EN’s In Primary Health Care

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

Research Results 2015
• Ethnicity (M/PI)
  ➢ higher incidence and prevalence of most health conditions eg CVD, Stroke, Diabetes, mental health issues

• Older adults
  ➢ prevalence of all health conditions increase

• Lower SE status + lifestyle factors
  ➢ increased correlation with poorer health outcomes
    (complications, QOL)
TSUNAMI WARNING
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
Strategies & Models of Care

- NZ Primary Health Care Strategy
- Primary Health Care Organisations
- Whānau Ora
- Health promotion campaigns
- Screening programmes
- Expanded Chronic Care model
- General Practice teams

BUT

- ?Trained workforce
EN Scope of Practice

- Undertake assessments, clinical measurements and patient care planning
- Work in partnership with consumers, families/whānau and multidisciplinary teams
- In some settings the EN may work under the direction of a registered health practitioner who isn’t a nurse (e.g. General Practitioner) (NCNZ 2011)

- EN’s included in the workforce mix leads to greater productivity (MOH 2013)
82% aged > 50 years and above
Only 3% male
81% have worked for more than 15 years
83% NZ European
9.5% employed in PHC settings

NCNZ Workforce Statistics (2014)
BUT....

Where exactly are these EN’s working in PHC?,

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 in the WDHB region
  ❖ Survey questionnaire from ENs in PHC
  ❖ Interview with PHC employers
• ONLY ONE EN fully employed (Plus one casual relief EN)
• Jenny: Taihape Rural Medical Centre
• Registered as an EN for 35 Years
• Employed fulltime in this PHC facility for 5 years
• Comprehensive Job Description
• ABSOLUTELY LOVES HER JOB
## TABLE TWO: Summary of EN Participants Total =11

<table>
<thead>
<tr>
<th>Age band</th>
<th>Gender</th>
<th>Ethnicity</th>
<th>Registered years</th>
<th>Geographical Region</th>
<th>Current employer</th>
</tr>
</thead>
<tbody>
<tr>
<td>35-39</td>
<td>1</td>
<td>Male</td>
<td>NZE</td>
<td>Under 2</td>
<td>Northland</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>40-50</td>
<td>0</td>
<td></td>
<td>Pacific Island</td>
<td>0</td>
<td>Auckland</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2-10</td>
<td></td>
</tr>
<tr>
<td>50-54</td>
<td>5</td>
<td>Female</td>
<td>Maori</td>
<td>1</td>
<td>Waikato</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>10-20</td>
<td></td>
</tr>
<tr>
<td>55-59</td>
<td>3</td>
<td></td>
<td>Maori/Italian</td>
<td>1</td>
<td>Mid central</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>20-30</td>
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</tr>
<tr>
<td>60-64</td>
<td>1</td>
<td></td>
<td>European</td>
<td>1</td>
<td>Gisborne</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>30-40</td>
<td></td>
</tr>
<tr>
<td>64 -</td>
<td>1</td>
<td></td>
<td>NZE/Dutch</td>
<td>1</td>
<td>Hawkes Bay/Chatham island</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>40 +</td>
<td></td>
</tr>
</tbody>
</table>

|                  |        |                   |                  | Kapiti              | 2                |
|                  |        |                   |                  | Maori Trust        | 1                |
|                  |        |                   |                  | South Island        | 0                |
Nursing Role & Responsibilities

• Lifestyle and disease risk screening
• Smoking & alcohol assessments
• Home assessments (NASC assessor)
• Long term condition management

- Clinical measurements
- Recalls and referrals
- Education & support
- Vaccinations/ phlebotomy/ wound management
- Updating patient profiles using Medtech
Other Nursing Roles & Responsibilities

- Assisting and supporting RN’s & GP’s & Specialists
  - Home visits, palliative cares,
  - Wound cares, catheter cares,
  - Triage/First Aid/Emergency cares,
  - Minor surgery,
  - ECG’s, plastering,
  - Chaperone
  - MDT liaison
Qualifications and Certificates

- Vaccinators
- Quit smoking
- Infection control
- Venepuncture
- Cervical screening
- Family violence
- CPR/ First Aid
Non-nursing Tasks

- Ordering supplies
- Restocking equipment
- Sterilising equipment
- Managing the ‘cold chain’
- Providing reception support
- Invoicing
- Compiling reports/ audit
- Supporting health promotion campaigns
EN’s Future in the PHC Workplace

• 9/11 participants strongly believe more PHC placements likely
• 1/11 hopeful
• 1/11 “possibly but not likely”

Types of positions:
• Gap fillers to allow RN’s to become NP’s
• Specialist nurses eg: GP/ PH/ OH/Renal/ Imms/ DN’s
Reasons for EN’s in PHC

- Accountable, safe, regulated
- Advanced Scope of Practice
- Good value

BUT

Many PHC facilities “don’t realise that EN’s are back and don’t understand the new SOP” (EN Participant 7)

“EN’s need a better knowledge base” (EN Participant 5)
PHC Employers

Four PHC employers interviewed

• Rural Health Medical Centre
• Urban Access General Practice
• Combined Urban/Rural Maori Health Service
• Rural Maori Health Service

ONLY ONE of these four currently employs ENs
Current PHC Employer Says

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

Strongly believe that EN’s would be an asset to their facility to:

• Support Population Health targets: CVD; Diabetes
• Assist with management of chronic conditions
• Coordinate HCA’s
• Drive health initiatives
• Provide ‘back room’ support e.g. ‘cold chain’ management

They would also be
• Cost effective after initial training
• Far better option than an HCA as are registered & knowledgeable

BUT
• Current funding structure is prohibitive
Where to from here?
Te Awa O Whanganui – Kō au te Āwa, kō te Āwa kō au.
I am the river, the river is me.
References

• MOH (2013). Enrolled Nurses: Have you thought of employing an enrolled nurse?
• MOH (2013). Whanau Ora. Accessed 12th June 2014 from
References


• NCNZ (2011). Guideline: responsibilities for direction and delegation of care to EN’s. Wellington; Author.

• NZNO (2011). NZNO guideline on the place of enrolled nurses in the NZ health care setting. Wellington; Author.
