Rural Hospital Stream

Rural Nursing.....joys & challenges

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NURSE PRACTITIONER ROLE IN A RURAL HOSPITAL

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NZRGN Conference
13th March 2015
Contents

- Rural Nurse - Full Circle
- Current workplace & position
- Transition to NP
- Reflections on my area of practice
- Differences working in rural vs urban setting.
- Am I disadvantaged by working in a rural area compared to urban counterparts.
- What would I like changed?
Rural Nurses- Full Circle –

- After leaving Balclutha in 2002, I had been working as a RNS @ Hari Hari in South Westland for 9 yrs.
- I completed my Clinical Masters of Nursing with the aim of become a Nurse Practitioner in that remote rural area.
- Reality-the chances of ever being a NP in South Westland were becoming just as remote as the location!
- May 2010 -Email about Emergency Clinician (EC) position @ with Clutha Health First (CHF) in Balclutha General Practice Ltd in Balclutha, & being supported to Nurse Practitioner!
Emergency Clinician (EC) Position

- Responsible to triage & provide medical treatment to patients presenting for an emergency event or unscheduled primary care intervention.
- To assess, diagnose & treat emergency/urgent health problems either autonomously or in collaboration with Medical practitioner or under the guidance of approved standing orders.
- Order and interpret an agreed range of diagnostic tests.
- Refer to the appropriate medical practitioner/medical specialist or other health care providers.
- Adhere to PRIME protocols.
Community owned Clutha Health First Integrated Hospital & Family Health Centre, based at Balclutha, serving the community of the Clutha District, population 17,000
Clutha district population of 17,000
Transition to Rural Nurse Practitioner Rural Hospital Environment

- August 2010 > returned to Balclutha as an EC & to establish the position.
- I was provided with an EC job description, given the premise & permission to develop the role.
- This position crucial to stabilising GP practice & is unique to South Otago
- GP Practice had > 3 GPs & Locums ; 2 Emergency Clinicians, 10 Practice Nurses( part time) & 8 receptionists
- Mentor & train part time EC ( working up to full time as required)
- Mentor 5th yr RMIP students at weekends
Clutha Health First Integrated Hospital & General Practice

- Incorporating Clutha districts largest and busiest General Practice with enrolled pop 7,900
- Attached to 15 bed hospital ward, 3 Medical Officers, & team of Registered Nurses
- 3 Bed Maternity Unit with hospital & independent Midwives
- Onsite Laboratory (with I-stat near patient testing)
- Onsite Radiology> Direct access to radiology images via InteleConnect within minutes of screening
- Community services, that include District Nursing, OT, SW, Physiotherapy, Mental & Public Health
- A huge contrast from rural remote RNS position.
CLUTHA HEALTH FIRST GP TEAM

MEDICAL ASSESSMENT UNIT

Practice Nurses

Nurse Practitioner & Emergency Clinician

GPs & Medical Officers

Reception staff

Ambulance Paramedic
Clutha Health First’s model of health

Key Elements are:
Partnership.
Recruitment & Retention.
Better Patient Care.

Access to Health Care 24/7 by
-NP/Emergency Clinicians 7/7
-GPs 9am 9pm.
-Ward MO & Nurses 9pm to 9am.
-Visiting Consultants partnered with GP’s & Nurses

(Clutha Health Incorporated & Clutha Community Health Company Ltd Annual Report June 2013)
• I qualified as NP (PHC) full prescribing authority, 24th Feb 2014.
• Employed full time NP July 2014, including alternative weekends & Public Holidays
• I am based in the General Practice environment, my focus is Rural PHC not secondary care.
• I do the same work as a GP
• I am the link between Primary & Secondary care
• As an autonomous practitioner, I work independently, interdependently &/or in collaboration with GPs, Emergency Clinician, Practice Nurses, Medical Officers and inpatient RNs
Collaborative Practice

Collaboration & communication vital between all health professionals to streamline patient process through the health system.

- Medical Officers & Inpatient Nurses
- Emergency Clinician
- General Practitioners
- Practice Nurses
- Nurse Practitioner
- Allied Health Personal / DN, SW, NASC, Physio. OPD Maternity
- Others: St John, Pharmacies, Physicians, Rest Homes/Hospital level care, Community CNS, (Resp, Diabases, Pal), Lab, X-Ray.
Nurse Practitioners NZ

- NP in PHC are a rarity in the South
- Currently there are 165 NP in NZ (156 with prescribing).
- NP (PHC) in NZ = 33
- NP (PHC) South Island = 13
- NP (PHC) in Otago & Southland = 5 with NPs often having to relocate to another location to find work
- I consider myself very fortunate to be employed as a NP (PHC) at CHFGP. Why?
- I am possibly the only NP working in an integrated Hospital & Family Health Centre in the South Island & possibly New Zealand.
Reflections of my Position

Â In 1997 I had dipped my toe tentatively into PHC as a result of the effects of the health reforms, restructuring, downsizing of rural hospitals; & GPs pulling out if providing afterhours & weekend health cover.

Â Out of necessity nurses were forced to step up & fill the gaps for the afterhours & weekends left by doctors.

Â My practice has come full circle back to Balclutha where my journey began.

Â I was the main agent for developing a very robust & effective role of EC.
Reflections Continued

My role has stabilised the practice, increased permanent GPs, with some GPs picking up special interests) improved continuity of care & improved patient satisfaction.

Bridging the gap between GP and Nurses

This is a unique practice where GP, NP & EC work side by side, with NP & EC no longer the doctors handmaidens but equal collegial partners vital to the smooth running of a very busy GP practice.
Reflection

- Partnership took a while to bed in, now NP/EC is an attractive environment for professional staff.
- EC role has become a career pathway for RNs.
- This position is unique.
- Trail blazing for CHFGP leading the way, by taking the initiative.
- Essential roll in operational aspect of facility.
- Critical cog in provision of medical care to rural patients in South Otago especially at weekends & after hours
SCENIC VIEWS IN SOUTH OTAGO

BALCLUTHA BRIDGE

TUAPeka MOUTH FERRY

PURAKANUI FALLS, CATLINS

NUGGET POINT LIGHTHOUSE, KAKA POINT
Rural Nursing Vs Urban Nursing

- Rural vs Urban nursing.
- Are the cultures so different? I believe they are.
- I consider myself a ‘specialist’ generalist rural nurse and concur with Jones & Ross (2003) that Rural nurses have a distinctly rural competencies, with a specific focus, body of knowledge & practice.
  - Relating to isolation & distance & availability of back up.
  - Relating to managing the professional & personal self in a smaller community
  - Related to nurse/patient relationships
  - Related to independence & interdependence with other health professionals.
Rural Vs Urban Nursing

- Understanding the uniqueness & diversity of rurality & rural primary health care
- Recognising & accepting that rural & farm work (often seasonal & reliant on weather) takes priority over health needs for many. Some of the stoical rural people delaying seeking assistance until work completed.
- Understanding the nature & risks of rural & farming operations, (tractor work, quad bikes, motorbikes, machinery, shearing, lambing, calving, silage & hay making operations, logging, freezing works, engineering, dairy & cheese factory)
- Isolation/ distance / Cost
- Location of events & distance from health care
Rural Nursing ...joys & challenges

- Setting up EC position
- Achieving NP (PHC) with prescribing Feb 2014
- Reality of NP / EC working in an integrated Hospital & Health centre
- This quote by Stein, (cited in Shapiro & Talbot, 1991,) "... The truth of the matter is that we never know beforehand what it is we need to know or look for let alone do" - until it walks thru the door is very appropriate for my position within a rural Hospital & Primary Health Clinic General practice.
- Orientation Handbook for New & Rural Nurses
Challenges/ Barriers

- Living & working in local communities many patients are known to me (fish bowl).
- Finding myself leading a paediatric trauma resuscitation without GP or Medical officer.
- Resistance from Medical Officers/personal to take referrals from a ‘mere’ Nurse
- Blanket ban by Internal Medicine @ Dunedin hospital not to accept referrals from NP
- Maintaining professional boundaries
- Finding work / home balance
As a Rural NP, Am I Disadvantaged? NO

- ALL my educational opportunities occurred BECAUSE I WAS A RURAL NURSE (WORKING IN REMOTE LOCATIONS)
- Distance & travel my only barrier
- Technological advancement means I have access to the same professional & educational resources as my urban colleagues.
- Lectures come via the Viper Link with the Mobile Surgical Bus with national presenters.
- Ultra Sound Scanner readily available in our GP department operated by a GP with special interest in USS
• Urban nurses out number rural nurses.
• Fewer rural nurses with advanced education, aging workforce.
• Need to be preparing nurses to step up and fill gap when older nurses retire
• My ongoing professional & Peer support is onsite with our team of General Practitioners, Medical Officers, Emergency Clinician, Practice Nurses & members of the Multidisciplinary team.
• Plus Nurse Practitioner New Zealand & College of Emergency Nurses NZ
What would I like to see Changed

- Have my own enrolled patients
- Improved work / life balance with GPs covering some weekends
- Planning outreach NP clinic in rural community to reach those in rural areas unable to attend GP Clinic.
- Increased training of rural nurses in rural areas.
- Break down barriers created by Medical fraternity not recognising skills of advanced nurses & Nurse Practitioners
In Conclusion

- I believe that Rural Nurses are not disadvantaged in any way.
- Every day I am learning something new, faced with a new challenge, teaching something new to colleagues.
- I believe we have more opportunities to learn in this diverse environment.
References
