



Global Perspectives of Advanced Practice

Dr Melanie Rogers and Consuelo Cerón Mackay



Questions

- Does your country have advanced practice nurses? Yes/No
- Does your country have Nurse Practitioners? Yes/No
- Are they Masters and have title protection? Yes/No
- Do you think advanced practice nurses positively impact healthcare? Yes/No

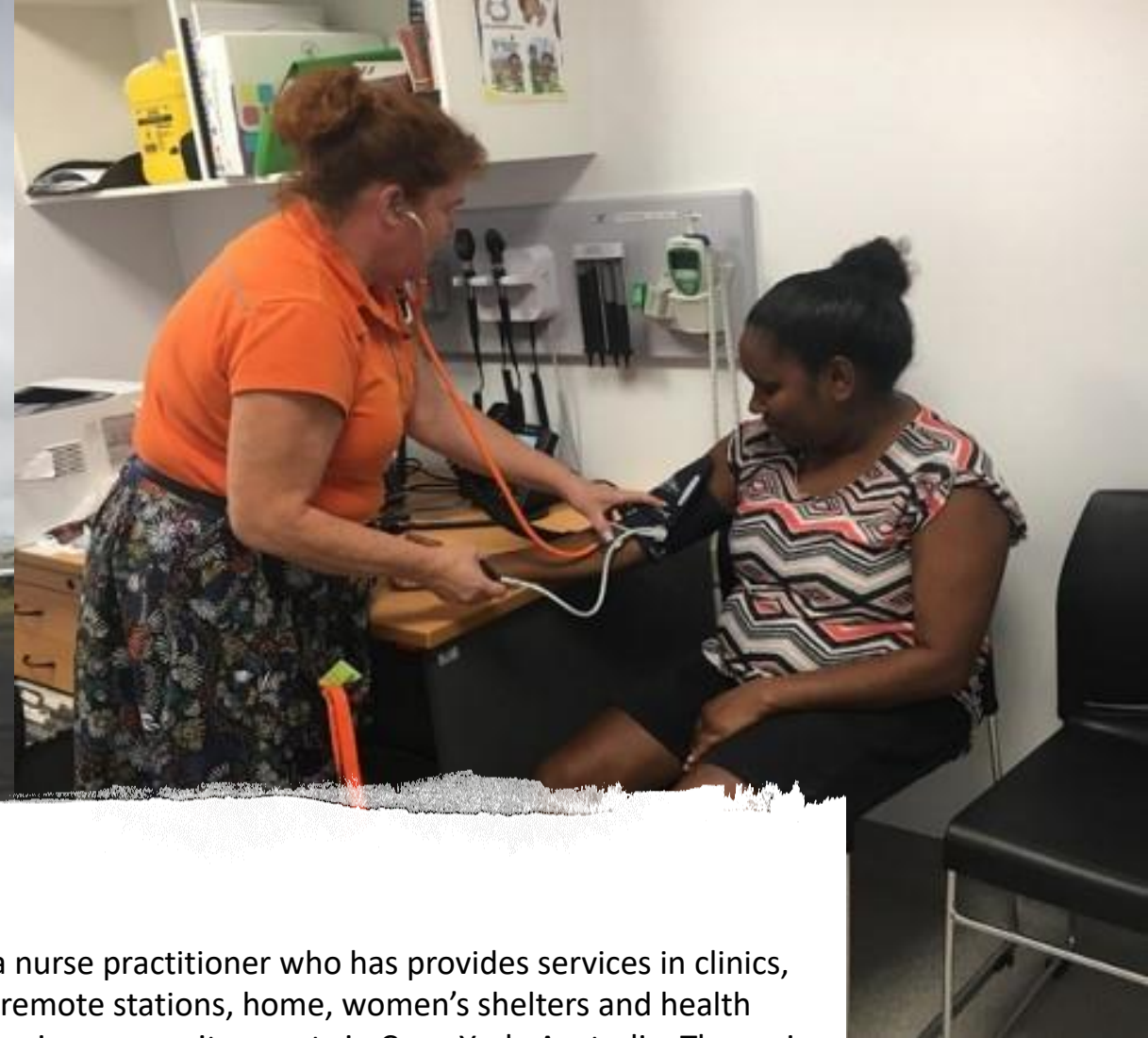


My Practice:

- How do I work?
- What difference do I make:
- To patients?
- To the Health Service?
- To the disease burden?
- To my country?



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Nurse Practitioner to rural and remote Indigenous populations

IND Case study: Australia

- Shona is a nurse practitioner who has provides services in clinics, outreach remote stations, home, women's shelters and health promotions in community events in Cape York, Australia. The main services provided include:
 - ✓ Chronic disease management
 - ✓ Ante-natal and post-natal care
 - ✓ Alcohol and smoking cessation

Our Healthcare Quest

**Improved
efficiency**

**Better consumer
experience**

**Better
access**

**Better health
outcomes**

Better health



Global Health Challenges



World Health
Organization

All UN Member states to try to
achieve Universal Health Coverage
by 2030



01 The diseases we know, and the ones we don't
– Epidemics/Pandemics

02 Product of your lifestyle and environment
– Non-communicable diseases

03 Delivering health outcomes that matter to patients
at a price that countries can afford – value based healthcare

04 A moving world – migrant health

05 Our mental health and wellbeing

06 The effects of violence on healthcare and all of us

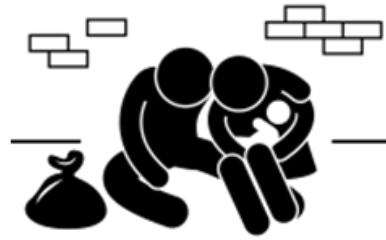


Health is a Human Right

The challenge set before us



>400 million
people globally lack
access to one or more
essential health services



100 million
people fall into
poverty paying for
essential services
each year



32%
of each country's
health expenditure
comes from out-of-
pocket payments

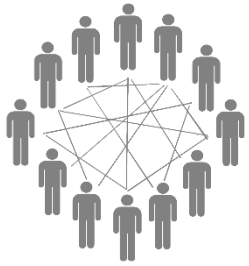


40%
of the world's
population lack
social protection

The importance of APN in addressing Global Challenges



Leaders in a multidisciplinary team



- Innovative approaches to care
- Autonomous practice
- Integrates clinical excellence, research, education and leadership
- Ensures patient focused care
- Brings together the best of nursing with best of medicine

Care across the continuum



- Increased access to care
- Increased choice of clinician
- Reduced waiting times
- Shift from hospital to enhanced Community care
- Quality to value
- Ensuring personalised care across the lifespan

Shift focus to



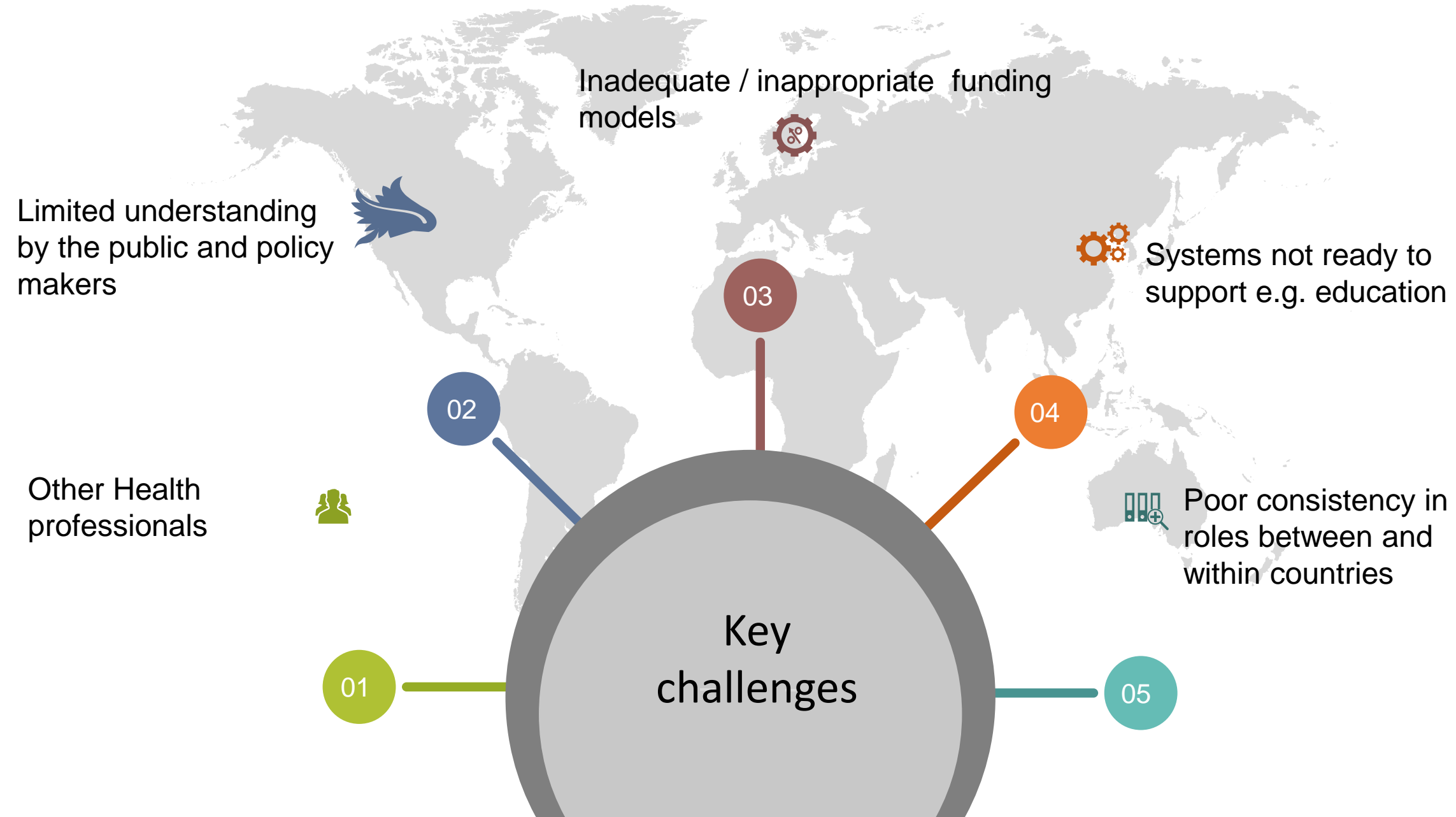
- Population health management and wellness
- Addressing social determinants of health
- Prevention and public health
- Enable and support self-management
- Holistic care of populations
- Making every contact count

Benefits



- Highly skilled and educated practitioner
- Holistic and patient centred care
- High patient satisfaction
- Improves retention of the nursing workforce
- Creates further career pathways for nursing

Key issues affecting APN practice across the world





There is still a lack of consensus on titles, role characteristics, education, regulation, credentialing, and scope of practice.

Pulcini et al (2010) found that out of 33 countries surveyed 14 different titles were cited as referring to advanced nursing practice.

Terminology continues to be a challenge.

A study done by Leary et al (2017) found in the **UK 595 job titles** were being used in 17,960 specialist posts. Clinical Nurse Specialist, Nurse Specialist/Specialist Nurse, Advanced Nurse Practitioner and Nurse Practitioner were the commonest.

A total of 323 posts were recorded as holding titles such as Advanced Nurse Practitioner or Specialist Nurse who were not registered with the Nursing Midwifery Council.

The updated guidelines:

- ✓ APN is the overarching term
- ✓ Assumptions and core competency of APN are defined.
- ✓ Two identified and defined roles: CNS and NP.
- ✓ Minimum level of education: Masters



Draft ICN Guidelines on Advanced Practice Nursing

Advanced Practice Nursing

An Advanced Practice Nurse (APN) is a qualified nurse who has acquired, through a master's degree, the expert knowledge base, complex decision-making skills and clinical competencies for advanced nursing practice, the characteristics of which are shaped by the context of which they are credentialed to practice.

Clinical Nurse Specialist

A Clinical Nurse Specialist (CNS) is an Advanced Practice Nurse who provides expert clinical advice and care related to differentiated diagnoses in specialized fields of practice along with a systems approach in practicing as a member of the healthcare team.

Nurse Practitioner

A Nurse Practitioner (NP) is an Advanced Practice Nurse who integrates nursing and medical skills in order to assess, diagnose and manage patients with undifferentiated and undiagnosed conditions in primary care and acute care populations.

A full guidance paper with assumptions, descriptions and characteristics will be available once finalised

Some of the Core Elements of the APN Role:



Autonomous Clinical Practice

Advanced Decision Making &
Critical Thinking

Values Based
Care

Expert Practitioner

Pioneering professional and
clinical leadership skills


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ICN Nurse Practitioner/Advanced Practice Nursing Network

Network Bulletins

News from the ICN International Nurse Practitioner / Advanced Practice Nursing Network




NP/APN NETWORK BULLETIN

International Council of Nurses • Conseil international des infirmières • Consejo internacional de enfermeras
3, place Jean-Mariseau • CH-1201 Geneva

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Editor: Helen Ward MSc, BSc(hons), RGN, RCN Nurse Practitioner, PGCEA, SFHEA, Queens Nurse, Advanced Nurse Practitioner.

Up-date from the Chair: Melanie Rogers



Welcome to the Spring 2019 Bulletin.

There have been several recent changes at ICN since our last bulletin and I am delighted to welcome Howard Catton as the CEO. We are also

you who are not able to attend Congress we will write about this work and introduce the new definition in the Autumn Bulletin.

Plans are now well established for our [11th Network conference](#), which will be held in Halifax, Nova Scotia in 2020. The call for abstracts will open later this year, so please do consider submitting a paper and joining us in this beautiful part of Canada. We hope to

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@ICNGlobalAPN



Singapore
International Council of Nurses

27 June - 1 July 2019
Marina Bay Sands, Singapore

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See more of ICN Nurse Practitioner/Advanced Practice Nurse Network on Facebook



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**FACULTAD
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Y OBSTETRICIA**



Advanced Practice in Chile.

Consuelo Cerón Mackay
Dean of the Faculty of Nursing and Midwifery
Universidad de los Andes
Chile

A Little bit about Chile



GDP: Gross Domestic Product is 24,500 USD with a great variability among regions. The GDP ranges from 8,000 to more than 60,000.

Climate: Important variability.

North: desert

Central: temperate

South: rainy

Very south: cold and frozen

The total area of Chile is 756,945 km². The population density reached 21,9 inhabitants per km². The central region is the most concentrated with the largest population- 450 inhabitants per km²

There is a majority of urban areas in most regions of Chile, although in 3 regions, the rural population is around 40%



Chilean Health Issues

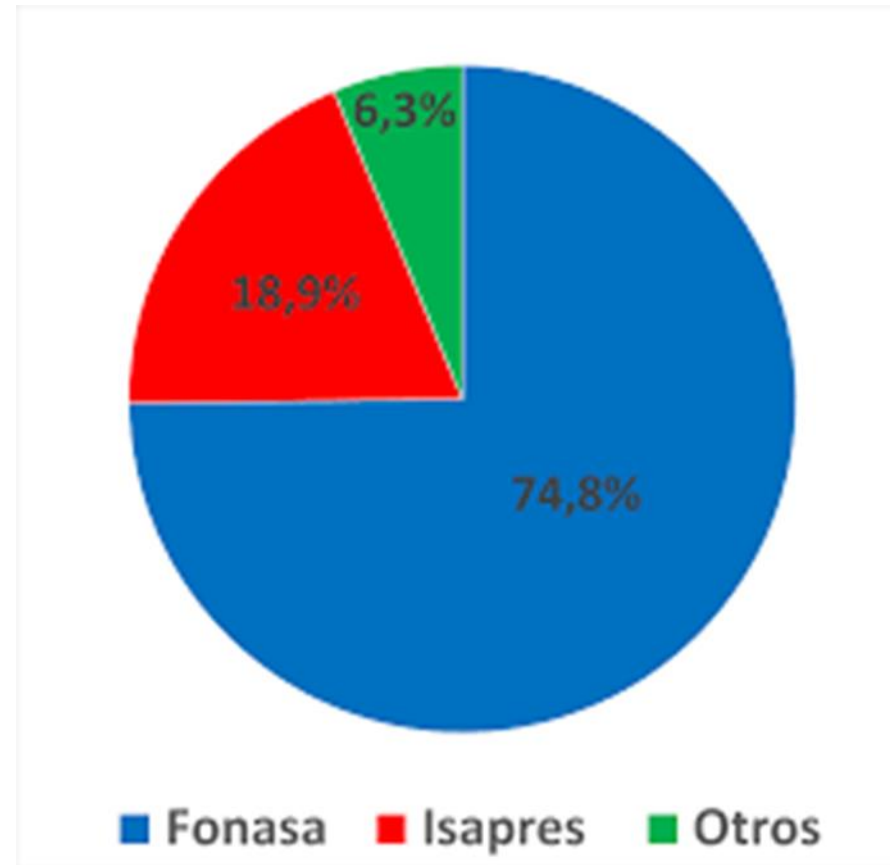
- ✓ We have the highest life expectancy in Latin America of 79 years
- ✓ Chile ranks sixth among the OECD countries with the highest proportion of adults with diabetes, reaching 10%
- ✓ 54% of the population is overweight
- ✓ The main mortality cause in Chile are related to circulatory system problems followed very closely by cancer
- ✓ Health Coverage and Access are a big problem



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Chilean Health System



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Step 1: Define patient population and describe current model of care

- ✓ Adult population with chronic disease.
- ✓ The APN could integrate nursing and medical care with greater emphasis on health promotion and disease prevention activities.
- ✓ Foster increased patient involvement in their care and treatment adherence.
- ✓ Increased access to care and improved chronic disease management.
- ✓ Physicians be better able to focus on patients with more complex health problems.

Step 2: Identify stakeholders and recruit participants

INTERNATIONAL



- Pan American Health Organization (PAHO): has promoted the APN implementation for LAC.
- Summit in 2015 McMaster-Canada and 2016 Michigan-USA.



Step 2: Identify stakeholders and recruit participants



NATIONAL



Summit in Universidad de los Andes– Achieeen

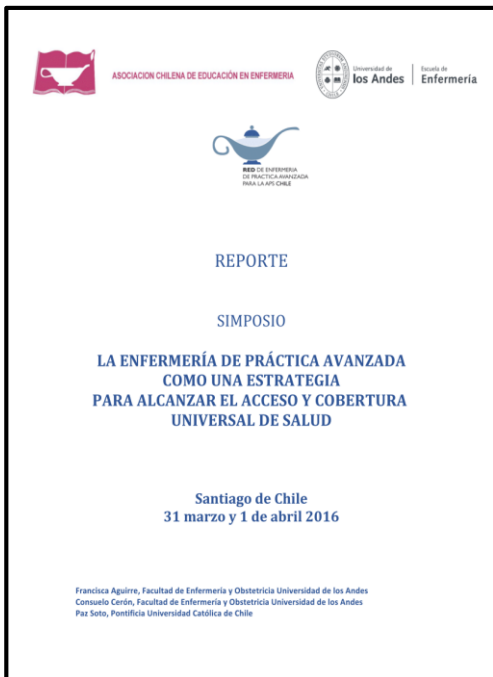


✓ APN Network for PHC/Chile
objectives:

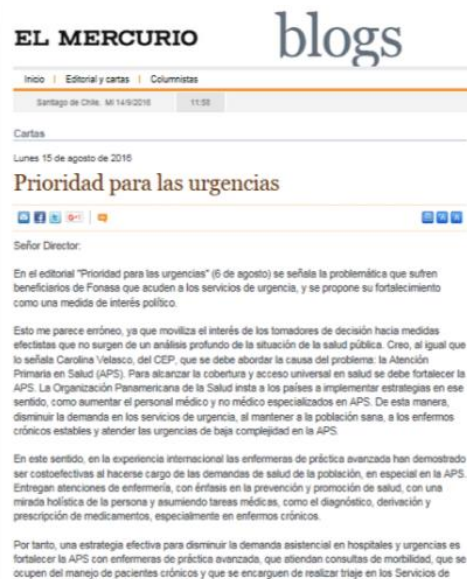
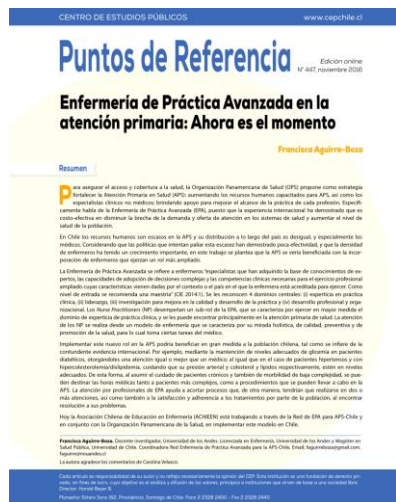
- ❑ Spread the APN concept.
- ❑ Address identified stakeholders.



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Step 2: Identify stakeholders and recruit participants



Rev Med Chile 2016; 144: 1319-1321

Atención primaria de salud en Chile: enfermería de práctica avanzada contribuye al acceso universal de salud

FRANCISCA AGUIRRE-BOZA^{1,a}, BERNARDITA ACHONDO^{1,b}

Towards universal access to health care: incorporation of advanced practice nurses in primary care

To move towards universal access to health, the Pan American Health Organization recommends strengthening primary health care (PHC). One of the strategies is to increase the number qualified professionals, both medical and non-medical, working in PHC. In Chile there is a lack of professionals in this level of care, hampering the provision of health. Physicians still prefer secondary and tertiary levels of health. International experience has shown that advanced practice nurses (APN), specialists in PHC are cost-effective professionals able to deliver a complete and quality care to patients. Strong evidence demonstrates the benefits that APN could provide to the population, delivering nursing care that incorporates medical tasks, for example in patients with chronic diseases, allowing greater availability of medical hours for patients requiring more complex management. The success in the implementation of this new role requires the support of the health team, especially PHC physicians, endorsing and promoting the benefits of the APN for the population.
(Rev Med Chile 2016; 144: 1319-1321)

CUADRO 9. ENFERMERÍA DE PRÁCTICA AVANZADA: EVIDENCIA Y VENTAJAS

Internacionalmente, el modelo de EPA ha entregado respuestas a las demandas de la población, ya que ha dispuesto un profesional con estudios de magister o superior el cuidado de personas, familias y comunidades, en contexto de atención primaria, pudiendo ser capaz de llevar cosas de forma completa y autónoma. Este modelo se encuentra en más setenta países del mundo, pero en Latinoamérica hay escaso desarrollo. La evidencia indica que los resultados son iguales, y en algunos casos mejores, que los otorgados por el médico (Organización Mundial de la Salud 2008b). En Estados Unidos, se ha calculado un ahorro hasta del 29% (Horrocks et al 2002).

Los profesionales de EPA se forman en competencias de valoración, fisiopatología, farmacología, administración, liderazgo, uso de tecnología, pensamiento crítico e investigación, por lo que pueden tomar ciertas tareas del médico y realizar atenciones completas que incluyen diagnóstico y tratamiento, pero siempre desde un modelo de atención de enfermería: preventivo, de promoción, holístico, centrado en el paciente y en la mejor evidencia disponible, asegurando la calidad en la atención. Asimismo, pueden mejorar los procesos y guías clínicas.

En Chile este modelo podría ayudar en la mejora de la atención de salud mucho más allá de las razones referidas o la falta de médicos en relación a los enfermeros (Aguirre-Boza et al., 2016), ya que el modelo de atención primaria en Chile se basa en equipos de salud multidisciplinarios, donde la flexibilización, delegación y mejor asignación de tareas permitiría mejorar la calidad de la atención tanto en relación con mejores resultados sanitarios y eficiencia, como a nivel de satisfacción de los pacientes. En concreto permitiría:

- Mejorar la resolutividad, entregando atención integral, es decir, de enfermería (integralmente educación en la promoción y prevención, mirada holística del paciente) y médica (diagnóstico y tratamiento médico) en un solo evento. Ello es, además, costo-efectivo.
- Disminución de los procesos de realizar referencias, sin necesidad de otro hora médica.
- Descongestionar horas médicas, generando más horas para casos complejos que requieren de un médico.
- Ampliar el acceso de salud a pacientes con necesidades no atendidas (a través del triaje y su capacidad de pensamiento crítico y formación en administración en buscar soluciones a través de la optimización de recursos).
- Asegurar la calidad de la atención, dada su capacidad de llevar la mejor evidencia a la práctica clínica.

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EL ROL DE LA ENFERMERÍA DE PRÁCTICA AVANZADA EN ATENCIÓN PRIMARIA EN CHILE

THE ROLE OF ADVANCED PRACTICE NURSING IN PRIMARY CARE IN CHILE

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Propuesta de modernización y fortalecimiento de los prestadores estatales de servicios de salud

CEP CENTRO DE ESTUDIOS PÚBLICOS
Escuela de Salud Pública

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[REV. MED. CLIN. CONDES - 2018; 29(3) 343-346]

Step 3: Determine unmet patient health needs



According to the view of the PHC's workers:

- Deliver a complete provision of health.
- Case management.
- Greater role in patients with unmet needs.
- Health literacy.
- Remote health care, through the use of technology and telemedicine in places that are not easily accessible.
- Triage, in Emergency Centers in Primary Health Care (SAPU).
- However, what is more relevant to focus is on **patient with chronic conditions** with high prevalence among the population.



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Step 3: Determine unmet patient health needs



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According to the Ministry of Health's view

The priorities are:

- Chronic diseases **diabetes** and **hypertension**
- Elderly people
- **Oncology**
- Mental Health problems



Salud estudia instruir la notificación obligatoria en diagnósticos de cáncer

viernes, 24 de agosto de 2018

[Tweet](#)

Max Chávez
Nacional
El Mercurio

Hoy tienen esa categoría decenas de males infectocontagiosos, como el VIH. En el caso de los tumores malignos, se espera tener bases de datos más robustas y actualizadas.

El cáncer es actualmente la segunda causa de muerte en Chile, y de cada cuatro personas que mueren en el país, una es debido a esta enfermedad. Pero las estimaciones de los expertos presagian un escenario aún peor, ya que en el corto plazo se podría transformar en el principal motivo de defunciones.

Es por esto que, hace meses, el Consejo Asesor en Cáncer, que fue convocado por el ministro de Salud, Emilio Santelices, prepara un nuevo plan nacional, que fijará las bases de cómo prevenir y tratar la enfermedad en el país.

Ayer, en el Seminario Internacional Cáncer en Chile 2018, convocado por la Fundación Foro Nacional del Cáncer, el ministro Santelices aseguró que el nuevo plan se encuentra en las últimas revisiones, por lo que será presentado a fines de septiembre.

Entre los puntos que todavía se deben zanjar está la idea de incorporar al cáncer dentro de las 48 enfermedades de notificación obligatoria que hay actualmente en el país. Esas enfermedades son patologías en las que se sospecha una causa infecciosa transmisible, por lo que el ministerio fija un período máximo para que el centro asistencial donde se detectó el caso informe a la cartera para controlar eventuales brotes del mal en cuestión. Algunas de estas patologías que tienen esa condición son el VIH, la hepatitis, la meningitis o el sarampión.

En el caso del cáncer, la razón para que sea de notificación obligatoria es otra: el objetivo es mantener una base de datos más robusta y actualizada, crear un registro de pacientes con el mal y tener estadísticas más certeras respecto del impacto de la enfermedad en el país.

Según Bruno Nervi, presidente de la Fundación Chile sin Cáncer y quien lidera el consejo asesor, uno de los objetivos del seminario, que congregó a expertos internacionales, fue definir, entre otros puntos, si el registro que necesita Chile tiene que ser con notificación obligatoria o basta con fortalecer los datos hospitalarios. "La idea es que de aquí salga un documento que contribuya en esta etapa de validación", dijo.

Por su parte, el ex ministro de Salud y presidente del Foro Nacional del Cáncer, Jorge Jiménez, afirmó que un tema que se debe resolver pronto y que, a su juicio, es necesaria la notificación obligatoria, "en el sentido de que todos los pacientes mantengan su privacidad, pero que entreguen la situación que sufren, la edad, la fecha de nacimiento, el sexo, el diagnóstico clínico, patológico y radiológico".

El nuevo plan del cáncer también contemplará otorgarles un rol más activo a las enfermeras en la detección y tratamiento de la enfermedad; esto, como una forma de combatir la brecha de especialistas de Chile, ya que actualmente hay 100 oncólogos, aunque deberían ser más de 400.

Otro de los focos, adelantó el ministro Santelices, será el aumento de la cobertura de los exámenes, para detectar precozmente la enfermedad a través de la atención primaria.



Step 4: Plan implementation strategies

- ✓ Some strategies have been planned following recommendations from the literature, while others have been developed in response to the opportunities that have arisen
- ✓ We can highlight among them:
 - ✓ the Santiago's Summit where we brought PHC stakeholders together to discuss the concept and role the APN
 - ✓ the conformation of the Chilean APN-PHC Network, which has led and joined in a single coalition the academic world
 - ✓ the Cancer National Plan (collaboration with the Ministry of Health)
 - ✓ Conformation of an expert team with faculties from 3 different School of Nursing to develop the APN in Oncology
- ✓ In the future we identified the need to achieve joint work between Ministry of Health, city councils, the National Nurses Association and the Chilean APN-PHC Network to implement a pilot project addressed to patient with a chronic conditions in PHC.

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Final Thoughts

- PEPPA framework has been useful in:
 - Recognize opportunities, stakeholders, and to work aligned with PAHO
 - Recognize barriers:
- Pay attention to regulation
- Establishment the Chilean APN-PHC network and an Expert Team Work in Oncology has enabled joint work and the unification of APN definition, competencies and the scope of practice
- We found not a big resistance about APN role at authorities level or physicians association and the Ministry of Health
- There is a national consensus about the needs to advance in Universal Health Coverage



Finally...

- ✓ What kind of leader do you want to be
- ✓ Sense of mission
- ✓ Judge the urgent of the important
- ✓ Share the load
 - ✓ Collaborations
 - ✓ Network
- ✓ Sense of transcendence



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