Nurses are important for patients, nurses and the organisation, and the health care budget

“We fund pills that make a difference.  
Why don't we fund human services  
that make a greater difference?”

*(Dr. Simon Stewart)*