“THE STORY SO FAR”

BRID DIGGIN ADVANCED NURSE PRACTITIONER CANDIDATE
ORTHOGERIATRICS
UNIVERSITY HOSPITAL KERRY
WHAT IS A NURSE PRACTITIONER?
“ADVANCED PRACTICE NURSING IS DEFINED AS A CAREER PATHWAY FOR REGISTERED NURSES, COMMITTED TO CONTINUING PROFESSIONAL DEVELOPMENT AND CLINICAL SUPERVISION, TO PRACTICE AT A HIGHER LEVEL OF CAPABILITY AS INDEPENDENT, AUTONOMOUS, AND EXPERT PRACTITIONERS” (NURSING AND MIDWIFERY BOARD OF IRELAND 2017 P.15).
HISTORICAL PERSPECTIVE - IRELAND

No formal history of ANP/AMP prior to Commission on Nursing (1998)

Pressures on healthcare provision appearing

Enhanced roles for nurses identified as response to evolving service needs in a number of government reports

Introduction of ANPs proposed in a number of national health programmes

ANPs have been specialty based (Emergency, cardiology, sexual health, diabetes, neonatal care etc)
WHY?

01
Where ANPs in post – evidence of improved access e.g. ED target of 95% patients seen and treated within 4 hrs being achieved

02
Improved patient satisfaction

03
At least as good as physician colleagues in care of patients under scope (SCAPE study, 2012)

04
Resource: education, research, policy development, service development........
Advanced Practice (Nursing) Standards and Requirements

Values

- Principle 1: Respect for the Dignity of the Person
- Principle 2: Professional Responsibility and Accountability
- Principle 3: Quality of Practice
- Principle 4: Trust and Confidentiality
- Principle 5: Collaboration with Others

Standards of Conduct

[Diagram with interconnected circles representing the values and principles mentioned above]
ENHANCED HEALTH SERVICE DEMONSTRATED BY RANP PERFORMANCE OUTCOMES

HIGHER LEVEL OF CAPABILITY

Quality / Evidence Based Safe Practice / Person - Centered

DOMAIN 1 Professional Values and Conduct Competences
DOMAIN 2 Clinical-Decision Making Competences
DOMAIN 3 Knowledge / Cognitive Competences
DOMAIN 4 Communication / Interpersonal Competences
DOMAIN 5 Management / Team Competences
DOMAIN 6 Leadership / Professional Scholarship Competences

Values for Nurses
Commitment
Governance for Quality
MOU's/SLA's
Autonomy
Accountability
Clinical Supervision
Referrals
PPPG's
Responsibility
Collaboration
Caseload
CORE CONCEPTS OF ADVANCED NURSING PRACTICE IN IRELAND

- Autonomy in Clinical Practice
- Pioneering Professional & Clinical Leadership
- Expert Practitioner
- Researcher

(NCNM, 2004)
HMMMMMMMMMMMMM...........

WHY THE HELL AM I HERE?
I know everything

There's more to this than I thought

I'm never going to understand this

It's starting to make sense

Trust me. It's complicated

Huh?
COMPETENCY DOMAINS

• Clinical skills: History taking, clinical examination (atypical presentation)
• Acute condition:
  • Delirium, mobility, falls, medication, leg & pressure ulceration, stroke, HF, AF, incontinence, Syncope, pain, hospital associated decline sepsis, nutrition
• Chronic and exacerbation of chronic conditions
  • Frailty, dementia, depression, multimorbidity
• Decision making and clinical reasoning
• Therapeutic and safe prescribing
• Time management decision making
• Rehabilitation & Health promotion
• Discharge
• Older person centred focus
• Team working and patient safety
• Legislation
• Communication
• Leadership & service quality/development/innovation (dissertations)
ASSESSMENTS

COMPREHENSIVE GERIATRIC ASSESSMENT "CGA"

Gold Standard Care
CGA has a strong evidence base for delivering safe, patient centred and effective care

It’s a PROCESS not a tool
CGA is an interdisciplinary, multi-component process, focused on medical, psychological and functional capabilities to develop an integrated plan for treatment and long term follow up

Alive & At Home
Those undergoing CGA compared with usual medical care were more likely to be alive and less likely to have moved to residential care

NNT is only 17
That is, for every 17 older adults that undergo CGA, death or significant deterioration in condition is prevented for one person.

Not Just for Geriatrics Wards
There is a growing evidence base for the CGA approach being successful in the community and ED - so long as there MDT delivery.

The MDTina Podcast provides Education on Ageing for all healthcare professionals working with older adults
Twitter: @MDTina_podcast
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Visit www.theextraordinarycare.com.au for more information. To listen on the web and to sign up to our mailing list!
Cognitive Assessment

Delirium

It is common

Delirium is common affecting around 20% of medical patients in hospital.

The 2 types

Hyperactive - agitated
Hypoactive - sleepy, drowsy

Key features

Drugs are bad

Usually make things worse.
The Anti-Cholinergic Burden (ACB)
Scale ranks drugs by their likelihood to worsen the confusion.

Medical condition

It is a sign of an underlying problem that needs treating. There are many many causes, so a comprehensive review is required.

Visit www.thethorwingaltpodcasts.org.uk for more information, to listen on the web and to sign up to our mailing list.
Clinical Frailty Scale*

1. Very Fit – People who are robust, active, energetic and motivated. These people commonly exercise regularly. They are among the fittest for their age.

2. Well – People who have no active disease symptoms but are less fit than category 1. Often, they exercise or are very active occasionally, e.g. seasonally.

3. Managing Well – People whose medical problems are well controlled, but are not regularly active beyond routine walking.

4. Vulnerable – While not dependent on others for daily help, often symptoms limit activities. A common complaint is being “slowed up”, and/or being tired during the day.

5. Mildly Frail – These people often have more evident slowing, and need help in high order IADLs (finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework.

6. Moderately Frail – People need help with all outside activities and with keeping house. Inside, they often have problems with stairs and need help with bathing and might need minimal assistance (cuing, standby) with dressing.

7. Severely Frail – Completely dependent for personal care from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~ 6 months).

8. Very Severely Frail – Completely dependent, approaching the end of life. Typically, they could not recover even from a minor illness.

9. Terminally Ill - Approaching the end of life. This category applies to people with a life expectancy <6 months, who are not otherwise evidently frail.

Scoring frailty in people with dementia

The degree of frailty corresponds to the degree of dementia. Common symptoms in mild dementia include forgetting the details of a recent event, though still remembering the event itself, repeating the same question/story and social withdrawal.

In moderate dementia, recent memory is very impaired, even though they seemingly can remember their past life events well. They can do personal care with prompting.

In severe dementia, they cannot do personal care without help.

AFFECT ASSESSMENT

Geriatric Depression Scale (GDS)
MEDICATION MANAGEMENT
INDEX OF ACTIVITY OF DAILY LIVING (IADL)
BONE HEALTH ASSESSMENT

BREAK a
SWEAT, D
D
NOT YOUR BONES!

Follow me, crew. We need to remodel this femur—it’s really working overtime.

Osteoblast Pit Crew
CHALLENGES TO IMPLEMENTING ANP SERVICE

• “Expanding the role of the nurse is fraught with difficulties, but also full of possibilities” (Wright, 1995; pg. 29).

• Educational provision

• Legislative protection (Read et al, 1992)

• ‘Shifts in power’ (Mc Sharry, 1995)

• Resistance from nursing colleagues (Joel, 1995)

• Poor staffing levels

• Lack of resources

• Lack of understanding

• Conflict with managers

• Absence of guidelines

• Control of development

(Woods, 1998)
What I often feel like….

- What your colleagues think you are doing!
University Hospital Kerry
Irish Hip Fracture Database (IHFD)

Standard 5: Percentage of patients who received a bone health assessment

Average age: (Years)
POSITIVE AGEING WEEK

Going beyond the broken bones

Capturing the person

Who am I in the bed before you?

- Changes like to help people
- Like the simple things in life
- Have a great family
- Enjoying music
- Enjoying my life

Family/Hobbies

- Married with children
- In love
- In a great family
- Dancing

My happiest moments/achievements

- The day I got married
- When I graduated from school
- When I was working
- Going dancing on Wednesdays
- Enjoy my life

GOAL FOR ALL: Stop, look, listen, engage
A wise man once said... 
The end is merely the start.