

## Nurse Practitioners New Zealand

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## **Submission on:**

## **HISO 10048 Emergency Care Data Standard SNOMED**

Submission To: Ministry of Health

standards@health.govt.nz

Nurse Practitioners New Zealand (NPNZ) is an organisation that represents over 218 Nurse Practitioners in New Zealand. Nurse Practitioners in NZ are practicing across a broad spectrum of Health Care both in primary and secondary care.

Nurse Practitioners are registered as a scope of practice through Nursing Council of New Zealand. They have advanced education, clinical training and the demonstrated competence and legal authority to practise beyond the level of a registered nurse. Nurse practitioners work autonomously and in collaborative teams with other health professionals to promote health, prevent disease, and improve access and population health outcomes for a specific patient group or community. Nurse practitioners manage episodes of care as the lead healthcare provider in partnership with health consumers and their families/whānau. Nurse practitioners combine advanced nursing knowledge and skills with diagnostic reasoning and therapeutic knowledge to provide patient-centred healthcare services including the diagnosis and management of health consumers with common and complex health conditions. They provide a wide range of assessment and treatment interventions, ordering and interpreting diagnostic and laboratory tests, prescribing medicines within their area of competence and admitting and discharging from hospital and other healthcare services/settings. As clinical leaders they work across healthcare settings and influence health service delivery and the wider profession.

NPNZ are commenting on HISO 10048 Emergency Care Data Standard SNOMED as there are Emergency Care Nurse Practitioners who will be impacted by the change of systems.

Hospital visits are currently captured nationally using two database sets, the national minimum dataset (NMD) and the National Non-Admitted Patient Collection (NNAPC). The latter database captures patients whose event relates to medical and surgical outpatient events and emergency department visits. The information collected, particularly for those patients whose visit is under three hours, is limited and contains no clinical coding information.

SNOMED should go some way to rectifying this and allowing accurate coding of patients conditions, clinical presentations and as such inform future funding and planning for acute care demand.

The three reference excel documents seem comprehensive and reflect the majority of clinical conditions and procedures that would occur in an ED.

The ED procedure and investigation reference set is arguably slightly over comprehensive – given that numerous patients in ED would have bloods taken, ECG's recorded and urine test, some on the list may be unnecessary.

There is no obvious significant implication for NP's other than to support this initiative.

This Submission has been written by Emergency Care NPs

Mark Baldwin NP Chairperson NPNZ Carol Slight NP Secretary NPNZ

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