

# ***Primary Care Nursing Roles: Where Are We, and Where Are We Going? Exploring an Evolving Role***

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Jeanne Besner, RN, PhD  
Jane Drummond, RN, PhD  
Nelly Oelke, RN, PhD  
Bob McKim, MSc  
Rebecca Carter, MA  
Arron Service, PhD  
Jeannette Sandstra, RN, BSc  
Doreen Nasr, RN, MBA  
Sheri Fielding, NP, MSc  
Steve Clelland, MA



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**ALBERTA**



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**CALGARY**



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# Overview

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1. Objectives and Background
2. Methodology
3. Findings—Phases I and II
4. Direction
5. Questions

# Background

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- Primary care renewal in Canada
- RNs historically underutilized, or not utilized at all within primary care context
  - Result: Lack of understanding of how to optimize nursing roles, so as to promote optimal *patient*, *provider* and *system* level outcomes

# Objectives

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- To describe the current role of primary care nurses within three PCNs and identify opportunities for optimizing nursing roles (Registered Nurses and Licensed Practical Nurses)
- To enhance the effectiveness of the RN/LPN role in the three PCNs through implementation of job redesign strategies

# Methodology

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- Multi-phased, multi-method approach
- Participatory-Action Research orientation

# Methodology

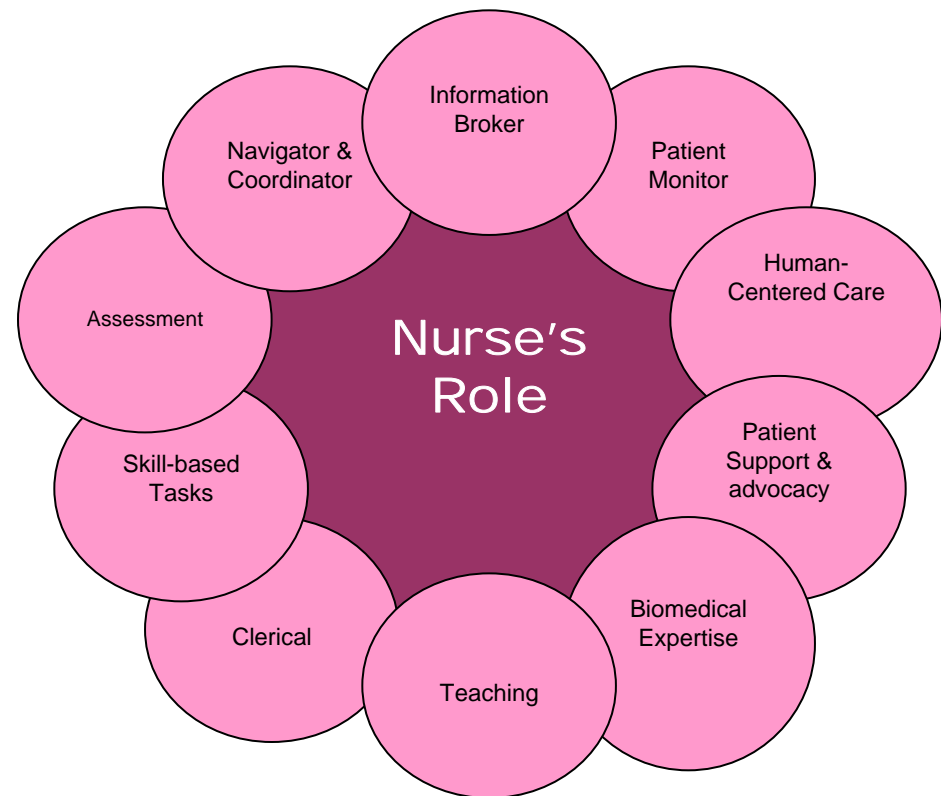
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- Phase 1: Collection of baseline data
  - Interviews with 43 PCN stakeholders
    - 25 nurses (RNs, LPNs, NP, CNS)
    - 18 others (managers, physicians)
  
- Phase 2: Focus on the *content* and *context* of nurses' work
  - Job shadowing/activities auditing (RNs, LPNs, NPs)
  - Population profiles
  - Patient surveys (N=46)
  - Contextual field notes
  - 10 change team meetings (PCN nurses, executives & administrators)

# Findings: Phase 1 Interviews

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- Evolving role
- Siloed and specialized, versus generalized practice
- Barriers: workloads, place/space limitations & resistance to change
- Facilitators: physician involvement, education & technology



# Findings: Phase 2 Data—Job Shadowing

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- Job Shadowing/Activities Audit
  - Measured in two formats:
    1. An expert-developed job-shadowing tool that quantitatively measured the content of nursing practice in 5 overarching areas
      - Providing care
      - Assessment
      - Administration
      - Communication
      - Routine Clinical Activities
    2. Audit of nursing charting for a 5-month period, focusing on:
      - Type of visit
      - Length of visit
      - Focus of visit
      - Accompanied by qualitative interviews

# Findings: Phase 2 Data—Job Shadowing

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- Differentiation across and within PCNs, as well as across provider types (particularly RNs and LPNs):

**Table 1: Aggregate Job Shadowing Data Results, all Providers**

<b>Activity</b>	<b>Percent of Time (all providers shadowed)</b>
Providing Care	27.6
Assessment	25.2
Routine Clinical Activities	23.4
Communication	13.2
Administration	10.6

# Findings: Phase 2 Data—Job Shadowing

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- ▣ Qualitative interviews: a disjuncture between intended and actual care due to:
  - Presence of co-morbid conditions (hypertension, obesity and depression)
  - Psychosocial issues
  - Unique nursing approaches (based on professional and personal experiences)

# Findings: Phase 2 Data—Population Profiles

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## □ Population Profiles

- Based on a synthesis of population (Statistics Canada 2006 Census) and administrative data
- Differ widely between and across PCNs

# Findings: Phase 2 Data—Population Profiles

**Table 2: High and Low Values for Selected Neighbourhood Characteristics, CWC-PCN\***

Median household income (\$)	Average age (years)	Population with less than high school education (%)	Home ownership (%)	Visible minority, immigrant and Aboriginal population (%)	Recent immigrants to Canada (% population)	Low Income Residents (% population)
Lincoln Park: <b>\$30,411</b>	Beltline: <b>29.9</b> years old	Roxboro: <b>0.0%</b>	Sunalta: <b>17.0%</b>	Acadia: <b>11.5%</b>	Upper Mount Royal, Eagle Ridge, Bayview, Mayfair, Erlton & Rideau Park: <b>0.0%</b>	Eagle Ridge, Bayview, Rideau Park, Bel-Aire & Roxboro: <b>0.0%</b>
Bayview: <b>\$184,383</b>	Pump Hill: <b>54.8</b> years old	Eau Claire: <b>29.5%</b>	Mayfair, Bel-Aire & Roxboro: <b>100.0%</b>	Eau Claire: <b>63.2%</b>	Beltline: <b>11.0%</b>	Spruce Cliff: <b>31.8%</b>

\*Source: Statistics Canada Census, 2001-2006

# Findings: Phase 2 Data—Population Profiles

**Table 3: Most Utilized Health Services by CWC-PCN Residents, 2005-2006 \***

Number of GP office visits by selected diagnosis categories	Number (%) of urgent care visits by ICD10 chapters based on primary diagnoses	Number (%) of emergency visits to RGH by selected diagnosis categories	Number (%) of RGH hospital admissions by ICD10 chapters based on primary diagnoses	Ambulatory services utilized by senior CWC PCN residents
Hypertension uncomplicated:  <b>34, 171 (15.3%)</b>	Injury, poisoning and certain other consequences of external causes:  <b>507 (24.1%)</b>	Ischemic heart disease, cardiac arrhythmia, COPD:  <b>1906 (14.9%)</b>	Pregnancy, childbirth and the puerperium  <b>1921 (17.7%)</b>	Anticoagulant clinic:  <b>9644(10.2%)</b>

\*Source: Alberta Health Services, Calgary Health Region

# Findings: Phase 2 Data—Population Profiles

**Table 4: High and Low Values for Selected Demographic Characteristics, Rocky Mountain House, AB\***

Educational attainment amongst adult population	Citizenship Characteristics	Visible Minority Population Characteristics	Selected Family Characteristics, Town of Rocky Mountain House
University Degree <b>135 (2.6%)</b>	Non-Canadian Citizens: <b>110 (1.6%)</b>	Southeast Asian: <b>10 (0.15%)</b>	Male lone-parent families: <b>40 (2.2%)</b>
Less than high school: <b>1650 (31.5%)</b>	Canadian Citizens: <b>6590 (98.4%)</b>	Not a Visible Minority <b>6530 (97.5%)</b>	Married couple-families: <b>1245 (69.9%)</b>
Total adult population: 5245	Total population: 6700	Total population: 6700	Total number of census families: 1815

- Median income, all household types: \$63,974
- Median income, couple households with children: \$84,696
- Median income, one-person households: \$28,068

\*Source: Statistics Canada  
Census, 2001-2006

# Findings: Phase 2 Data—Population Profiles

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**Table 6: Top MRDX Codes by Patient Days, April 2002-March 2006, Rocky Mountain House Health Centre\***

Diagnosis	Number of cases	Number of patient days
Singleton born in hospital—vaginal delivery	426	621
Pneumonia, unspecified	418	726
Congestive heart failure	124	1,193
COPD with acute exacerbation, unspecified	91	1057
Unstable angina	80	285
Surgical follow-up care, unspecified	73	1,323

\*Source: DTHR Knowledge Management, 2007

# Findings: Phase 2 Data—Surveys

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## □ Patient Surveys

- Multiple tools:
  - EQ5D EuroQol
  - SF-36 General Health Survey
  - Patient Questionnaire on Nursing
  - Demographic Questionnaire
- High levels of satisfaction with the care they receive from the nurses
- Particularly satisfied with short wait times to see nurses
- Generally report good to very good health status, despite often having chronic disease(s)
- Appreciate the access to care and flexible availability provided nurses, and feel more 'accountable' for their health as a result of their contact with them.

# Findings: Phase 2 Data—Field Notes

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## □ Contextual Field Notes

- Collected using an ethnographic approach
- Patient's initial confusion regarding the nursing role
- Importance of psychosocial assessment for effective management of chronic disease
- Confusion many patients face in successfully 'navigating' multiple chronic disease diagnoses and related programs

# Conclusions?

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- ❑ Non-linear role development
- ❑ Specialized roles—complex population interface
- ❑ No such thing as a 'typical' PCN—or an attached nursing role
- ❑ Nursing care is enormously effective—for those who actually receive it

# Next Steps

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- Drawing on these baseline Phase II results, the study will now focus on the redesign of RN roles to optimize their practice for the populations they serve
- Primary care nursing leadership teams lead and facilitate the job redesign process
- The process will take place during fall 2008
- Follow-up data will be collected in February and March 2009



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**Questions?**