Advanced Nurse Practitioners with Prescriptive Authority: Improving the patient Journey and Clinical Outcomes

Denise Blanchfield
Advanced Nurse Practitioner Diabetes & Renal Impairment
St Luke’s Hospital
Kilkenny

Driver for Role Expansion

- Persons with Type 2 diabetes represent 5-6% of the total population but 10% of healthcare spend.
- Since establishment of St Luke’s Diabetes service, care provision has demonstrated continuous improvement in terms of:
  - Hypertension management.
  - Lipid & Glycaemic Control.

Role Expansion

- ANP responsible for total diabetes and renal impairment care provision for this group.
- Autonomous management of Glycaemic control, lipid, hypertension & anaemia management on dual located sites, without prescriptive authority this would not be possible.
- Nursing/Medical colleagues now refer to ANP service for renal impairment care as the ANP is the sole renal impairment care provider.

Role Challenges & Supports

- Funding/resources
- Time: core competencies such as research can prove difficult to meet within the context of a clinical work schedule.
- Resistance to new role.
- Requirement to publish annually.
- Onerous.

Drivers for Role Expansion

- However prior to 2008: 24-27% of SLK T2 attending the diabetes service had Chronic Kidney Disease (CKD) which was previously unrecognised and thus untreated.
- 36.2% of the patient population with stage 4-5 (end stage renal disease) in the WRH Nephrology clinic/dialysis unit are from the Carlow /Kilkenny area.

Role Expansion

- ANP Site & ANP development process.
- Defined role supported as per NCNM.
- Well supported by NWPDU, NCNM and local nursing management during site development process.
- Changing service needs within current services facilitate role expansion.
**Clinical Outcomes**

- Annual clinical audit outcomes demonstrate that the ANP service achieves clinical outcomes in line with best national and international guidance (NICE & ADA).
- Blood pressure < 140/80 mmHg.
- Total Cholesterol < 4 mmol/l
- HbA1C < 7% for persons with Type 2 diabetes (N=100).

<table>
<thead>
<tr>
<th>Year</th>
<th>Systolic</th>
<th>Diastolic</th>
<th>HbA1C</th>
<th>Total Chol</th>
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<tbody>
<tr>
<td>2012</td>
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<tr>
<td>Type 2 Diabetes &amp; CKD N=50</td>
<td>123.7</td>
<td>70.8</td>
<td>6.9%</td>
<td>3.8</td>
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**Benefits to service users:**

Since 2009 the ANP service has maintained a patient non attendance rate <1% (Blanchfield).

This is compared to Medically led diabetes care (16%) non attendance rate since 2009. This demonstrates appropriate use of current limited resources.

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**Clinical Outcomes: CKD & Diabetes**

A subsequent audit of people with Type 2 Diabetes with CKD (N=50) confirmed the performance of the ANP clinic in achieving lower Blood Pressure targets < 130/80 mmHg as recommended by NICE (2009 & 2011).

**Literature review suggests that there would an annual expected decline in eGFR of 1.2-4.6 ml/min depending on the aetiology of the renal injury (Nielsen, Massey).**

The rate of annual eGFR decline was assessed by examining eGFR values over a three year period on the same cohort of patients with Type 2 diabetes (N 50).
Benefits eGFR preservation

Outcomes note a stabilisation in renal function and therefore a delay in the rate of progression to end-stage renal failure as demonstrated.

Conclusion

- This service innovation provides a basis from where health care planners can examine new and innovative ways of delivering quality health care.
- Facilitating the needs of the provider and participant in care which is nurse led which represents timely, appropriate and cost effective use of resources within the current economic climate.

Benefits to service users: Patient Satisfaction

- Annual client satisfaction postal survey utilising Riser’s Patient Satisfaction Instrument (1975) demonstrate clients value continuity of care which is personalised to their needs, encompassing the characteristics which separate nursing care from that provided by other health care disciplines, such as:
  - Empathy.
  - Advocacy
  - Holism.

Benefits to service users:

- These outcomes are supported by the fact that 98.5% of the returned survey questionnaires express the preference to remain in ANP led diabetes care when given the choice to return to standard medically led diabetes care.
- More “user” friendly in terms of patient burden associated with multiple appointments.

References

- American Diabetes Association Executive Summary: Standards of Medical Care in Diabetes (2013) Diabetes Care, Volume 36 1 care.diabetesjournals.org