

The Roles of the Registered Nurse in Primary Care and Public Health Collaboration



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Acknowledgements



My thesis committee:

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Why?



- Need better performing health systems
- High performing systems = high performing PC
- Chronic disease ‘Tsunami wave’
- Vulnerable populations have less access to care

What do we have in Canada?



- Generally PC / PH / MH / Acute care = silos
- Moving to team based care in **some** provinces

BC's Ministry of Health Goals



- Improve access to care for vulnerable populations
- Improve chronic disease prevention
(Setting Priorities, BC MOH, 2014)
- In the beginning process to create 'Primary Care Networks'

Why public health and primary care?



- Public health mandates –primary prevention, outreach, communicable disease prevention, maternal/child health
- Can this expertise mesh with PC who see's the largest volume of patients in the health care system to see improvement in target areas?

Workforce optimization



- How can we improve PC/PH collaboration?
- Who can do the work?
- Nurses – largest professional in PH system but relatively few in PC system in Canada

Research Question



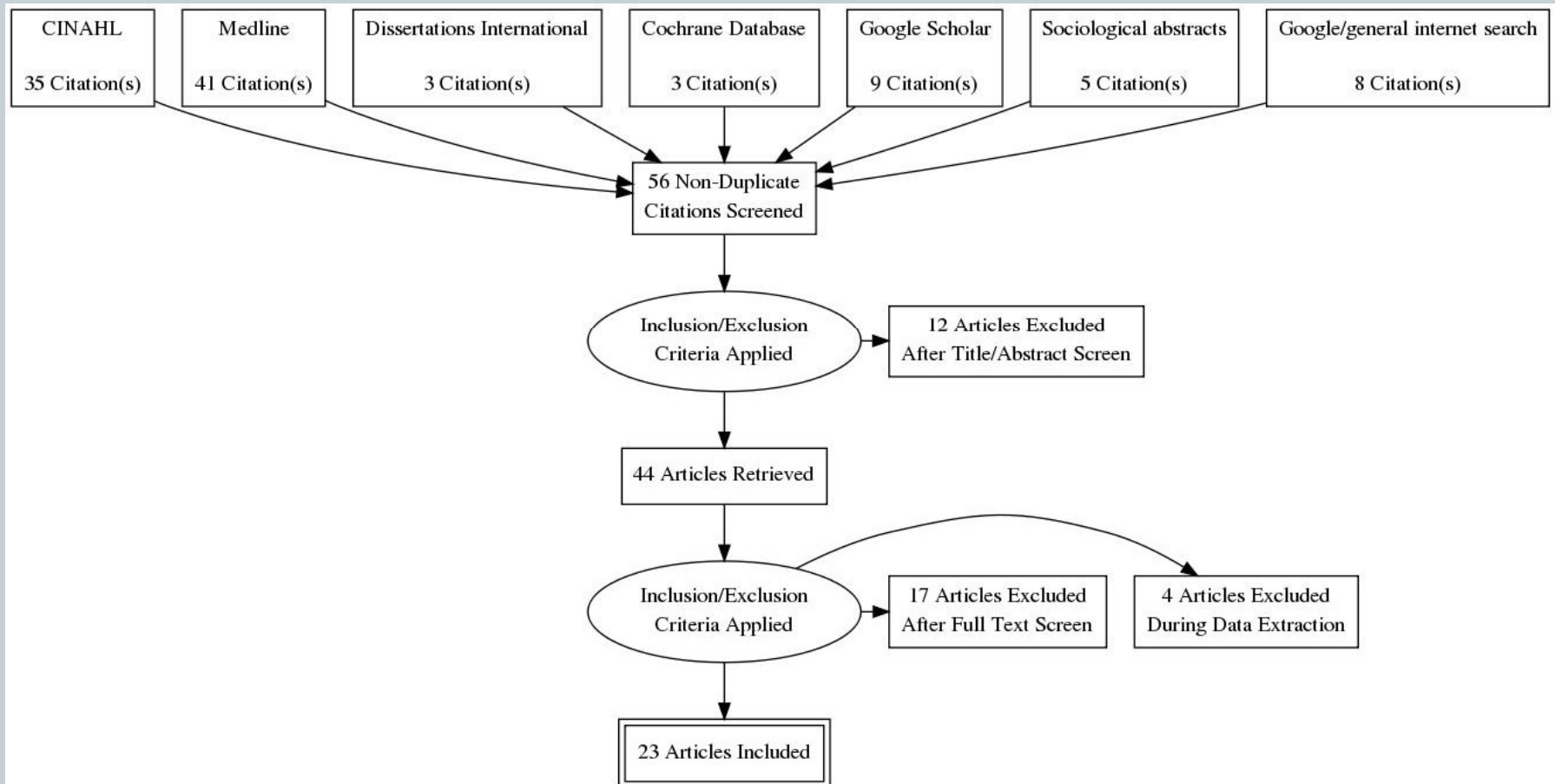
- What are the roles of the registered nurse in PC and PH collaboration?

Methods



- Scoping Review was conducted
- 23 articles were reviewed as well as grey literature
- Data analyzed for nurses roles, type and purpose of collaboration, participants, health focus, motivators
- Rigour – two team members coded initial articles

PRISMA diagram



Challenges in the Scoping Review



- **Nurse's role** was embedded in the articles and **often vague**
- **Multiple names** of the nurse's positions ie. Public health nurse, nurse visitor (acknowledge PHN vs generalist nurse)
- **Variation in integration** of PH into PC (Europe vs North American studies)

Results

Health foci in PC/PH collaborations



- **Chronic disease** Obesity secondary prevention programs (USA/UK)
- **Maternal /child health** improvement in maternity care transitions (Australia/Canada)
- **Immunization** increase influenza prevention in hard to reach populations/ pandemic management (USA/Can)
- **Communicable disease screening** in underserved populations STI/ TB (USA)

RN Roles identified



- Relationship builder
- Program facilitator
- Care coordinator
- Outreach

Interpersonal

Organizational

Systemic

Relationship builder

Immunization/ Obesity programs between PC and PH (Kempe et al., 2014; Monsen et al., 2015)

See next slide

Care Coordinator

Focus on **care transitions of Maternal child and Chronic disease**

high needs patients/ families

Outreach

Obesity and chronic disease home (Korhonen et al., 2014; van Avendonk et al., 2012) and community (Elliott et al., 2014; Serpas et al., 2013; Weinstein et al., 2013)

Communicable disease screening and care (Weinstein et al., 2013)

Immunization (Kempe et al., 2014; Lebrun et al., 2012)

Program Facilitator

Nutrition/ Obesity Programs (Levy et al., 2011; Monsen et al., 2015; van Avendonk et al., 2012)

Communicable disease advisor (InfluenzaH1N1Pandemic) (Kempe et al. (2014); Wynn & Moore, 2012)

Implementation of provincial/state evidenced based tools and guidelines Levy et al., 2011; (Monsen et al. 2015; Serpas et al., 2013)

Relationship builder



- supportive, sharing, checking in, reminding, visiting and talking (Monsen et al., 2015)
- ...“it gives us a face and a name so we can call (the public health department) if we have other problems” (Kempe et al., 2014, p. 115)
- “ I think the better they know us and the more they see us as an actual resource, the more comfortable they are when there’s really a public health issue that has to be dealt with” (Kempe et al., 2014, p. 115).

Discussion



RN Roles in PC/PH collaboration support improvement in:

- Chronic disease management and prevention
- Access to care especially for vulnerable populations
- Horizontal and vertical integration/ ‘micro/macro’ integrators (IHI/ Farmanova et al. 2016)

Recommendations - Health Authorities



- Increase the use of RNs in:
- PC/Acute/PH **liaison roles**
- Program facilitation into PC settings – **role out** a provincial guideline
- Start with **areas of overlap** such as immunization, maternal child programs

Recommendations - Research



- What are the most effective model for using the health promotion nurse in PC -temporary secondment/ attachment/or employee?
- Are the skills and knowledge of the PHN vs a generalist RN necessary for collaborative roles at organizational and systemic levels?
- What does the experience of a PHN offer the role?

Recommendation - Education



- Are RNs adequately prepared to work in PC settings
 - exposure to PC in pre-licensure
- What post licensure training may be required?

Take away messages



When RNs work to improve collaboration between PC and PH, **great things happen!**

- Improved **access to care** – esp. for vulnerable populations
- Improved **chronic & communicable disease prevention** and management
- **Reduced silos** between health sectors - PC/Acute/Community



Thank you for your time!

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