

Nurse practitioners on the move in Victoria

by Julie Paul and Karen Conte

Victoria's first endorsed palliative care nurse practitioners, Julie Paul and Karen Conte, reflect on the rewards and challenges they face in their new and extended role. Julie and Karen work at Banksia Palliative Care Service – a community based palliative care organisation in the north eastern suburbs of Melbourne.



Karen Conte

Julie Paul

Being endorsed as nurse practitioners in palliative care last year is one of the highlights of our careers. We were fortunate to be involved in a Department of Human Services funded nurse practitioner project for several years prior to our endorsement. This project enabled our organisation to integrate a role for nurse practitioners.

When we were first endorsed we could see great potential for the role in improving access and delivering timely services to our clients. We strongly believed the development of nurse practitioners in Victoria would further legitimise what nurses working in advanced practice roles were already doing.

We have been endorsed now for almost 12 months. Being endorsed as nurse practitioners enables us to prescribe from a limited drug formulary which includes most of the drugs that we generally use in palliative care including opioids. It also allows us to order a limited number of pathology and radiology investigations that are specific to our scope of practice.

When we talk about nurse practitioners there is always a lot of interest in the extended practice areas, for example, prescribing pathology and radiology, however the role is even more expansive. Being endorsed has allowed us to further enhance our assessment skills, include research and quality activities that will ensure the team at Banksia is operating at best practice.

The role is not without challenges. Some challenges we anticipated and others became obvious as we moved forward. While we are legally able to prescribe, there are practice areas that make it very difficult.

We are currently unable to obtain a Commonwealth provider number which means clients who are prescribers have to pay more money for their scripts compared to a script ordered by a GP. The majority of our clients are pensioners so this is a significant issue.

The area of prescribing has been a steep learning curve. We were unaware that community pharmacists have a choice about the cost of private scripts. In the absence of a Commonwealth provider number our scripts are considered private scripts. Working in the community means we are working with multiple pharmacies across our region. We are in the process of negotiating with individual pharmacists to charge the lowest rate possible for our private scripts. This work is only in its infancy and will take some time to progress across our region.

Titrating, for example in relation to pain, should be easier to manage in practice, assuming that the drugs are already in the home or aged care facility, however even this has presented some challenges. When a nurse practitioner prescribes in an aged care facility, policy and procedure need to be in place and these tend to change within each facility. The process and length of time required for changing policies and procedures varies between aged care facilities.

Syringe driver management is another area we thought would be easy to manage, however this is not the case. We work with the Royal District Nursing Service (RDNS) and cannot write syringe driver orders that the district nurse can follow until the RDNS change their policy and procedure.

Another challenge which we hadn't thought about was a script pad. Sometimes the obvious isn't as obvious as we think. The Nurse's Board of Victoria has provided an excellent session on how to write prescriptions and how to develop your own prescription pad which has been very helpful.

Similar issues occur with the pathology and radiology areas of practice.

Challenges are part of any new role. As more nurse practitioners are endorsed, hopefully most of the issues we encountered will have been resolved and will no longer present the same barriers to practice.

The positives of the role are more autonomy in practice while working in an interdisciplinary team model which includes the general practitioner. The Broadmeadows Health Service has been an excellent source of support. Palliative care physician Dr Barbara Hayes is providing us with clinical supervision which consists of case reviews, and development and expansion of clinical assessment skills.

It is also imperative to have strong management support from the organisation in which the nurse practitioner role is developing.

The nurse practitioner role is an exciting career path developed for clinical nurses. We are very excited about being involved in this new area of nursing and welcome the opportunity to take on mentoring roles with nurses considering this field.

Being a nurse practitioner is a journey into uncharted waters which requires strong leadership and commitment from all members of the team.