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Addressing the Integration of Clinical Nurse Specialists and Nurse Practitioners in Acute Healthcare Settings in Canada

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Recommended Citation
McMaster Health Forum. Topic overview: Addressing the integration of clinical nurse specialists and nurse practitioners in acute healthcare settings in Canada. Hamilton, Canada: McMaster Health Forum, 7 Juyl 2011.

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McMaster University

McMaster HEALTH FORUM

Topic Overview

Addressing the Integration of Clinical Nurse Specialists and Nurse Practitioners in Acute Healthcare Settings in Canada

Stakeholder Dialogue
7 July 2011

The McMaster Health Forum convened a stakeholder dialogue on the subject of addressing the integration of clinical nurse specialists and nurse practitioners in acute healthcare settings in Canada. With the support of the Canadian Health Services Research Foundation, Canadian Institutes of Health Research, Canadian Nurses Association and Health Canada, the dialogue brought together participants – two policymakers, four managers, twelve healthcare professionals, three researchers, and two other stakeholders -- from across Canada to examine the problem, elements of an approach for addressing it, and key implementation considerations.

The views expressed in the issue brief are the views of its authors and the views expressed in the dialogue summary are the views of the dialogue participants (as understood by its authors). The views should not be taken to represent the views of the funders or the McMaster Health Forum. The logos of the funders are shown on the next page.

Deliberation about the problem

Dialogue participants alternated between a focus on the challenges in acute healthcare that suggest the need for clinical nurse specialists and nurse practitioners and a focus on the vulnerability of these two types of healthcare professionals (and especially clinical nurse specialists) in today's acute healthcare settings. In discussing the challenges in acute healthcare, many dialogue participants agreed that: 1) the complexity of healthcare needs is increasing; 2) effective programs and services aren't getting to all patients and the acute healthcare they do receive is often not as evidence-based as would be optimal; and 3) current health system arrangements aren't ensuring optimal quality in acute healthcare. In discussing the vulnerability of these two types of healthcare professionals, a number of dialogue participants agreed that current health system arrangements aren't ensuring: 1) consistency within and across institutions in how they are integrated into care delivery or protected when the focus turns from enhancing quality to containing costs; and 2) formalized educational requirements and standardized credentialing mechanisms for clinical nurse specialists and consistency in education, legislative provisions, scope of practice and autonomy of nurse practitioners.

Participants drawn from government, healthcare institutions, healthcare professional associations and academic institutions gather during a McMaster Health Forum event on 7 July 2011

Deliberation about elements of an approach

Many dialogue participants agreed that a sequence of steps offered promise:

1) convening a national dialogue for clinical nurse specialists (and possibly a separate one for nurse practitioners) to address role clarity, the value proposition, key competencies, outcomes/metrics and educational programs;
2) convening a multi-stakeholder national dialogue about which health professionals are needed, in what 'doses' and using what approach to selection and training in order to meet the needs of patients and achieve the goals of the health system;
3) supporting a move towards credentialing and purpose-built educational programs for clinical nurse specialists and towards addressing the distribution of specialty training programs and improving the regulatory process for nurse practitioners;
4) undertaking information/education campaigns focused on acute healthcare innovations that are enabling more and better care.

Two dialogue participants also argued in favour of a dedicated research strategy to address questions like which health professionals are needed and in what 'doses' at each of the unit, institution, region and provincial/territorial levels and to develop tools that can assist local decision-makers in working through the optimal members of teams.

Deliberation about implementation

A key barrier to implementation was considered to be the lack of funding for the proposed national dialogues and the limited pool of (already overstretched) leaders who can be called on to make them a success on top of the many other roles that they are already performing. One dialogue participant noted that implementation will proceed much more smoothly if decisions are made at each juncture about whether separate activities are needed for each of clinical nurse specialists and nurse practitioners working in acute healthcare settings or whether there are sufficiently similar issues to warrant combining them.

Dialogue deliverables

To learn more about this topic, consult the issue brief that was presented to participants before the dialogue, the summary of the dialogue, and view or listen to the interviews with dialogue participants. For an electronic copy of the issue brief or dialogue summary, or to view or listen to the interviews, visit our website www.mcmasterhealthforum.com and click on 'Products' along the sidebar, or for direct access to our YouTube and iTunes U channels, simply click on the icons below.

Financial contribution from

Government of Canada / Gouvernement du Canada

CHSRF Canadian Health Services Research Foundation / FCRSS Fondation canadienne de la recherche sur les services de santé

CIHR IRSC Canadian Institutes of Health Research / Instituts de recherche en santé du Canada

Canadian Nurses Association / Association des infirmières et infirmiers du Canada

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