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Nurse-led services in Queensland: A scoping study

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ABSTRACT

Background: Nurse-led services are expanding in Australia, yet current information about the scope and nature of these services is lacking. The need for more coordinated service planning and systematic evaluation prompted a scoping study to inform future development.
Aim: To provide a comprehensive profile of nurse-led services in the Queensland public health system.
Methods: A scoping study of 257 nurse-led services was conducted using an online survey distributed through each Hospital and Health Service in Queensland. Service level data were collected on structure, process and outcome evaluation, as well as enablers and barriers to sustainability of care delivery models.
Findings: There is a diverse and growing range of nurse-led services across the state that have evolved to meet the dynamic needs of their communities. Increasingly, registered nurses are rising to the challenge of providing equitable and accessible healthcare in ways that transcend traditional professional or care setting boundaries. The major challenges for sustainability were funding and resource limitations, particularly for developing service capacity to meet growing demands. There were also tensions around the need for ongoing negotiation and review of nurse-led services with medical and administrative stakeholders.
Discussion: Findings underscore the need for a modernised regulatory and policy framework to support sustainable nurse-led services and allow nurses to work to their full potential to optimise outcomes for the community.
Conclusion: Nurse-led services are the sleeping giant of healthcare reform in Australia. Now is the time for policy and practice changes that will realise the transformative potential of nurse-led care.
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Summary of relevance

Problem: Evidence is lacking to support a proactive and strategic approach to planning nurse-led services in the Australian context.

What is Already Known: Healthcare systems are undergoing rapid changes as they respond to an ageing population and high burden of chronic disease. These changes present both opportunities and challenges for nurses, who are assuming expanded roles and leading services for a broad range of patients across acute and community settings.

What this Paper Adds: This scoping profile of nurse-led services in the Queensland public health system demonstrates nursing's capacity to improve care, advance health and increase value.

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1. Introduction

Like many countries, Australia's healthcare system is facing major challenges. An ageing population and high burden of chronic disease have driven the need for service development and innovation (Swerissen, Duckett, & Wright, 2016). Nurses in particular have responded by reshaping healthcare services, and the last decade has seen a proliferation of advanced practice roles and nurse-led services seeking to improve patient experience and address gaps in health services.

While nurse-led care is expanding, the ad hoc development and lack of service evaluation in Australia has contributed to confusion around what ought to be defined as a nurse-led service. Nurse-led services exist on a continuum from the direct substitution of single medical tasks, through to comprehensive, advanced practice nursing models of care (Corner, 2003). The range of service models reflects the degree of professional autonomy exercised by the nurse, but all are defined by a registered nurse leading a service with primary care responsibility for a cohort of patients. For example,

Richardson and Cunliffe's (2003) three-level classification is based on the extent of professional practice and autonomy for core features of a nurse-led service: direct referral mechanism, assessment and technical skills, freedom to initiate diagnostic tests, prescription of medications, autonomy and scope of decision-making, and discharge.

The nurse-led service remains a contested space in a medically dominated healthcare system and a number of services have closed due to a lack of sustainability in current policy settings. Whether a service is really nurse-led, and the level of autonomy in clinical practice, is often controlled by medical consultants (Farrell, Walshe, & Molassiotis, 2017). Prominent medical associations oppose nurse-led services and support expanded nursing roles only under the direction and supervision of medical practitioners (Australian Medical Association, 2008; Royal Australian College of General Practitioners, 2015, 2016). Nursing advocates argue the expansion of nurse-led services has the potential to create a more accessible, productive and safer healthcare system (Queensland Health, 2013), such as by reducing avoidable hospital admissions and improving access to diagnostic and therapeutic procedures.

There is growing international evidence supporting the safety and effectiveness of nurse-led services. For example, our recent systematic review found that nurse-led services in ambulatory care settings produce equivocal or at times better patient outcomes compared to physician-led care for managing chronic conditions (Chan et al., submitted). Another comprehensive systematic review of community-based nurse-led clinics showed improved access, patient outcomes and high patient satisfaction (Randall, Crawford, Currie, River, & Betihavas, 2017). Although the benefits are increasingly clear, current data about the scope and nature of nurse-led services is lacking. Little is known about factors contributing to successful and sustainable nurse-led services (Lai, Ching, & Wong, 2017). The purpose of this scoping study therefore, was to support a proactive and strategic approach to planning nurse-led services in the Australian context.

2. Methods

2.1. Aim

This scoping study was the first of its kind in Queensland: it aimed to provide a comprehensive profile of existing nurse-led services in the public health system. We sought to contribute to evidence-informed service planning for the implementation and expansion of nurse-led services appropriate to support patient needs. Service level data were collected to address the following questions:

(1) What is the extent and nature of nurse-led services provided within Queensland Health?
(2) Are the outcomes and impact of nurse-led services being evaluated? And if so, how?
(3) What factors contribute to the sustainability of nurse-led services?

2.2. Participants and procedure

Collectively, the public health system in Queensland is made up of 16 independent Hospital and Health Services which are responsible for the delivery of health services in their local area (Queensland Health, 2016). These services encompass primary healthcare—often delivered outside the hospital system in a variety of community settings—and secondary and tertiary healthcare services in hospitals or other specialised facilities.

For the purposes of this project, a nurse-led service was broadly defined by a registered nurse (RN) leading a service with primary care responsibility for a cohort of patients. Any service within the public health system led by a RN of any position title was eligible; nurse-led services in the private sector were not included. There is no registry or sampling frame of nurse-led services within Queensland Health. To reach the target population we created an online scoping survey and recruited participants via internal Departmental email during September and October 2016.

All study procedures were first reviewed by the Chairperson of a NHMRC registered Human Research Ethics Committee and approved as an audit and service evaluation activity for all of Queensland Health (Ref. No. HREC/16/QRBW/290). In collaboration with the Office of the Chief Nursing and Midwifery Officer (OCNMO), the Executive Director of Nursing and Midwifery Services (EDNMS) from each of the 16 Hospital and Health Services distributed the survey link widely throughout their professional networks to reach RNs providing a nurse-led service. A letter of engagement was embedded on the first page of the online survey, which explained the purpose of the project and provided access to detailed participant information, before continuing to the questions.

EDNMSs also nominated nursing directors as key liaison contacts, who received fortnightly reminder emails and response rate summaries for the duration of the recruitment period to ensure adequate representation of each jurisdiction. We promoted the scoping study through state-wide nursing forums hosted by OCNMO and the Queensland branch of the Australian College of Nurse Practitioners. We also encouraged snowball sampling among nurse-led services by providing an option to send the link to other services at the end of the survey.

A total of 267 completed surveys were received during the two-month data collection period. We excluded five surveys that were incomplete and five that reported on midwife-led services, providing a final sample of 257 nurse-led services.

2.3. Data collection

The scoping survey was broadly structured around the Donabedian (2003) framework to evaluate patterns of structure, process and outcome data reported by nurse-led services. It was created using a secure web-based survey platform (Key Survey) hosted by QUT. The survey was comprised of four sections, designed with simple tick boxes or short answer responses and took approximately 20–30 min to complete.

The first section asked about how the service was organised to deliver care (14 questions), including staffing, practice setting, purpose/goals of the service, how long the service had existed, and service utilisation/demand. The second section related to activities involved in the delivery of care (10 questions) such as referrals, patient eligibility and attendance, and clinical service patterns. To profile nurse-led practice activities we included the 41-item Advanced Practice Role Delineation tool developed from the Strong Model of Advanced Practice (Gardner, Duffield, Doubrovsky, & Adams, 2016). Nurse leads indicated how much time during a typical week was spent on each activity in the service on a 5-point Likert scale (0 = *not at all*, 4 = *to a very great extent*). Mean scores were computed for domains of activity including direct comprehensive care (15 items), support of systems (8 items), education (6 items), research (6 items), and publication and professional leadership (6 items). The third section asked questions on data captured to demonstrate the efficacy of the service (9 questions), including types of service evaluation performed, performance targets and funding model. The final section posed two open-ended questions about enabling factors and barriers to sustainability of the service.

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