

the nurse practitioner
the Dutch approach

developments



challenges

statements

(just to break the ice)

nurse practitioners have enough skills to take over certain medical tasks and improve quality of care at the same time

the 'nurse practitioner' is a temporary hype; the phenomenon will disappear in time

especially in Germany, physicians will have difficulties in supporting the position of nurse practitioners, due to hierarchic issues

content



introduction



roles and competencies



legislation and accreditation



current conditions



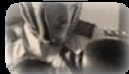
prospects and challenges



examples



recommendations



discussion

2

Familie ANP

H. Tomlow

introduction

Henny Tomlow

nurse practitioner
obstetric high care
nursing specialis
university hospital
Maastricht

1965

Loretta Ford

shortage of physicians

registered nurse
several areas

advanced nursing education (master's degree)

broad range of health care services

origin

expected shortage physicians

need for continuity and co-ordination

lack of career possibilities

1997

Petrie Roodbol

human resource problems

hospital setting



roles and competencies

roles

based on CanMeds roles

medical expert	central role to the function of nurse practitioner utilizing the competencies associated with this role essential and necessary in obtaining and giving information
communicator	efficient and effective collaboration with patients, families and professional teams is necessary to provide optimal care
collaborator	science, research, critical observance and the urge for life-long learning
scholar	leading individual patients, patient groups through the healthcare system to get access to proper care
health advocate	design of healthcare innovations to improve healthcare quality
manager	highest norms in clinical care and ethical behavior
professional	



roles and competencies

advantages

competencies

competencies are ranked according to the CanMeds role framework

'...performs diagnostic and therapeutic procedures within the boundaries ...'

competence '...develops diagnostic and therapeutic skills...'

general competencies apply to all NP's
specific competencies apply to a specific specialism



roles and competencies

advantages

patient

why should we change the current structure of positions?

to anticipate on changing health care demands

efficient, effective, easy accessible, holistic, custom made care

physicians

complex and / or academic tasks, quality improvement

institute

quality improvement and cost effectiveness (?)

nurse practitioner

career possibilities



legislation and accreditation

framework

IHCP / LMTA

reserved
procedures

experimental
specialist status

direct authorization is
necessary

the civil law health care professional and individual
treatment agreement
due to be implemented end
of this year

completed ANP education,
accredited by the NVAO

experience, knowledge and
education

based on competencies,
subareas, quality criteria and
registration criteria

current conditions

legislation

institutes,
physicians,
nurses

in the US, legislation and accreditation took approximately 40 years

in the Netherlands, legislation and accreditation took approximately 10 years

the Dutch government (now) welcomes the implementation of advanced nursing practice

institute

success depends on setting, experience with NP's and degree of bureaucracy

current conditions

resistance framework

institutes,
physicians,
nurses

impact

despite upcoming registration and accreditation

resistance
tensions

unfamiliarity
existing hierarchic structures
beliefs and values

deficiencies in support
difficulties in developing tasks and skills
we're pioneers

current conditions

financial framework

FUWAVAZ

valuation system

during education: European subsidy

after education: costs covered by hospital

regarding professions / positions in university
hospitals (in other words: what should we pay them?)

interpreted differently in and between hospitals

prospects

there's hope

positive government actions regarding legislation and accreditation

improved quality of care

improved coordination of care

improved continuity of care

increased number of innovations

after 2008

attitude towards nurse practitioners is shifting

accreditation gives nurse practitioners the opportunity to trespass the medical domain

authorization will lead to a certain amount of autonomy

summary

post - HBO

HBO

higher vocational education

MBO

middle vocational education

subareas

LBO

lower vocational education



Legislation (WVGO)

nurse practitioner	physician	art. 14 specialist
roles 5 (expert, communicator, c		e, manager, professional)
competencies		IHCP act (BIG)
intensive 3		art. 3 reserved procedure
chronic 2		
level 1		
acute		
nursing domain		
preventive	medical domain	

example 1

NP
elderly care

- 1 consultation
this may implicate follow up
- 2 support GP in complex diagnostics
home visits and triage
feedback to GP
- 3 follow up after dismissal ER
evaluate care
- 4 improving competencies and support in the
development of care programs
TraZAG



example 2

NP
vascular
neurology

1

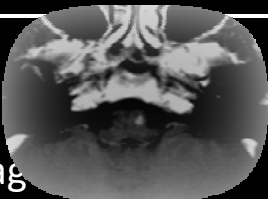
TIA service
diagnosis / additional diagnostics
integrated anamnesis

2

follow-up (outpatient clinic)
explanation of the disease and possible consequences

3

improving knowledge



example 3

NP
obstetric high
care

- 1 screening
integrated anamnesis
information
results, recurrence risk and treatment plan
referral to other specialist , correspondence GP / gynecologist
- 2 visiting hospitalized patients
contacts with other disciplines
information
- 3 information, coordination, continuity
care and after-care
contacts with company physicians or nurses
maintenance and update website
- 4 follow-up during pregnancy
medication, hemodynamic adaptation to pregnancy
beliefs and preoccupations





recommendations

existing hierarchic structures will change with the introduction of nurse practitioners, causing several difficulties

in general

create a favorable climate
implementation has to be supported by all stakeholders
discuss and determine conditions regarding tasks, required skills, logistics and equipment before posting vacancies

institutes

discuss and determine major goals
guarantee a favorable climate
organize workshops or conferences
use supporting physicians

nurse practitioners

get informed about education, skills and conditions

physicians

make sure implementation is supported by all physicians within the specialism



take-home messages

(now it's time to
wake up)



draw all stakeholders in the conversation about and implementation of nurse practitioners (please, don't forget the (future) nurse practitioners)

keep looking at and learning from your American and European partners (and ask them for information)

dare to change and, as a logical result, dare to upset the balance in current hierarchy (do not worry! it will recover in time)

but first: achieve consensus by all stakeholders (please, don't forget the (future) nurse practitioners)

discussion



remarks

