

The logo for Te Pou features the words 'Te Pou' in a bold, dark purple, sans-serif font. The letter 'e' in 'Te' and the letter 'o' in 'Pou' are stylized with three horizontal orange bars running through them. The background of the slide is a scenic photograph of a beach at sunset or sunrise, with waves breaking on the shore and mountains in the distance under a cloudy sky.

o Te Whakaaro Nui

**Advance practice roles, nursing council  
competencies & the role of evidence**

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Practitioner

## Overview of presentation

- ❖ What are advance practice roles?
- ❖ Nursing council competencies
- ❖ The nature of evidence
- ❖ Building an evidence base for advance practice roles

## Introductory Question

❖ **Why have so few mental health nurses sought and obtained advanced nursing scopes?**

## My assumption

- ❖ Evidence.....evidence.....evidence...
- ❖ Currently 4 registered MHNP and no-one I'm aware has registered for the new registered nurse-expanded scope

## What are advanced practice roles?

- ❖ No consensus in the literature on what constitutes advanced practice
- ❖ 2 approaches broadly: -
- ❖ (1) clinically focused on advanced clinical activities (e.g. registered nurse-expanded scope) (2) focused on a wide set of skills and knowledge including but not limited to clinical activities (e.g. nurse practitioner)

## Advanced roles

- ❖ Non regulated: CNS, CNE, CNC
- ❖ Regulated: registered nurse- expanded scope; nurse practitioner

## Nursing council competencies

- ❖ Nurse practitioner 4 domain competencies:-
  1. Professional responsibility and leadership
  2. Management of nursing care
  3. Interpersonal and inter-professional care and quality improvement
  4. Prescribing practice

## Nursing council competences

- ❖ Registered nurse-expanded scope
  1. *Demonstrates initial and ongoing knowledge and skills for specific expanded practice role/activities through postgraduate education, clinical training and competence assessment.*
  2. *Participates in the evaluation of the outcomes of expanded practice, e.g. case review, clinical audit, multidisciplinary peer review.*
  3. *Integrates and evaluates knowledge and resources from different disciplines and health-care teams to effectively meet the health care needs of individuals and groups.*

## Evidence definition

- ❖ “ Available body of facts or information indicating whether a belief or proposition is true or valid” (Oxford Dictionary)

## Evidence levels

- ❖ Different models of evidence
- ❖ Level A: consistent randomised clinical controlled trial
- ❖ Level B : consistent outcomes research, retrospective cohort, exploratory study
- ❖ Level C : case studies
- ❖ Level D: expert opinion (NHS evidence levels)
- ❖ Level A is the highest and level D the lowest

## The problem in a nutshell

- ❖ Too much reliance on the lower evidence levels, particularly level D and not enough focus on higher levels

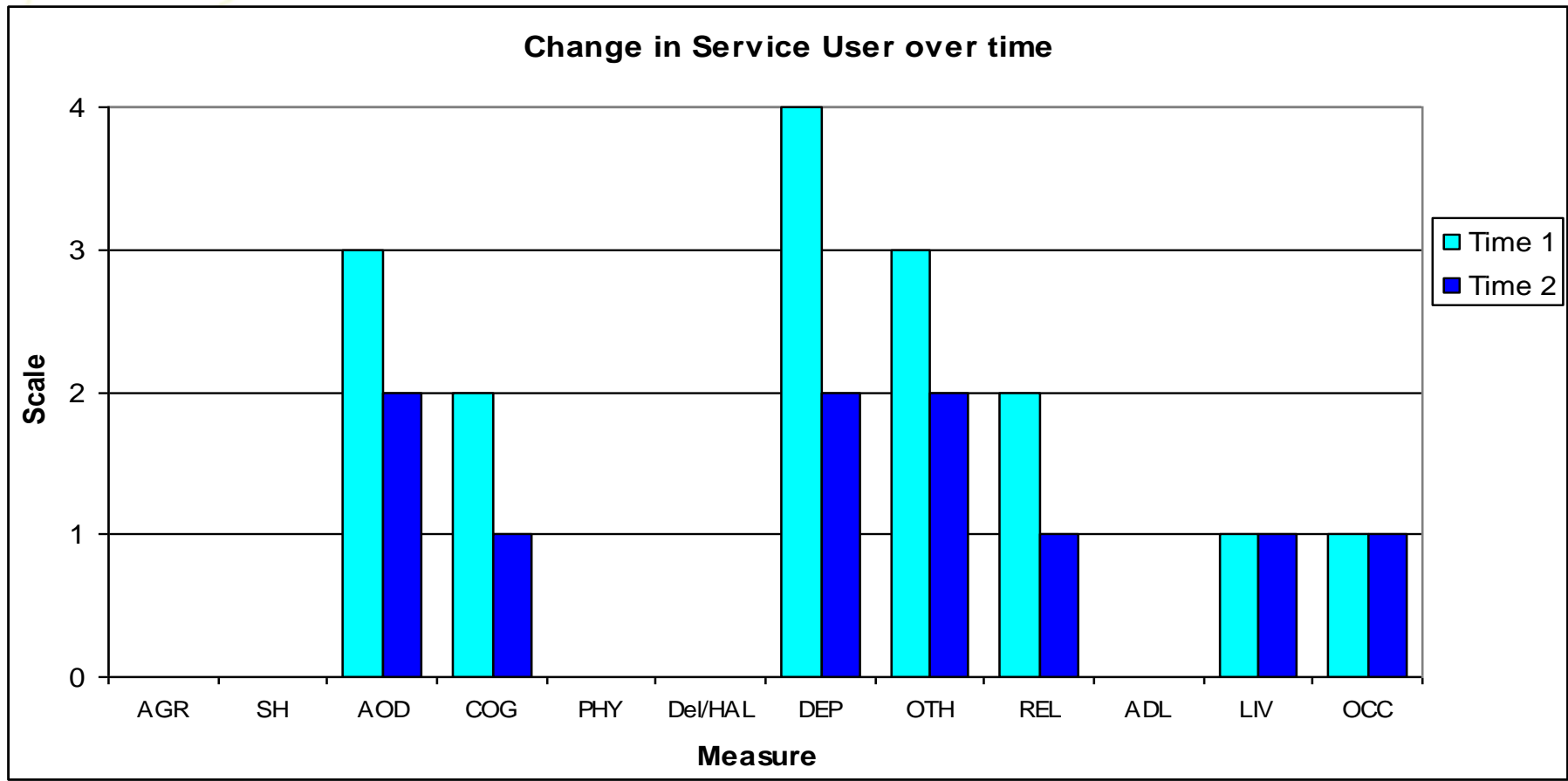
## Building an evidence base for advance practice roles

- ❖ Methodology
- ❖ For clinicians to use information to indicate that they are making a difference clinically (note the emphasis upon outcomes in the expended scope competencies)

## Information evidence clinicians can use in their portfolio's

- ❖ Individual use of outcome measures with specific service users
- ❖ Aggregated outcome scores with clinician case load
- ❖ Use of KPP survey
- ❖ Use of Team PRIMHD outcome information

## How can HoNOS help with consumer-clinician conversations? Improvement



## Step 1 – Enter Clinician Code

Clinician Identifier

Enter Your Code

OK

Cancel



Clinician: 2

Menu

Entry/Edit Date	NHI number	Service user name	Assessment date	Date of Birth	Age	Gender	Ethnicity	Treatment Plan (TP)	Relapse Prevention Plan (RP/WRAP)	Medications (M)	Medication's Review Date	General Practitioner (GP) Status	HoNOS	Accommodation	Employment	Acute Inpatient/ crisis/ crisis admissions in the pas 12	Current admission to this service date	Discharge/ Transfer Date	Other 1	Other 2
27/01/2010	123568	jo	12/12/2007	9/11/1991	19	Female	NZ European	No	None	Monitored	1/05/2011	no	Yes	Independent and provider funds support (2)	Training program/group - seeks change 2		6/07/2010	17/10/2010		
29/03/2010	123573	peter	25/05/2009	9/11/1990	20	Male	NZ European	No	No	Oral	27/01/2011	no	Yes	Currently (4) but seeks change	Paid work >30 hours (4) 1		18/08/2010	30/03/2011		
29/07/2010	123578	roy	30/05/2009	9/11/1975	35	Male	Maori	Yes	No	None	26/09/2010	no	Yes	Currently (2) but request change	Training program/group - seeks change 1		6/04/2010	25/11/2010		
25/06/2010	123583	anthony	4/06/2009	9/11/1974	36	Male	NZ European	Yes	No	Depot	24/03/2011	no	Yes	No Regular Address (5)	Paid work >30 hours (4) 0		11/08/2010	9/03/2011		
15/05/2010	123588	paul	9/06/2009	8/11/1936	74	Male	NZ European	Yes	No	Monitored	16/01/2011	no	Yes	Level 3 (3)	Training program/group - seeks change 1		30/03/2010	19/07/2010		
11/11/2010	123456	Mag Dent	11/11/2010	18/10/1986	24	Female	NZ European	Yes	No	Depot	11/11/2010	Yes	Yes	Independent and provider funds support (2)	Paid work <30 hours (3) - seeks change 3		11/11/2010		Test	Test
16/11/2010	154878	Ned Flanders	12/11/2010	15/06/1968	42	Male	Other	No	Yes	Oral	12/12/2010	No	Yes	Currently (2) but request change	Paid work >30 hours (4) 0		10/05/2010		Custom Other Field	Put Anything Extra Here

Step 1 – Initial View of the Summary report @ 100% Zoom

Step 2 – 2 Other Graphs down the sheet

KNOWING THE PEOPLE PLANNING  
A TE POU PROJECT

Menu

### Age Stats

Age Range	Count	Age %
0-19	1	3.57%
20-24	4	14.29%
25-34	6	21.43%
35-44	8	28.57%
45-60	3	10.71%
60-79	3	10.71%
80+	3	10.71%
<b>Grand Total</b>	<b>28</b>	<b>100.00%</b>

### Gender Stats

Gender	Count	Gender %
Female	6	21.43%
Male	22	78.57%
<b>Grand Total</b>	<b>28</b>	<b>100.00%</b>

### Ethnicity Stats

Ethnicity	Count	Ethnicity %
Asian	4	14.81%
Maori	5	18.52%
NZ European	14	51.85%
Pacific	2	7.41%
Other	2	7.41%
<b>Grand Total</b>	<b>27</b>	<b>100.00%</b>

### Acute Inpatient/ crisis/ crisis respite admissions in the pas 12

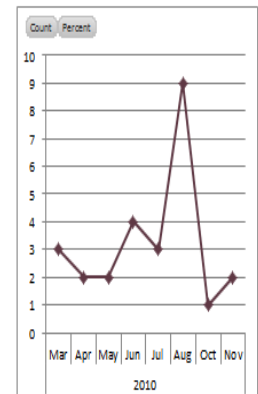
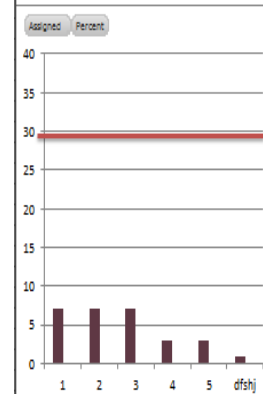
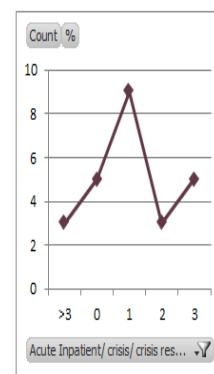
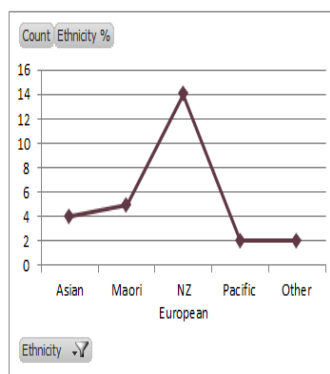
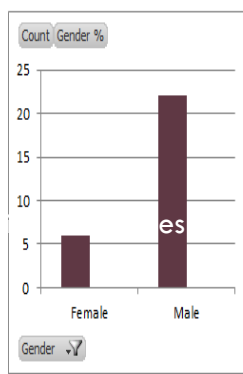
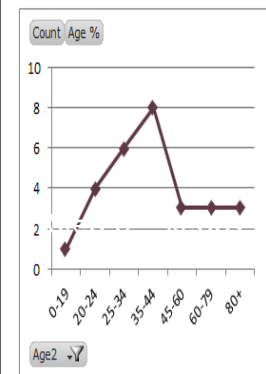
Admissions	Count	%
>3	3	12.00%
0	5	20.00%
1	9	36.00%
2	3	12.00%
3	5	20.00%
<b>Grand Total</b>	<b>25</b>	<b>100.00%</b>

### Case Worker Assignment

Case Worker	Assigned	Percent
1	7	25.00%
2	7	25.00%
3	7	25.00%
4	3	10.71%
5	3	10.71%
dshji	1	3.57%
<b>Grand Total</b>	<b>28</b>	<b>100.00%</b>

### Admissions by Month

Admission	Count	Percent
2010		
Mar	3	11.54%
Apr	2	7.69%
May	2	7.69%
Jun	4	15.38%
Jul	3	11.54%
Aug	9	34.62%
Oct	1	3.85%
Nov	2	7.69%
<b>Grand Total</b>	<b>26</b>	<b>100.00%</b>



## 8 Standard Outcome Reports

### ❖ 3 compliance focus

1. Collection Compliance/Participation Rates by Team
2. Valid Collections
3. Frequency of Items with missing data

### ❖ 5 aggregated outcomes data

1. HoNOS Total Scores
2. Number of Clinically Significant Items
3. Percentage with any item Clinically Significant for the five sub-scores
4. Percentage with Clinically Significant by item
5. Index of Severity

## Growing our nurses in advance practice roles

- ❖ Lets build our evidence base and grow the number of nurses employed in advance practice roles!
- ❖ Lets think of a realistic target as a profession: 20 people in Nurse Practitioner roles by 2013 and 20 people in registered nurse-expanded roles by 2013 ???