Alternative Opportunities

Kerry Lineham

NP Acute Care - Lifespan

Where do I come from?

- Nelson Polytechnic 1986

Where do I come from?

- Nelson Polytechnic 1986
- USA – ICU, flight retrieval, hyperbaric, trauma and neuro trauma, IV Therapy
- Nelson – ICCU, flight nurse, Resuscitation Educator NMDHB

Manuka Street Hospital, Nelson

- Private Surgical Hospital – 22 in-patient beds, 2500 elective surgeries per year ASA 1-2
- Started 2012 - Clinical Nurse Manager – Ward
- No tiered medical system – all consultant surgeons and anaesthetists in private practice
- No in-house/overnight medical staff
- Senior nursing team
- High transfer rate to Public Hospital

Road to Nurse Practitioner

- Identified opportunity for an NP to augment the current service
- Approach to the board
- Clinical Governance Group
- Proposal was presented to all surgeons and anaesthetists for comment, feedback or concerns

  -there were no objections and a lot of support
- Assumption I would be doing a tidying up role of files and medication charts – their house surgeon
- Clinical mentorship/supervision from head anaesthetist and clinical support from 2 other anaesthetists

Road to NP cont.

- Completed NP pathway at University of Auckland – not part of NPTP
- Successfully gained NP registration March 2017
- “You always remember your first prescription”
  – Dr Michal Boyd
- LAXSOL

Current Role and Responsibilities

- NP
- Member of Clinical Governance Group for Hospital
- Clinical Nurse Manager – Ward – staffing, policies, patient movement, stock control
- Led my team and hospital through a major expansion of in-patient services and rebuild. Phase 2 is now in development
- PDRP Co-ordinator – 40 RN's 1 EN
- NETP Co-ordinator
- Resuscitation Trainer
- 2 IC to General Manager
- Last man standing

Progress since becoming a NP

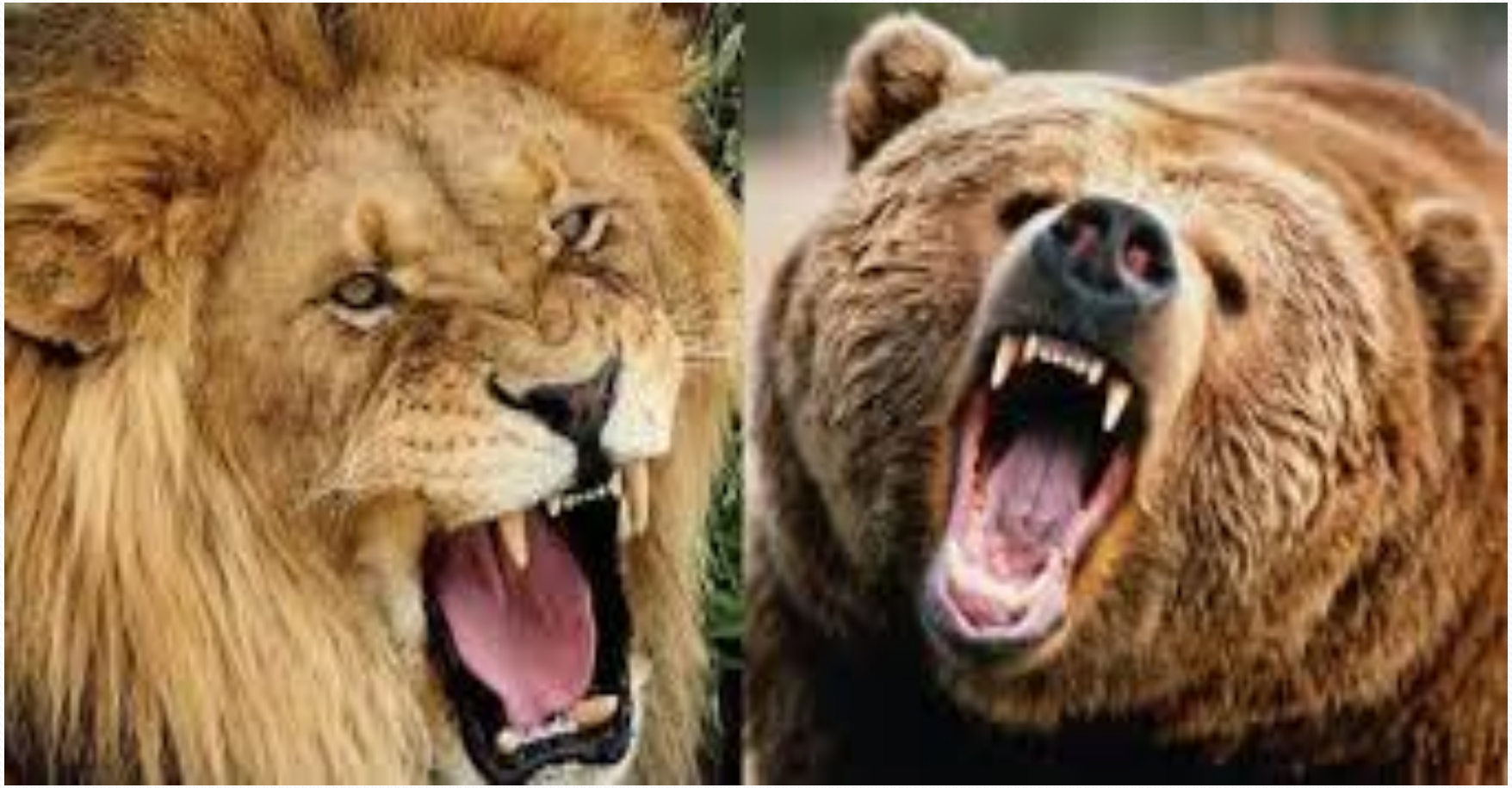
- More confidence in my ability to manage ongoing care of patients through the peri-operative journey
- Developed, and run, a higher acuity level of care (Intermediate Care) area for identified in-patients
- All nurses upskilled in deteriorating patient care
- Decreased transfer to Public Hospital by 60%
- Pre-operative screening of all patients, pre-assessing “high risk” patients for optimisation prior to surgery and establish suitability for our service – resulting in a decrease in cancellation of surgery on the day
- Pre-assessment referrals from surgeons

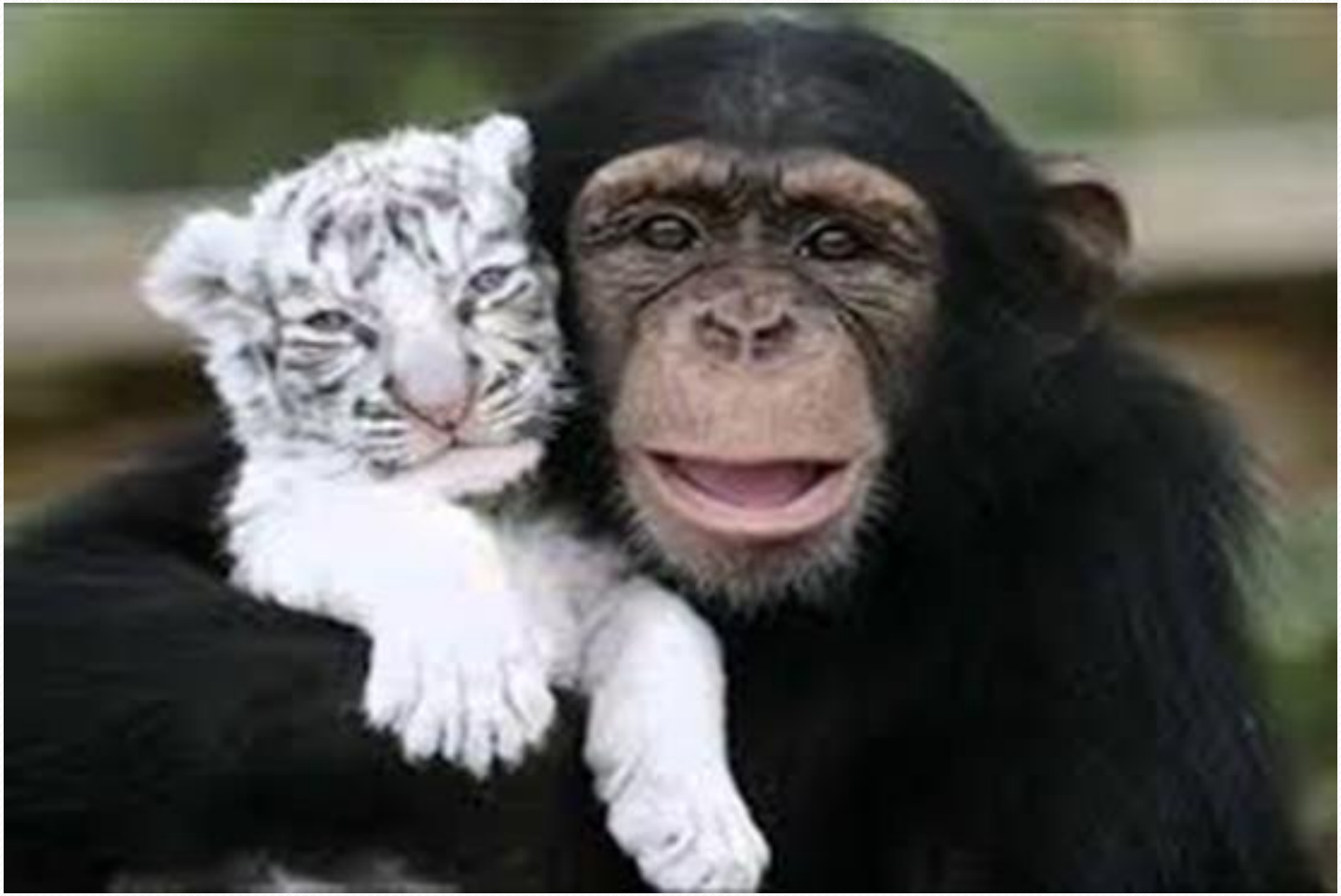
- Collegial consultation from anaesthetists for input in to patient care
- Medication reconciliation and medication charting improved from 70% to over 95% accuracy - league table
- Improved interaction with Primary Health regarding identified issues during hospitalisation
- Developed a database of all “high risk” employees of baseline Hep B, Hep C and HIV status
- Developed a free in-house immunisation program
- Developed an outpatient infusion service, including immunotherapy for non-Pharmac funded medications and patients

Response to NP Role

- Overall very positive and supportive from medical staff
- Nursing staff – initial confusion/uncertainty of the role and who to call
- Support from board/employer and management team
- One senior RN being supported in clinical masters with the goal of an NP pathway

- 1 negative interaction with anaesthetist





Where to from here?

- Life-long learning
- Keep developing and expanding the NP role in the private sector
- Succession planning
- NP's need to develop commercial awareness of their value to take advantage of potential opportunities


THANK
YOU!