

EN's In Primary Health Care

Where are they now? and Where will they be in the future?





Local Demographics

- Population = 42.5,000
- 23% maori (NZ 14%):
- 19.2% over 65 years (NZ 14%)
- 6.1% unemployed (NZ 5%)
- 43% annual income < \$20,000 (NZ 38%)
- 11% BA Highest qualification (NZ 20%)
- NZ Quick Stats (2013)

RED FLAGS

- Ethnicity (M/PI)
- higher incidence and prevalence of most health conditions eg CVD, Stroke, Diabetes, mental health issues
- o Lower SE status (5th most deprived DHB)NZ Dep 2006
- > increased correlation with poorer health outcomes (complications, QOL)
- Lifestyle factors eg Smoking
- Increased life expectancy



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Tsunami WARNING

- Obesity: 1.1 million NZ adults (2013)
- 1/17 adults (205 000) diagnosed with diabetes (90%+ TD2)

500, 000 pre diabetes (MOH, 2013)

- 1/20 adults diagnosed with ischaemic heart disease (NZ Health Survey, 2013)
- 1/6 adults diagnosed with arthritis
- 1/5 adults diagnosed with common mental health disorders
- 1/5 NZers over 15 years smoke (NZ Health Survey, 2009)

LTC in NZ & Worldwide

- Prevalence is rising
- Challenge of the century (WHO, 2002)
- Multiple conditions or co morbidities are common (MOH, 2012)
- Increased health costs (75% of all HC costs)
- Non Communicable deaths cause 80% of all deaths in NZ

WHO target by 2025

To reduce **premature** deaths from non communicable diseases such as CVD, Diabetes, COPD, Cancer

by 25%

International priority

- 10% reduction in diabetes prevalence
- 40% reduction in tobacco use
- ZERO increase in obesity prevalence

MOH (2013)

The NZ Primary Health Care Strategy (2001)

Aims:

- Improve health through screening and prevention
- Support those with chronic health problems
- Inform, assess and treat episodes of ill health.

A collaborative, multidisciplinary, coordinated care approach is necessary

Whānau Ora

- an approach that places families/whānau at the centre of service delivery, requiring the integration of health, education and social services
- jointly implemented by the Ministry of Health, Te Puni Kōkiri and the Ministry of Social Development.
- is improving outcomes and results for New Zealand families/whānau.

MOH (2013)

Additional support/services

- Specialist services
- Heart Foundation
- Health promotion campaigns
- Intersectorial collaboration
- NGO's eg Diabetes Association







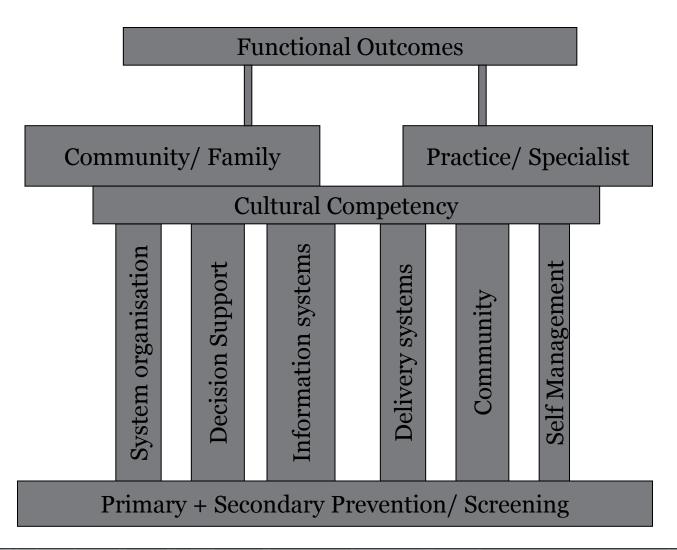






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Chronic Care Management Model



Delivery System Design

- Practice team functioning e.g. roles, recall
- Practice team Chronic care leadership
- Appointments: flexible, can accommodate multiple providers in one visit
- Follow up customised to patient needs e.g. via visit, phone.
- Planned visits for Self Management support
- Continuity of care (all sectors)

Chronic conditions require changes in health care practice

- The role of the patient changes
- The role of the health care provider changes from principle care giver to teacher and partner

"What matters to you today? Instead of....
"What is the matter with you?"

- The site of care changes from clinic and hospital to community
- The goal is function and comfort, not cure

Roles for EN's in practice

• "When the skill mix in the health care team includes enrolled nurses working with registered nurses, health care assistants or other clinicians, we expect to see safe, high-quality nursing care, and improved workforce productivity". (pg 3)

MOH (2013).

NZNO Guideline on the place of EN's in the NZ PHC setting

States that

- "EN's should be considered in future health workforce innovations and initiatives" (pg 11)
- For example:

EN's undertake vision and hearing tests under the D&D of a RN for the B4 school checks

NZNO (2011)

EN scope of practice

- Contribute to nursing assessments and patient care planning
- > complete assessment tools
- gather data through observation, interview, examination or measurement eg lifestyle assessments
- Work in partnership with consumers, families/whanau and multidisciplinary teams NCNZ (2011).

EN scope of practice cont.

- In some settings the EN may work under the direction of a registered health practitioner who isn't a nurse (eg General Practitioner)
- BUT they must
- > receive regular professional and or clinical supervision from an RN
- practice within their legal requirements and the organisational policies

NCNZ (2011).



EN workforce statistics

- 82% aged > 50 years and above
- Only 3% male
- 81% have worked for more than 15 years
- 83% NZ European
- Most are employed in the Canterbury region
- 12% had a post registration qualification
- 25% of these EN's work in PHC

NCNZ Workforce Statistics (2014)

EN's employed in PHC

- 7.2% PHC/Community
- 1.1% Maori Health Service Provider
- 0.1% Pacific Health Service Provider
- **o** 1.1% Rural
- Overall Total = 9.5%

NCNZ Workforce Statistics (2014)

BUT...

Where exactly are these EN's working?, what are they doing? and where will they be in the future?

Research project

- Commenced May 2014
- Funded by UCOL
- Mixed methods approach
- * Stock take of EN's in PHC
- Survey questionnaire with ENs in PHC
- Interview with PHC employers

Survey Questionnaire for Enrolled Nurse participants employed in a Primary Health Care setting:

Demographic Information:		Gender: Male	Female	
Age band in years Below 25 40-44 60-64		30-34 50-54	35-39 55-59	
Which ethnic group do you belong to? Circle or BOLD one or more New Zealand European Mäori Samoan Cook Island Maori Tongan Niuean Chinese Indian other such as DUTCH, JAPANESE,				
Years since registration as an EN:				
Employer:Geographical Area				
What is your Current position in this PHC setting?				
How long have you been employed in this position?				
Please provide or attach a brief description of your current role or job description including both Nursing				
Non-nursing tasks				
How many FTE hours do you work on average per week as an EN in this role? _				
How many patients/clients would you work with in a typical day?				
Of these patients/clients, how many would you be undertaking lifestyle or disease risk screening assessments with?				

EN Survey Questionnaire



Which specific types of s BP CVD Diabetes Domestic/family violence Spirometry Please name others	Before School Cervical smears Alcohol e	s do you do? Please BOLD Driving Vision Smoking Hearing Weight		
Has your role in the screening of clients changed since you commenced employment in this facility? If so, in what way?				
What is your role in chro Education Referrals Medication Please name others	onic disease managen Support Vaccinations Blood test	nent? Please BOLD Goal setting Clinical measurements Recalls		
Has this changed since you commenced employment in this facility?				
Which of the following professional development certificates do you hold? Vaccinators Infection Control Cervical Screening Phlebotomist Quit Smoking Please name others				
Do you believe that there will be more employment prospects for EN's in PHC settings in the future? If so, where and in what capacity?				
If not, why not?				
Any other comments??				

EN Survey Questionnaire cont.



- 1. How many registered Enrolled Nurses do you employ in your facility?
- 2. Describe your facility?

TWO options here:

If EN already employed:

- 3. Can you tell me about your reasons for employing an EN?
- 4. What does the Job Description (JD) include for this EN?
- 5. Can you see this JD changing in the future?
- 6. If so, in what way?

If an EN is Not an employee in this facility

- 7. Would you consider employing an EN in the future?
- 8. Why? And in what capacity? Why not?
- 9. Any other comments?

Interview Guide for PHC employers







Introducing Jenny

- Registered as an EN for 33 Years
- Employed in this PHC facility for 4 years
- Prior to this was employed as an EN in the Taihape Hospital (no longer in operation)
- Employed fulltime to work within the EN scope under the D&D of the RN's
- Comprehensive JD
- "Girl Friday" (Quote Gemma: manager)
- ABSOLUTELY LOVES HER JOB

Jenny's JD looks like this

- Lifestyle and disease risk screening
- > Clinical measurement
- > Phlebotomy
- > Recalls and referrals
- Chronic condition management
- > Education
- > Vaccinations
- > Updates patient profiles using Medtech

But wait there's more

- o Assists DN's
- > Home visits, wound cares, catheter cares
- > Palliative cares
- Arranges OP clinics and assists the specialists
- > ECG's, Plastering,
- Coordinates Infection control
- > Sterilises equipment
- > Manages the 'cold chain'

And more....

- Assists RNs and GP's with vaccinations, emergency cares, minor surgery
- Orders supplies and restocks equipment
- Chaperones
- Supports and educates relatives
- Supports health promotion campaigns
- Attends MDT meetings
- Undertakes PD training......

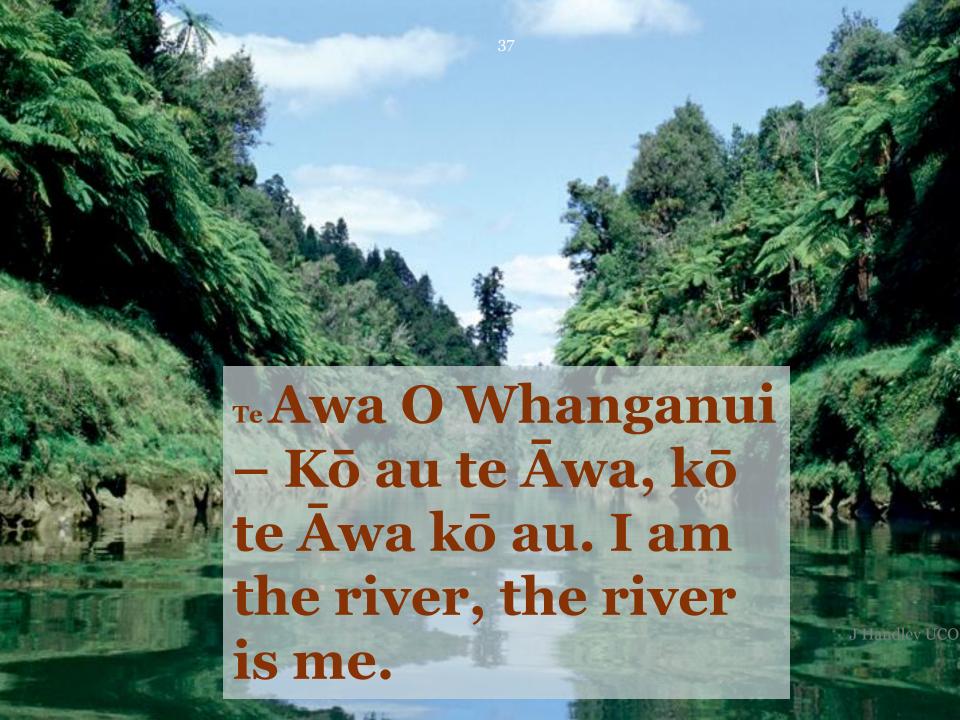
From an employers perspective, an EN in this PHC facility is highly valued because she is

- Reliable and accountable
- Has a good level of skill and knowledge so can work autonomously but within their scope (under the D &D of the RN)
- Has links to the community
- Works well within the team
- Is a valuable extra set of eyes and ears
- Is cost effective

Gemma says

"I couldn't do without her. In fact she's so good I am in the process of signing up another EN to fill her boots when she's away"





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