

Integrative Practices: Understanding How NPs Engage in PHC in Northern BC

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Erin Wilson PhD, NP(F)

DISCLOSURE

- No disclosures



Acknowledgments

- The land on which we gather is the traditional unceded territory of the Lheidli T'enneh
 - This project is funded by a PHSA-NH-UNBC Seed Grant
 - Team: Farah McKenzie (co-PI), Rob Pammett (co-PI), Alex MacDonald (RA), Andrew Schulz (RA), Helen Bourque (Knowledge User)
 - Thank you to the NPs who participated
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Reasons for the Study

- To shine a light ...
- Primary care Or primary health care?
- Capturing NP practices
- Enhancing integration

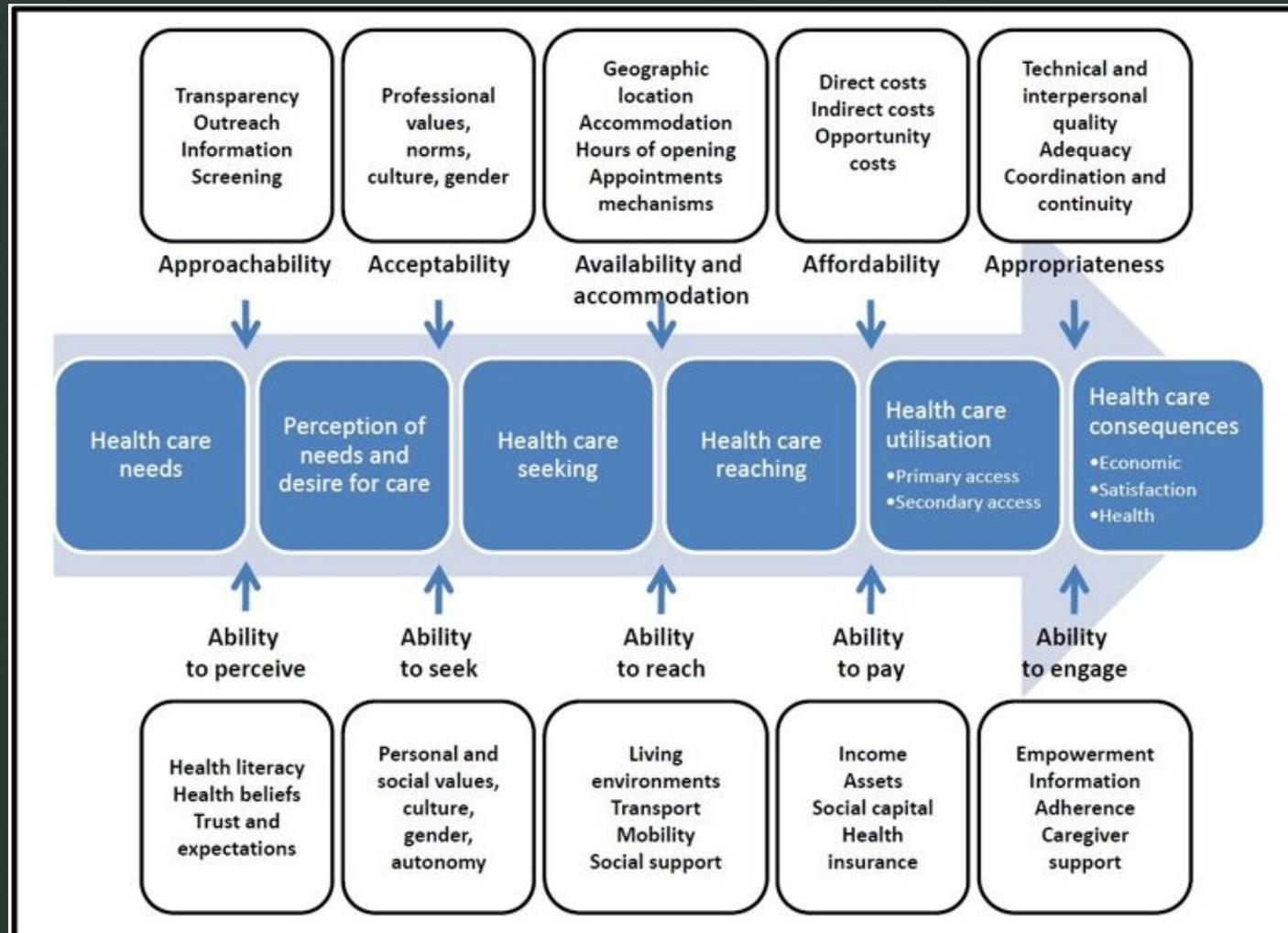
New Opportunities for NPs

- “We know that there are significant numbers of British Columbians who have inadequate access to a primary care provider. NPs are a viable, patient-centred solution to improving access, but we know that compared to other jurisdictions, BC has not made the best use of NPs.”

Adrian Dix, Minister of Health, May 23, 2018

A Conceptual Framework of Access to Health Care

Levesque, Harris, & Russell, 2013



Background & Objectives

How are NPs
engaging in PHC
practices in
northern BC?

Do practices of
NPs extend
beyond direct
care?

Methods

- Convenience sample
- Mixed methods:
 - PHCE Scale (Kosteniuk et al., 2017)
 - Interviews
- Survey analyzed descriptively
- Interview data analyzed interpretively

Participant Characteristics

- 13 participants (45% response rate)
- 11 work in primary care
- 3 work either part-time or full time in specialty care
- 5 are in rural locations of communities <10 000 people
- 11 work in more than one site
- 12 were educated as NPs in BC
- 5 have > 5 years experience as a NP (and 8 have < 5 years experience)
- 5 have 0-5 years experience as a RN
- 3 have 5-10 years experience as a RN
- 5 have more than 10 years experience as a RN

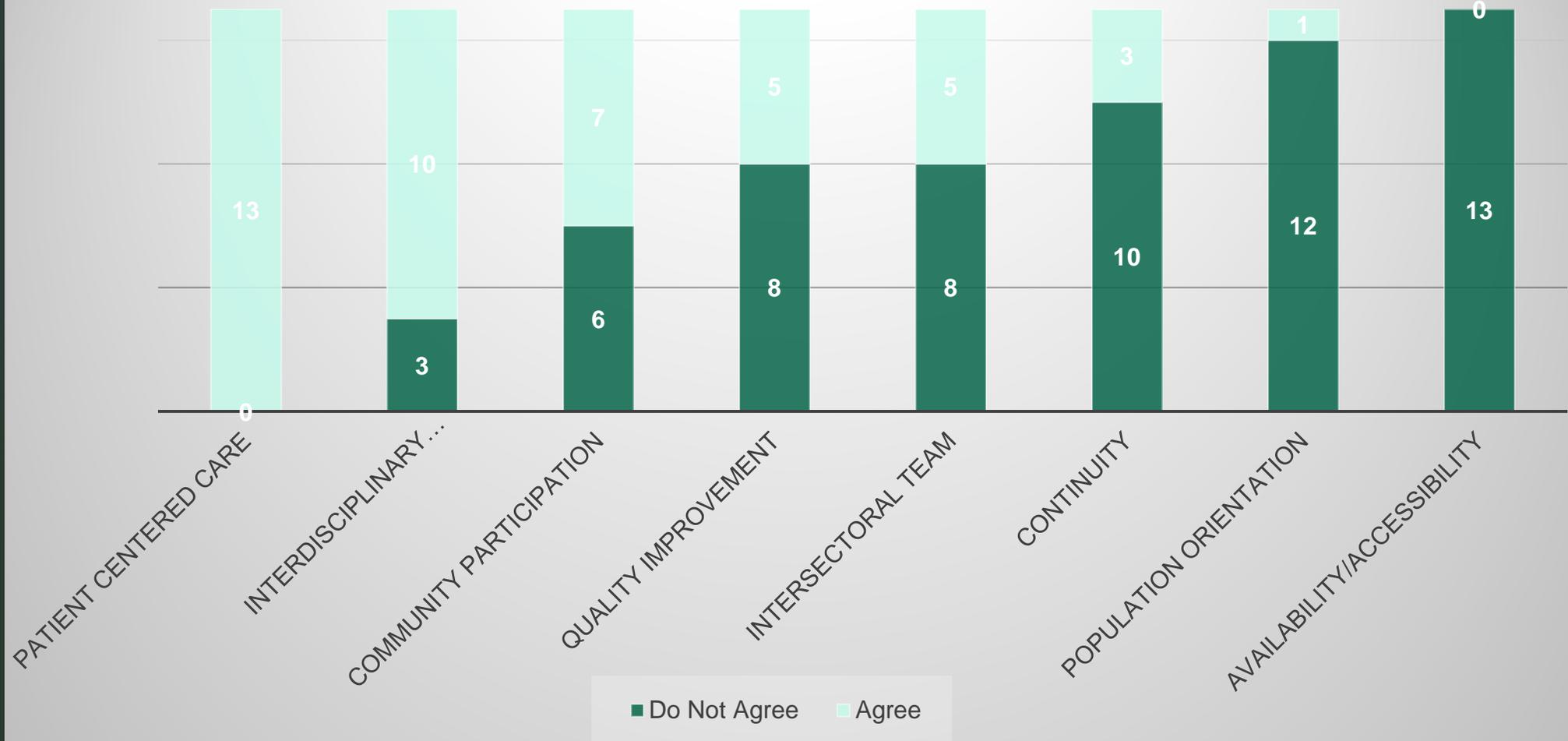
Findings

Two presentations and one poster already completed:

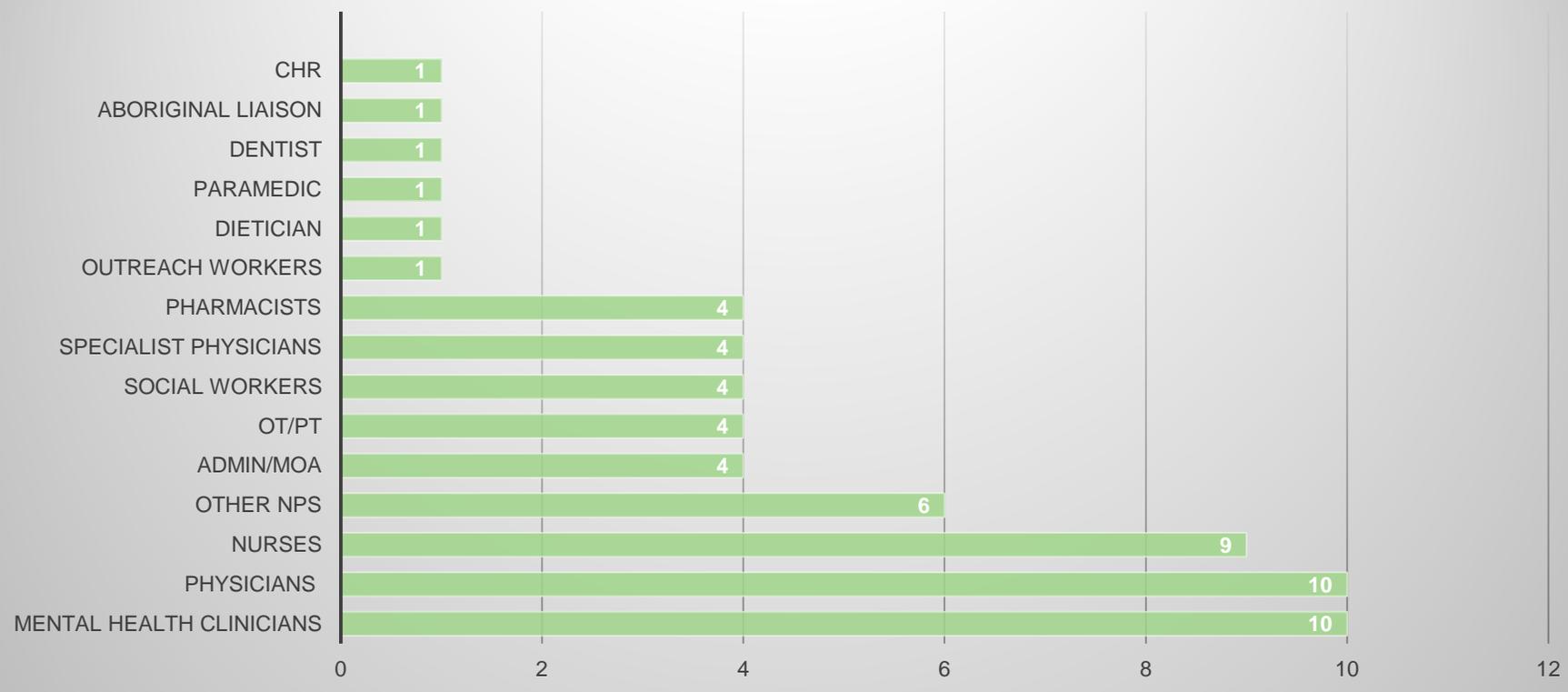
1. “Being Part of the Community”: Practices Contributing to the Professional Satisfaction of Nurse Practitioners in Northern British Columbia.
Lead presenter: Farah McKenzie
2. “Common and Predictable?” Uncovering Assumptions about Nurse Practitioner Practice in Northern British Columbia.
Lead presenter: Erin Wilson
3. Nurse Practitioner Perception of Workplace Engagement in Primary Health Care in Northern British Columbia.
Lead presenter: Rob Pammett

Results of PHCE Scale (Kosteniuk et al.2017)

NP Agreement with PHCE subscales (N = 13)



"Which Health Care Professionals Do You Work Most Closely With?"





Team-Based Care

- “So I’ll often be taking calls from nurses in other clinics and calls from those patients because I’m only there once a week ... and then also hallway chats with mental health colleagues who keep in touch with what’s going on with those folks we’re managing as a team and then networking with other community providers, whether it’s counsellors or teachers or MCFD, Band office staff, that sort of thing.” (Abigail)
 - “Lots of work with the non-profits around homelessness ... lots of collaboration...” (Patricia)
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Supporting PHC

- Harm reduction
- Screening
- Outreach
- Home visits
- Group visits
- Group education
- Attending community meetings
- Program oversight
- Committee and/or Board membership
- Education for other health care providers

Supporting PHC

- “We’ve organized activities and community events ...” (Marley)
- “... their health problem could be the least of their worries if they can’t afford housing ...” (Nancy)
- “... the group visits around diabetes, obesity, sexual health ... I participate in health fairs ...” (Bernice)

Supporting PHC

- “... the daybook is filled with some pre-booked appointments and some follow up appointments and then a few same-day appointments.”
(Donna)
- “I’ve just started teaching a sex education class in one of the high schools ... having those really important and deep conversations with these kids around their sexuality, like the real conversation ... rather than just showing them gory pictures of awful diseases they can get...”
(Garcia)

Patient-Centred Care...

“I hope that what I deliver continuously would be genuine interest and respect for the person in front of me, not just whatever their medical needs are.”
(Fiona)

“You don’t have to work any kind of magic or be brilliant or have brilliant medicine, you just have to listen.” (Carla)

“... Looking at people’s circumstances and why they might be having difficulty communicating their needs and not getting mad at them or entering into an argument about it, but really having compassion and empathy for where that might be coming from.” (Patricia)

Or Access?

“When all of a sudden the trajectory of the course of your treatment is completely changing because the patient has taken ownership of their health.”

(Garcia)

“Most of my patients are of a generation that either you do what you are told by the doctor or [the doctor] hands you a magic pill. [It’s] kind of changing the focus to ‘help me help you’.”

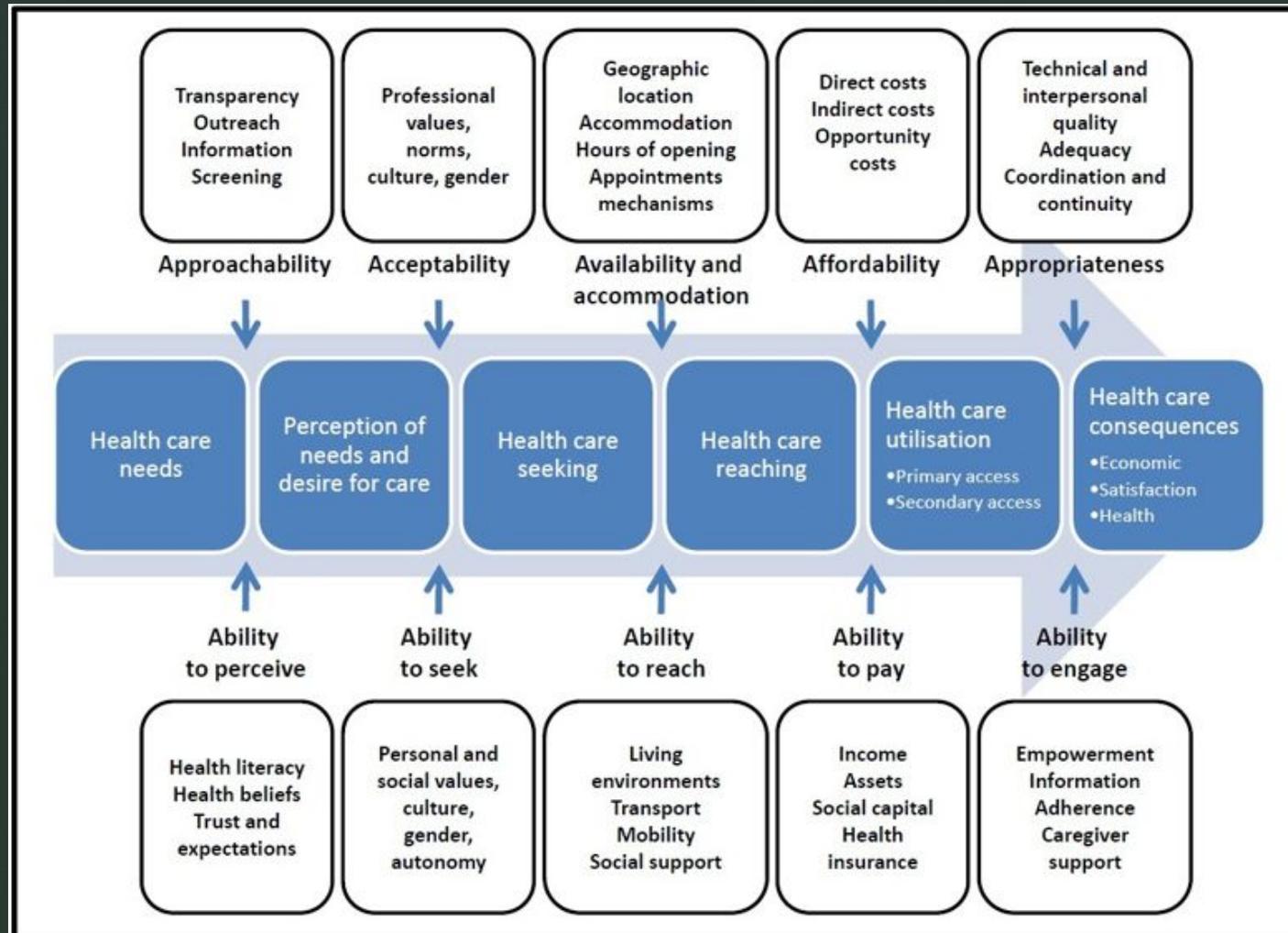
(Bernice)

“I really try and let the patient decide what they want to do with their health care ... I really try not to just prescribe and tell them to take it ...”

(Donna)

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Being Supported in PHC

“There’s a big learning curve when you start working that is potentially really difficult to navigate.” (Olivia)

“I’d really like to see more collaboration with the school district”
(Patricia)

Many patients “require a collaborative team approach rather than just having one provider.” (Garcia)

“I do spend a decent amount of time doing admin work ... setting up for paps, making sure referrals are sent ...”
(Donna)

Being Supported in PHC

- Privileging
- Imaging and interpretation
- ECGs and cardiac care
- Ortho
- TA care
- “Most everything else there’s been opportunities along the way to strengthen weak areas...” (Abigail)

Autonomy and Collegiality



“I work in a great workplace that is really flexible and allows me to practice how I see fit.” (Donna)



“I feel supported by my employer and by my group as a whole so that is what actually makes me feel valued and enjoy coming to work.” (Quinn)



“I know who I have in my community of practice as a resource...” (Bernice)



“There’s colleagues I can call so I don’t ever feel hung out to dry, ever.” (Elise)

Appreciation and Respect

“... working with the patients and just seeing how much they appreciate the care that I’m able to give them, it makes me stay for sure.” (Donna)

“... every once in a while, you get an amazing compliment about the quality of care that makes it all worthwhile.” (Abigail)

“I love my patients and have really good colleagues and extremely supportive managers...”
(Abigail)

“I’m respected by my colleagues, and I like my patients.” (Nancy)

Ceiling Effect?

- “I can’t tell you how many times I’ve said I think you really need this ultrasound and [the patient says] ‘well that’s an hour and a half away and I don’t have a vehicle so I’m not going to be getting this ultrasound’.” (Bernice)
- “It’s hard to encourage nurses to go and pursue a career as a NP when you don’t know that they’ll be able to find a job in the community they’re invested in.” (Abigail)
- Mobility
- Leadership



Conclusion

- NPs are enacting principles of PHC
 - Don't underestimate role of collegiality and feeling appreciated
 - Continue to explore strategies to support professional development and leadership opportunities
 - Understanding the ways in which NPs are oriented to patient situations may improve access in ways that have not been adequately explored or measured
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Questions

- Erin.Wilson@unbc.ca