NANB AIINB

POSITION STATEMENT

THE CONTRIBUTION OF REGISTERED NURSES AND NURSE PRACTITIONERS TO QUALITY PATIENT OUTCOMES

NANB believes the knowledge, skills and judgement of its 8,900 registered nurses (RNs) and nurse practitioners (NPs) must be capitalized on by all decision makers in order to improve the health outcomes of New Brunswickers.

Background

New Brunswick's health care system is unsustainable into the future given current economic and demographic realities.[1] Despite years of rising healthcare expenditures, we continue to face some of the poorest health outcomes in the country. The Canadian Institute of Health Information statistics show that New Brunswickers exceed the Canadian average in smoking, adult obesity, unhealthy alcohol use, diabetes, heart and respiratory diseases[2]. The New Brunswick Health Council has published a number of reviews highlighting the utilization of and access to health services in our province. Overall their findings demonstrate there are challenges in accessing health services and an over-use/dependence on emergency room services. This is despite the apparent robustness of our health human resources when compared to Canada-wide data. We rank above the Canadian average in numbers of family physicians and nurses (including licensed practical nurses, registered nurses and nurse practitioners)[3].

Registered nurses are the largest group of healthcare professionals in the province and are deployed across the spectrum of care. Current NANB membership statistics show that ten per cent (10%) of members are employed in long term care, seven percent (7%) in community care, six per cent (6%) in homecare and sixty-five per cent (65%) in acute care settings. A significant body of research evidence has shown that the presence of RNs and NPs positively influence patient outcomes in long term and acute care sectors.

[1] New Brunswick. (2013). Rebuilding health care together: The Provincial Health Plan 2013 – 2018. Author.
[2] Ibid.
[3] New Brunswick Health Council. (2013).New Brunswick Health System Report Card 2013. Moncton: Author.

In hospital settings studies have shown that a richer RN skill-mix:

- has the potential to reduce hospital costs as a result of decreased lengths of stay[4,5] and decreased adverse events such as pressure ulcers and catheter associated urinary tract infections;[6,7]
- improves patient safety by capitalizing on the enhanced surveillance capability of RNs by lowering rates of 'failure to rescue'[8,9] (the death of a patient by one of five life-threatening complications – pneumonia, shock or cardiac arrest, upper gastrointestinal bleeding, sepsis, or deep venous thrombosis);
- decreases mortality rates[10,11].

In long term care:

- more direct care by RNs has been linked to improved cognitive functioning, fewer pressure ulcers, hospitalizations and urinary tract infections; less weight loss and deterioration in the ability to perform activities of daily living[12,13];
- the utilization of NPs reduces polypharmacy, the use of antipsychotic drugs, and emergency department transfers and increases family satisfaction with care[14,15]

[4] Esparza, S.J., Zoller, J.S., White, A.W. & Highfield, M.E.F. (2012). Nurse staffing and skill mix patterns: Are there differences in outcomes? *Journal of Healthcare Risk Management*, 31(3), 14-23.
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[15] McAiney, C., Haughton,D., Jennings, J., Farr, D., Hillier, L., & Morden, P. (2008). A unique practice model for nurse practitioners in long-term care homes. *Journal of Advanced Nursing,* 62(5), 562-571.

The contributions to the health and safety of New Brunswickers by RNs and NPs are invaluable, and the evidence of their contribution must be considered by decision makers faced with the need to restructure our health care delivery system for the future. The Provincial Health Plan (2013) emphasizes the need to shift the focus from hospital-based care to preventative interventions and primary health care in order to improve the overall health of its citizens.

Nationally and provincially there has been a call for a shift from acute episodic care to a focus on primary health care and chronic disease management. The 2012 *A Nursing Call to Action* by the Canadian Nurses Association Expert Commission argues that "if we did nothing else, managing care for chronic disease would go a very long way in transforming Canadian health care". (p.26)[16] Innovative primary health care models which use RNs and NPs to increase access to patient focused care and support patients in their self-management of their chronic diseases are proving to be effective, affordable options providing positive patient outcomes. A 2012 document entitled *Effectiveness of Registered Nurses and Nurse Practitioners in Supporting Chronic Disease Self-Management*[17] demonstrated that when RN and NP roles are capitalized upon there was a direct association with better patient outcomes including reduced smoking, reduced use of alcohol, fewer hospital admissions and decreased length of stay. These outcomes "favourably affect health and functional status, mortality rates, use of hospitalization and nursing homes, and costs while improving quality and patient satisfaction."[18]

New Brunswick's RNs and NPs are well educated, highly trained and experienced professionals who are ready to be active contributors to a revitalized health care system that is sustainable, focused on primary health care and committed to improving the health outcomes for all citizens.

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[16] National Expert Commission. (2012). A nursing call to action: The health of our nation, the future of our health system. Ottawa: Canadian Nurses Association, 26.
[17] Canadian Nurses Association (2012). *Effectiveness of Registered Nurses and Nurses Practitioners in Supporting Chronic Disease Self-Management.* Ottawa: Author.
[18] Ibid, 27.