

Enrolled Nurse Conference 2015: Andrea McCance, Director of Nursing and Midwifery, C&C DHB

The EN in 2015 & Beyond

Tēnā koutou, tēnā koutou, tēnā koutou katoa

- Warm collegial greetings to you all

Thank you for your kind introduction and for giving me the honour of giving the opening address to your conference. In my career, I have had the opportunity and delight to work with enrolled nurses in a number of different settings mostly in Melbourne, Australia and now at CCDHB, here in Wellington.

I trained as a RN 30 years ago, at RMH and remember fondly my 1st preceptor in a heavy acute medical ward was a stunning Division 2 (as ENs were called in Victoria), Merle, who I will never forget. I have worked with ENs in coronary care, the cath lab, ICU & ED, so I do know the absolute potential & valuable contribution a substantial EN workforce can make. In some Victorian health care settings ENs make up 20% of the workforce. I see we will be hearing a bit more about the Australian setting later today.

In NZ, like Australia we have two levels/scopes of practice for nurses registered for entry to practice. We are debating today what support at entry to practice is required for our new ENs and update& inform employers of this. So leaving out the work ready status or support needs for ENs in their first year of practice, more of this later this morning. I will focus on the EN workforce and place in our current and changing health care environment. I can not do that however without acknowledging the “changing skins’ the EN workforce has managed. Over at least the last three decades, the EN profession has been on a challenging, changing and at times uncertain trajectory with high redundancy in some areas of practice. Arguments for change have included that a single level of nurses training would strengthen public perceptions, increase safety and that it would address financial constraints by replacing EN roles with unregulated workers. The NCNZ responded to Government foresight to re-establish EN preparation and enhance the capacity and capability of this workforce. This change recognised the contributions ENs can make in our ever changing health care environment. A presentation later today will be addressing these very issues....“what influenced enrolled nursing?”.

Some of you here today may have trained and registered as Nurse Assistant and many have transitioned to the 2010 ‘new’ scope of practice. Its great to see a colleague is addressing the lived and loved reality of an EN Skin reflecting on her 45 years of practice. So I acknowledge the resilience the EN workforce has required and as a

DONM I want to position the importance of the recent changes in EN preparation and broadening scope of practice, with the future challenges of our health care systems.

The Challenges and opportunities

Our population is simultaneously expanding, ageing, and living longer, with all the increase in chronic disease that this entails. At the same time, the healthcare system is increasingly coming under significant workforce and financial pressures as the demand patterns change.

Moreover, people wish to be better informed and more involved in managing their health. When I review the compliments and complaints from patients and family communication is the most evident repeating themes. Nurses are the single largest segment of the healthcare workforce. Career projections would indicate ENs are more likely to remain as the frontline workers with less leaving the patients bedside for management or leadership roles. As nurses we have an important position in providing quality patient care experiences. The Health Quality & Safety Commission acknowledge nurses have a key role in improving patient's experience and ensuring safe and quality care. Areas of harm - inpatient falls, medication errors and pressure injuries acquired while patients are in care all nurses have a key role in preventing patient harm and adopting best practice management. ENs working with patients have the same skills and responsibility to ensure these important care indicators are addressed through optimising risk assessment/documentation and care needs which include brokering timely input from other health care colleagues, and of course the patients & families as well.

The Tasks ahead

To sustain a comprehensive high-quality health system, new models of both primary care and hospital care are needed to meet and manage demand and improve efficiency and effectiveness. Change needs to occur right across the health and social sectors.

- The population needs to be better supported to make the right decisions around lifestyle and to self-manage long term conditions.
- Primary and community care needs to become more consistent and connected to the broader health and social systems.
- More care needs to occur closer to home within primary and community settings with better access, a broader range of generalist and specialist services and less need to visit hospitals for diagnostics or follow up care.
- Hospitals need to focus on complex care where technology and inpatient care requires the population to visit the hospital.

So what does our current and projected health care context mean for ENs and employers?

The new scope of practice enables enrolled nurses to make a broader contribution to health services and give greater support to registered nurses. The change removed the previous restriction that ENs could only work with health consumers with stable and predictable health outcomes".

Currently most ENs are employed nationally within DHB and Aged Residential care. Acuity in both these setting is increasing due to health care and population changes. However I question with changing models in PHC and the hospital level care are we taking a strong a voice in planning and projecting our future?

A recent study undertaken in Australia examined what changes had occurred in practice following a broadening of EN preparation. RN and ENs similarities included basic clinical skills and knowledge, care planning, medication management. Disagreement and confusion regarding abilities of ENs to manage acutely ill patients is also reflected in the contradictory literature with some authors acknowledging similarities in clinical skills and roles with ENs & RNs and others arguing that significant differences still exist in the care of the acutely unwell and deteriorating patient.

It is important in NZ we understand and optimise the EN role to enable ENs practise at the top of scope. As we see, this is important with increasing complexity of the acuity predicted in hospitals and increased landscape of care delivery in primary health care.

Current workforce challenges:

Of course we know that we have an aging nursing workforce with the average EN age at 55 years with 82% workforce over 50. It is apparent that succession planning to address the reduction in work force numbers with the retirement of these nurses. Despite this we know that some tertiary education providers have put EN programmes on hold due to the dearth of enrolled nurse positions available. Indeed, the latest Nurse Education in the Tertiary Sector graduate destination summary, reports 42% of November 2014 graduates are still seeking work. Of note the areas with low EN employment numbers in the existing workforce mirror graduate unemployment.

Do we understand why smaller DHBs West Coast, South Canterbury, Wairarapa employ a higher ratio per 10000 population. While, Canterbury is not the largest DHB in NZ it employs the most with 495 EN in their workforce.

The Ministry of Health has identified that there are a number of barriers to enrolled nurses working to their full potential. These included issues such as employment practices, lack of or conflicting local policies and, of course, the lack of employment opportunities. I would also add, we need to change the mindset of RNs, who need education re EN skills & knowledge to enable appropriate delegation (see deakin EN research re medication & IV competency modules).

Some may argue with increasing patient acuity more graduate places need to go the RN graduates but as employers supporting models of care. ENs do have a place. How do we ensure ENs unprepared to care for complex or deteriorating patients do have a role in contributing to the delivery of safe and quality care of this growing patient population? Differences will remain in high acuity skill-sets as management of central venous access devices, IABP and other high technology, however with ENs working at the top of their scope & clear DnD, there are many important domains in practice ENs can excel in – open up opportunities & practice areas I mentioned earlier - ICU, ED, Cath labs.

So thinking about what will support greater utilisation and contribution from the EN workforce, I raise the following reflective questions as a DON and for each of you and other nurse leaders around the country:

- Why do we expect ENs to be work ready following training?
- Is there support for the EN supported into practice program?
- Are ENs supported by the organisations they work in to work to the top of their scope?
- Why is it in some DHBs ENs manage procedures with work site practice development e.g. blood transfusion and have a broader IV medication management than in others?
- Are models of care in DHBs optimising the EN or unregulated workers?
- Do all workforces understand the EN scope of practice?
- Why is that in NZ we see greater employment in some DHBs proportion than others.
- Are DHB and other employers prepared to accommodate further the increased practice scope of EN and provide greater work based development
- Do we need to review policies that limited work practice of ENs
- Is the expectation and support for EN PDRP optimised across the country?

Some might view these as challenges but I see this as a tremendous opportunity all of us, including nursing executives and CEOs to look for ways to integrate ENs into the workforce, to be more creative and innovative in our outlook and to develop the conditions which will support the EN workforce. And as health care delivery models

continue to evolve, opportunities for ENs to practice in a broader range of practice environments must surely be a goal of both health care providers and the EN workforce alike.

At an individual level continue to grow through your on-going professional development activities. Continue working within your scope of practice under the direction and delegation, continue to carry out nursing assessments and care planning that impact positively & contribute to the safe and high quality care our patients deserve & most importantly continue to love the skin you are in.

Thank you for your time & best wishes for what looks to be a very interesting, enjoyable & most importantly fun conference, & enjoy Wellington & all it has to offer.

References

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<http://www.health.govt.nz/our-work/nursing/nurses-new-zealand/enrolled-nurses>)