

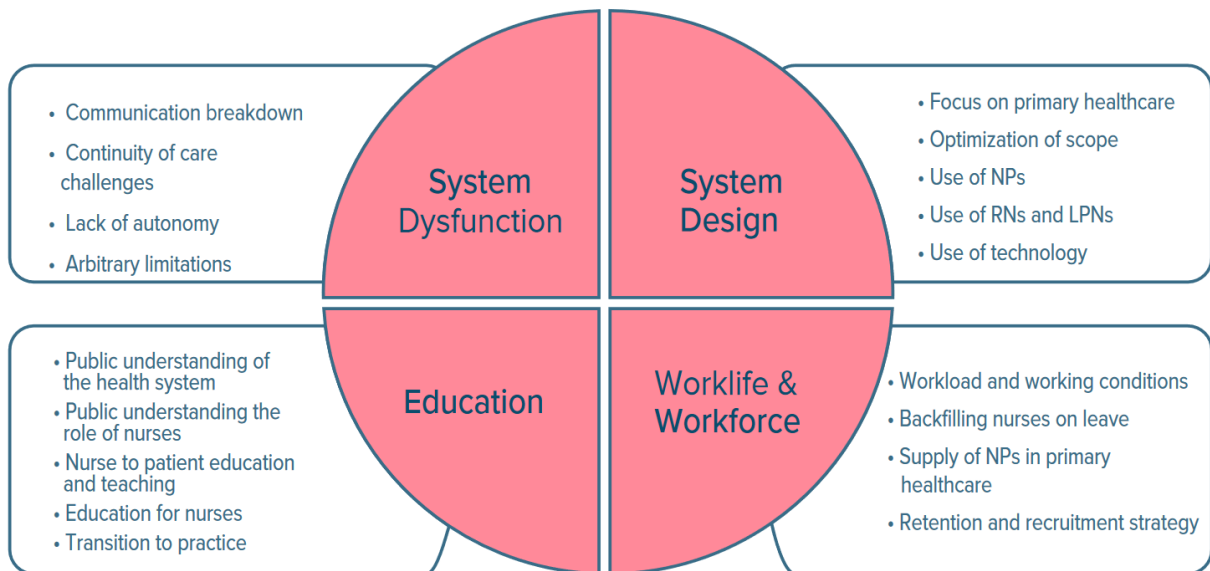
Nursing Potential

Optimizing Nursing and Primary Healthcare in Nova Scotia

Recommendations



Nursing and Primary Healthcare Study Themes



System Dysfunction

Recommendation 1

As government moves towards its unified 'one patient one record' system, it should take measures to ensure it functions across sectors, allowing homecare, primary healthcare and hospital care nurses and other providers to seamlessly share crucial patient information.

Recommendation 2

In the interim, the Victorian Order of Nurses, the Department of Health and Wellness and the Nova Scotia Health Authority should review communications processes to ensure that VON nurses, hospitals and collaborative practices are empowered to seamlessly share information and are equally aware of changes and developments to the health status of their patients.

Recommendation 3

The Victorian Order of Nurses should review the scope of practice of its licensed practical nurses in each region and ensure that all are able to practice to full scope, partaking in client care to the full extent of their capabilities.

Recommendation 4

Continuing Care and the VON should work together to ensure that clients receive adequate time for visits and frontline nurses' professional autonomy and judgment is valued with respect to the care needs of clients, particularly as conditions change and needs evolve.

Recommendation 5

The Nova Scotia government should ensure that team members in all settings are able to practice autonomously according to their scope of practice, and do not face arbitrary barriers to providing effective, quality care.

Recommendation 6

In concert with the above recommendation, the Nova Scotia Health Authority should ensure that the employment conditions of nurse practitioners take into account their standards of practice and their requirement to provide comprehensive care to patients, including outside of regular work hours.

System Design

Recommendation 7

Government should continue to increase investment in primary healthcare as the foundation of a high-functioning healthcare system.

Recommendation 8

Government, employees and provider representative should work together to grow collaborative teams and increase access to primary care services outside of regular hours.

Recommendation 9

As envisioned, registered nurse prescribing, with the appropriate training and protocols, should be introduced in Nova Scotia, along with the ability to order diagnostic tests related to this function. Special attention should be given to its possible benefit in homecare, emergency care and primary healthcare settings. At the same time, care should be taken to ensure that new prescribing authorities do not adversely affect nursing workloads.

Recommendation 10

Given the number of unattached VON clients, and the challenge this creates for appropriate care, the Victorian Order of Nurses should be funded to hire nurse practitioners to provide orders for dressing changes, medication changes and other interventions when required.

Recommendation 11

In order to effectively deal with non-urgent patients presenting at emergency departments, and to increase access to after-hours care, regional emergency departments should have adjacent 'fast-track' areas to treat non-urgent patients.

Recommendation 12

The Nova Scotia Health Authority should employ nurse practitioners in emergency departments and collaborative emergency centres to care for patients who do not require intervention from an emergency physician.

Recommendation 13

To ensure we make optimal use of their abilities, employers and the nursing regulator should give nurse practitioners working in emergency departments the authority to admit and transfer patients, as per their professional judgment and scope of practice.

Recommendation 14

Given that nurse practitioners have an autonomous scope of practice, when population metrics or recruitment challenges warrant it, the Nova Scotia Health Authority should allow clinics to operate with a nurse practitioner as the highest level of provider.

Recommendation 15

Government and the Health Authority should ensure primary healthcare practices receive funding so that nurses can provide effective case management for chronic disease patients.

Recommendation 16

To improve access, efficiency, and patient outcomes, the Health Authority should empower collaborative practices to book nurse-only visits, and visits with other professionals, based upon patients' individual needs. Government should ensure funding models support this.

Recommendation 17

The Victorian Order of Nurses, with support from the Department of Health and Wellness and the Nova Scotia Health Authority, should open more ambulatory clinics across the province for patients who are mobile and can receive their interventions on an appointment-basis.

Recommendation 18

The scope of future VON clinics should eventually be expanded to provide preventative care and wellness checkups for seniors in the community.

Recommendation 19

The VON, with funding and support from the Department of Health and Wellness and the Nova Scotia Health Authority, should offer, on request, in-home checkups to seniors 75 and older.

Recommendation 20

The Nova Scotia Health Authority, working with regulators, unions, and educators, should develop a strategy for Nova Scotia to provide telemedicine (phone, web-based etc) access for rural and underserved areas of the province.

Recommendation 21

The Department of Health and Wellness should work with provider representatives to remove funding and policy barriers to the effective use of telemedicine in the province.

Recommendation 22

In order to increase clients' access to primary healthcare and specialists, the government should fund the VON to provide home-bound clients with the opportunity to have virtual appointments (e.g. via Skype) with primary healthcare providers and specialists, with a VON nurse present in the home.

Education**Recommendation 23**

The Nova Scotia Health Authority should redouble its efforts to educate the public on when to use the emergency health system, what level of services are available at different levels of emergency departments, and when to use the primary healthcare system, including walk-in clinics.

Recommendation 24

Government, employees, regulators and unions should collaborate on initiatives to help the public acquire a better understanding of the role and abilities of nurses, particularly within the primary healthcare system, such that they are apt to seek and welcome care from the most appropriate provider for their circumstances.

Recommendation 25

The Nova Scotia Health Authority should be funded to create an educational module for members of collaborative practices that facilitates an improved mutual understanding of the role and ability of each provider, with the aim of crafting effective, high-functioning collaborative teams.

Recommendation 26

Funding and workplace organization should be structured to allow homecare, primary healthcare and emergency nurses the opportunity to teach clients and patients how to better self-manage chronic conditions, to the degree they are capable, helping preserve and promote patient autonomy.

Recommendation 27

Given the continuous advancements and developments in healthcare, the Nova Scotia Health Authority should ensure that nurses in primary healthcare, emergency care and homecare have access to professional practice support and are provided with continuing education opportunities each year.

Recommendation 28

The Nova Scotia Health Authority, working with its Registered Nurse Professional Development Centre, should develop specific training for licensed practical nurses working in the primary healthcare sector.

Recommendation 29

Nurse practitioners should have the opportunity to complete a residency program in their designated field of practice between their first and second year of education.

Worklife and Workforce**Recommendation 30**

In order to ensure that care is always provided by the most appropriate provider in emergency department settings, the Nova Scotia Health Authority must ensure that nurses are not required to complete non-nursing duties such as point of care testing (blood and laboratory work).

Recommendation 31

Since nurse practitioners are responsible for the care of their patients, the Nova Scotia Health Authority, with funding from government, should develop mechanisms such as a locum program to ensure care coverage when they are unavailable (e.g. on vacation or a leave of absence).

Recommendation 32

Employers in all settings should ensure that policies and practices support the replacement of nurses off sick or on vacation, beginning with the first absence.

Recommendation 33

Government and the Nova Scotia Health Authority should take measures to increase our nurse practitioner workforce based on projected needs in all sectors, with an initial goal to bring our numbers from the current 200, to 500 by 2028.

Recommendation 34

Similarly, in order to provide the primary healthcare system Nova Scotia needs, government and the Nova Scotia Health Authority should develop a strategy to increase the supply of family practice nurses and licensed practical nurses in collaborative practices.

Recommendation 35

Given the intense recruitment and retention challenges across the healthcare system, the recommendations around recruitment should take place as part of a larger, government nurse retention and recruitment strategy, complementing strategies for physicians and other providers. family practice nurses and licensed practical nurses in collaborative practices.