Collaborative Practice: Fact or Fiction

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New Zealand
- NZ 18421kms / 11446 miles from UK
- 4,500,000 population
- Auckland 1.6 million
- Public health system
  - Large private system (30-40%)
‘Collaboration is the best way to work. It's only way to work, really. Everyone's there because they have a set of skills to offer across the board’

Antony Starr
Nursing Research

- Replication
- 2007 - UK snapshot
- 2008 - Replication in NZ
- Focus on advanced practice roles
- Survey
  - Issues
  - Preparation
  - Education
  - Identification
  - Compared UK & NZ
United Kingdom

- Advanced practice roles across all sectors
- Advanced practice without nationally agreed standards
- Advanced Nurse Practitioner
  - Specific competencies
  - No education standards
  - No specific registration
- Advanced practice flourishes

New Zealand

- Ministerial Taskforce on Nursing (1998)
  - Nursing underutilised
  - Skilled workforce

- Nurse Practitioner (2001)
  - Specific area of practice
  - Independent and collaborative
  - Stipulated timeframes
  - Clinically focussed Masters
  - Assessment of competencies

- Clinical Nurse Specialist roles
  - Not formally recognised
# Titles & Remuneration

<table>
<thead>
<tr>
<th>United Kingdom</th>
<th>E</th>
<th>F</th>
<th>G</th>
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<tbody>
<tr>
<td>Researcher/practitioner</td>
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<tr>
<td>Matron</td>
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<tr>
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<td>3*</td>
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<tr>
<td>Staff Nurse</td>
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<tr>
<td>Nurse Specialist</td>
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<td>Senior Lecturer/Practitioner</td>
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<tr>
<td>Deputy sister</td>
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<tr>
<td>Senior sister</td>
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<tr>
<td>Sister</td>
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<table>
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<tr>
<th>New Zealand</th>
<th>R/N</th>
<th>Snr Nse 4</th>
<th>Snr Nse 5</th>
<th>Snr Nse 8</th>
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<tbody>
<tr>
<td>Cl. Nurse Manager</td>
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<tr>
<td>Cl. Nurse Specialist</td>
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<tr>
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<tr>
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<tr>
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<td></td>
<td>1*</td>
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<tr>
<td>Registered nurse / Staff Nurse</td>
<td>10**</td>
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* indicates number role constituted 100% of their role
## Roles Undertaken

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<thead>
<tr>
<th>Role</th>
<th>UK</th>
<th>NZ</th>
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<tr>
<td>Emergency Care</td>
<td>10</td>
<td>4</td>
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<tr>
<td>Nurse Led Cataract Clinic</td>
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<tr>
<td>Minor Surgery</td>
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<td>2</td>
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<tr>
<td>Nurse Led Glaucoma Clinic</td>
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<tr>
<td>Fluorescein Angiography</td>
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<tr>
<td>Pre-assessment</td>
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<td>2</td>
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<tr>
<td>Post-op Cataract Care</td>
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<td>7</td>
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<tr>
<td>Photomonitoring of Lesions</td>
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<tr>
<td>Retinopathy of Prematurity</td>
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<tr>
<td>Investigations</td>
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<td></td>
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<td>sub-Tenon’s anaesthesia</td>
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<td>Advanced roles ADHB 2014</td>
<td>2008</td>
<td>2014</td>
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<tr>
<td>Emergency Care</td>
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<td>4</td>
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<tr>
<td>Cataract (FSA/Pre/Post op)</td>
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<td>4</td>
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<tr>
<td>Minor surgery</td>
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<td>2</td>
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<tr>
<td>Glaucoma</td>
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<td>2</td>
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<td>Photomonitoring of lesions</td>
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<tr>
<td>Retinopathy of Prematurity</td>
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<tr>
<td>Sub-Tenon’s anaesthesia</td>
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<tr>
<td>Uveitis</td>
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<td>AMD</td>
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<td>AMD &amp; intravitral injection</td>
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<td>Botox /Disport clinics</td>
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<tr>
<td>Cornea</td>
<td>0</td>
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Drivers

- Health Policy
  - NZ cataract waiting times
  - UK ED waiting times
- Aging population & eye disease
- Informed and questioning public
- Technological advances
Drivers

- **Commonalities**
  - Lack of experienced doctors
  - Demand management
  - Achieving set targets

- **UK medically driven**

- **NZ multidisciplinary driven**
  - Utilised UK experience
  - Business case developed
  - Private practice
**Educational preparation**

**United Kingdom**
- Basic qualification undergraduate
- 0% post-grad education

**New Zealand**
- Basic qualification degree level
- 53% completed post-grad ophthalmology paper
- 2014 ADHB
  - 6 nurses OND or ENB346
  - 2 nurse PG cert
  - 7 nurses PG diploma
  - 4 nurses Masters
Issues Identified

- Lack of time
- Supernumerary status
- Support of senior nurses & management
- Reliance on junior doctors
- *Ad hoc* nature of ‘training’
- Continuing education
Discussion

- Sample size limited
- Government health policy major drivers
- Nurses filled gaps
- UK medically driven / NZ multidisciplinary driven
- UK lack of ‘formal’ education
- NP titles in UK reflect advanced nature of role
- Robust accreditation system in NZ
- 52% of nurses in UK compensated appropriately / 17% in NZ
What next

- Further collaboration
  - Follow-up survey in UK planned for 2014
  - Follow-up survey in NZ awaiting ethics approval
ROP Screening

- Traditionally BIO by Ophthalmologist
- Additional neo-natal unit
  - Babies <30 weeks and <1250 grams screened
- Physician resource
- Nurse screeners?

Nurse Led ROP Screening

- Experienced nurse
- Wide Field Digital Imaging used (RetCam)
- Comparative case series undertaken 2012
  - clinician vs nurse
    - grading
    - management plan
- 68 consecutive babies over 14 months
  - 300 screens

Findings

- 84.9% agreement in management
- Nurses repeated screens rather than discharge
- Support screening by trained non-physicians
- Clear screening protocols essential
- Timely lead clinical support essential
AMD in New Zealand

- The estimated economic cost of vision loss in 2009 was approximately $2.8 billion

- This is equivalent to a cost of $22,217 per person with vision loss
### Table 1: 50 Year Demographic Projections for Auckland

<table>
<thead>
<tr>
<th>Population</th>
<th>2005</th>
<th>2050</th>
<th>Growth Number</th>
<th>Growth %</th>
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<tbody>
<tr>
<td>Auckland</td>
<td>1,337,000</td>
<td>2,073,448</td>
<td>736,448</td>
<td>55%</td>
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<tr>
<td>New Zealand</td>
<td>4,098,300</td>
<td>5,050,000</td>
<td>951,700</td>
<td>23%</td>
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<tr>
<td>Auckland Share</td>
<td>33%</td>
<td>41%</td>
<td>77%</td>
<td></td>
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Source: *Forces Shaping the 21st Century: Demographics, ARC 2006*
Figure 5: Projected Growth by Age Group, High Projection 2006-2031

Note: Percentages are projected 25 year increase
Management of AMD

- Anti angiogenic therapy revolutionised treatment of AMD

- Avastin ($40) 2005-reported successful
  - most common treatment in NZ
- Lucentis ($2,193); humanized antibody fragment-increase vision -FDA 2007
- Afiblercept ($1,800) decoy VEGF receptor 2011
AMD nurse ‘injector’

- Introduced July 2013
- ‘Training’:
  - background of sub-tenon’s, skill and knowledge (study days, MCQ)
  - Academic qualification; PG diploma, working toward Masters
  - 50 cases of supervised injections
  - Unsupervised injection clinic, SMO present
AMD nurse ‘injector’

- 2 nurses
- Currently do 20% of all injections
- 826 injections - (703, 123)
- Complications:
  - pain (17) score (2-3)
  - sub-conj. hge (6)
  - corneal scratch (3)
  - raised IOP (2)
  - uveitis (1)
- literature; infection (0.16%), RD (0.15%), cataract (0.07%)
AMD nurse ‘injector’

- Department capacity
- SMO time
- Patients;
  - 1 stop service,
  - capacity delay to tx,
  - safe and same person to do the injection
- The nurse
  - extended role within AMD service
  - continuity of patient care
- Patients ask for nurse to do injection
Multidisciplinary collaboration

Nurses and RANZCO have collaborative annual branch conference

- Share venue
- Share conference organiser
- Some collaborative sessions
- Medical and nursing speakers
- Social functions
Collaborative Practice – Fact or Fiction

- Fact in NZ ophthalmology practice
- Advanced roles developed by multidisciplinary team
- Consultant and management support
Conclusion

‘Alone we can do so little; together we can do so much’

Helen Keller