NURSE PRACTITIÓNERS – Untapped Resource

NURSE PRACTITIONERS (NPs) IMPROVE TIMELY ACCESS TO HIGH-QUALITY. COST-EFFECTIVE CARE in a broad range of health-care models. Through their practice and collaboration with other health-care providers, NP: reduce pressure on the health-care system.

Education

Minimum 6 years of academic training plus clinical experience



Baccalaureate degree in nursing



RN licence/ registration



Graduate NP education



NP licence/ registration

are confident that **NPs** can meet their day-to-day health needs2

Number of Canadians receiving primary care from an NP:

Estimated 800 patients per NP3

AUTONOMOUS ROLES FOR NPs:



PERFORM PHYSICAL



ORDER TESTS



DIAGNOSE & TREAT ILLNESSES



WRITE **PRESCRIPTIONS**



ADMIT / DISCHARGE



PROVIDE REFERRALS

IMPACT

IMPROVED ACCESS TO CARE



Decreased appointment wait times by offering same-day appointments for urgent patients or within 3 days5



reduction

in emergency department admissions from long term care



increase in family satisfaction with quality of care7





reduction in the use of multiple medications8

2006

1,162 NPs; Canadian Nurse Practitioner Initiative formed

Other Hospital 10 4% YT (0.16%) Nursing home 36% 46 Community health NT/NU (0.75%) 514 183 BC (8.35%) NL (2.97%) 571 217 545 AB (9.27%) MB (3.5%) 236 43 3.451 QC (8.85%) SK (3.83%) PE (0.7%) 139 ON (56%) NB (2.26%) NS (3.31%)

WHERE DO THEY WORK?



Begin practising to increase the quality of health care in northern and underserved locations



2012

Federal government passes New Classes of Practitioners Regulations, granting additional prescribing authority for controlled drugs





1997

Becomes a regulated profession to address the increasing demand for primary health care



2009

New regulations broaden scope of practice



2019





¹ Canadian Nurses Association. (2017). The nurse practitioner [Position statement]. Ottawa: Author. ² Nanos, N. (2016). Canadians' opinions on home healthcare *Lanadian Nurses Association. (2011). The nurse practitioner (Position statement). Uttawa: Author. *Nanos, N. (2016). Canadians' opinions on home healthcare and nurses. (Nanos Polling Series 2016-854) Ottawa. Canada. *Martin-Misener, R., Donald, F., Kilpatrick, K., Bynant-Lukosius, D., Rayner, J., Landry, V., Viscardi, V., & McKinlay, R. J. (2015). Benchmarking for nurse practitioner patient panel size and comparative analysis of nurse practitioner pay scales: Update of a scoping review. Retrieved from https://fbs.mcmasterca/ccapnr/documents/np_panel_size_study_updated_scoping_review_report.pdf *Sangster-Gormley, E., Griffith, J., Schreiber, R., Feddema, A., Boryki, E., & Thompson, J. (2015). Nurse practitioners changing health behaviours: One patient at a time. Nursing Management. 22(6), 26-31. *Roots, A., & MacDonald, M. (2014). Outcomes associated with nurse practitioners in rural settings in Canada: A mixed methods study. Human Resources for Health, 12, 2-11. *Klassen, K., Lamont, L., & Krishnan, P. (2009). Setting a new standard of care in nursing homes. Canadian Nurse, 105(9), 24-30. ¹ lbid. ¹ lbid. ¹ lbid. ¹ Canadian Institute for Health Information. (2001). Nursing in Canada, 2019 – Data Tables. Retrieved from https://www.cihi.ca/en/nursing-in-canada-2019 ® CANADIAN NURSES ASSOCIATION and the CNA flame design are registered trademarks of the Canadian Nurses Association. © Copyright 2020 Canadian Nurses Association. June 2020