ADVANCED ROLES OF NURSES IN FINLAND –
Examples and experiences, supporting mechanisms and lessons learned

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OUTLINE

- Main policy lines of the ongoing social welfare and health care reform
- Examples and experiences of the advanced roles of nurses
- Supporting mechanisms
- Lessons learned and next steps
REFORMING SOCIAL AND HEALTH CARE SERVICE STRUCTURE IN ACCORDANCE WITH THE LOCAL GOVERNMENT REFORM

- Based on the Programme of the Finnish Government, the local government reform is being carried out across the country in order to create economically robust municipalities with a broader population base.
- Strong municipalities and joint social welfare and health care regions will be responsible for the provision and funding of local social welfare and health care.
- A new act on the provision, funding, development and supervision of social welfare and health care services would come into force in 2015.


➤ Integration of the social and health care services in order to ensure
  - the sufficiency of the workforce
  - patient centred care and equitable services

Source: www.stm.fi.
VISITS TO HEALTH CENTRE PHYSICIANS AND OTHER HEALTH CARE PROFESSIONALS IN 2000-2010

DEVELOPING THE ROLES OF NURSES THROUGH NATIONAL HEALTH POLICY PROGRAMMES

- National Health Project 2002-2007
  - Kick-off for the development of the advanced roles

  - Dissemination of the advanced roles of nurses and preparation of the proposals for changes in legislation

  - Continue the dissemination and development of the redistribution of the tasks and advanced roles of nurses
  - Programmes adapted by the Government
  - Allocation of the state grants for municipal pilot projects
INCREASING THE EFFECTIVENESS AND ATTRACTION OF NURSING CARE BY MEANS OF MANAGEMENT

National action plan 2009-2011

- Based on the National Development Plan for Social and Health Care Services 2008-2011
- In accordance with the WHO concept
- The Ministry of Social Affairs and Health allocated 2.7 M€ as state grants for the regional implementation of the action plan

CAREER DEVELOPMENT FOR EXPERTISE IN EVIDENCE BASED NURSING

Roles
- Nurses, practical nurses in clinical care
- Specialised nurses, practical nurses in clinical care
- Clinical Nurse Specialists, Advanced Nurse Practitioners
- Specialists in Clinical Nursing Science

Competences
- Competences in development and research, in provision and dissemination of the EBP
- Competences in clinical nursing and care, in implementation of the EBP

Action
- Implementation of the EBPs
- Implementation of the EBPs in specialised care
- Support for the implementation of the EBPs in the unit
- Harmonising EBPs at the regional level
- Development, dissemination & monitoring
- EB guidelines
- Research & development
- National & international collaboration

ADVANCED ROLES OF NURSES

Primary health care

- Personal Physician – Personal Nurse working in pairs
- Nurse consultations for acute health problems and NCDs
- Nurse consultations supported by the physician’s e-consultation
- Case managers for the most demanding patients with NCDs

Specialised medical care

- Nurse consultations for patients with NCDs, medical examinations, minor surgery at outpatient clinics

Emergency care

- Nurse telephone consultations, triage & nurse consultations
A PHYSICIAN – A NURSE WORKING IN PAIRS

- Certain patient groups shifted from the physician to the nurse in health centres.
- Professional responsibilities redistributed between the physician and nurse.

- Certain patient groups to the nurse consultation:
  - NCDs:
    - Arterial hypertension
    - Diabetes
    - MBO
    - Cardiovascular diseases
    - Asthma
    - COPD
  - Acute health problems:
    - Common infections
    - Allergies
    - Minor wounds and injuries

- The nurse´s decision making supported by postgraduate studies, EB guidelines and having a possibility to consult a physician.
CONSULTATIONS IN HEALTH CENTRES IN PRIMARY HEALTH CARE

Appointments:
- Patient contacts a personal nurse
- Phone hours for the nurse
- Assessment & a referral to care by the nurse

Physician consultations:
- Examination & tests
- Diagnosis
- Treatment & prescribing

Nurse consultations:
- **NCDs:**
  - Examination & tests
  - Follow up & patient education
  - Multiprofessional assessment of medication & prescribing
- **Acute health problems:**
  - Examination & tests
  - Assessment of the care needs
  - Treatment & prescribing

Emergency care:
- Decentralised to personal physicians and personal nurses
- Centralised into emergency receptions in - the health centre - the hospital jointly with health centres

Nurses´ receptions:
- Examination & tests
- Assessment of the care needs
- Treatment & prescribing

Continuity of care:
- Epicrisis from hospitals to physicians and nurses
- Follow up planned during the consultations

A PHYSICIAN - A CASE MANAGER WORKING IN PAIRS
PATIENTS WITH NCDS AND USING SEVERAL HEALTH AND SOCIAL CARE SERVICES SUPPORTED BY A MULTIPROFESSIONAL TEAM

Patients

- Patients with NCDs, using several services
- Patients with high health risks
- Patients with NCDs
  - Patients as experts
  - Peer groups of patients

Prevention of NCDs, minimization of health risks


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EXPERTISE ROLES OF NURSES IN SPECIALISED MEDICAL CARE

- **Clinical nurse specialist**
  - Master degree
  - In special areas of care, such as DM, pain management, neonatal care etc.
  - Educational roles: an education co-ordinator in nursing, a clinical teacher in nursing

- **Specialist in clinical nursing science**
  - Ph.D.
  - Making a bridge between nursing practice and science:
    - facilitating evidence-based practices by searching, appraising and synthesising evidence
    - developing measurement tools
    - disseminating evidence into practice

Source: Korhonen A, 2011.
A nurse examining a child with symptoms of otitis at the Primary Health Care and Social Services of Kallio.

- 23 % examination and treatment of otitis
- 19 % other infections
- 18 % a certificate for sick leave
- 9 % examination and treatment of maxillary sinus
- 9 % assessment of skin diseases
- 5 % examination and treatment of conjunctivits

- 50 % of the patients needs a prescription/prescriptions
- Less visits at the physicians’ acute receptions.

(Source: Nikula J, 2013.)
Minor surgical procedures at the nurse´s reception in the Skin and Allergy Hospital at the Hospital District of Helsinki and Uusimaa.
OUTCOMES OF THE DEVELOPMENT OF THE ADVANCED ROLES OF NURSES

- Nurse consultations in health centres:
  - covered 1/3 of the acute visits and 1/2 of the total amount of the patient visits.
  (Hukkanen & Vallimies-Patomäki, 2005.)

- The nurse and physician linked by e-consultation:
  - The nurse referred 22% of the patients to the physician.
  - The physician managed 80% of the cases requiring medical judgement through e-consultation.
  (Jaatinen et al., 2002.)

- Shifting patient groups to the nurse and working in pairs:
  - Productivity improved by 5%.
  - Increase in the demand of physicians slowed.
  (Koski, 2004.)
HOW DID PATIENTS AND PHYSICIANS EXPERIENCE THE ADVANCED ROLES OF NURSES?

<table>
<thead>
<tr>
<th>Patients</th>
<th>Physicians</th>
</tr>
</thead>
<tbody>
<tr>
<td>+ Improved access to care</td>
<td>+ More time for the patient</td>
</tr>
<tr>
<td>+ Better continuity of care</td>
<td>&gt; Better relationship</td>
</tr>
<tr>
<td>+ Improved patient education</td>
<td>+ Improved flexibility at work</td>
</tr>
<tr>
<td>+ Improved self care</td>
<td>+ Better management of work</td>
</tr>
<tr>
<td>+ The majority of the patients were satisfied</td>
<td>+ Uniform guidelines for care</td>
</tr>
<tr>
<td>- 14 % of the patients in hospital care had negative attitudes towards task shifting</td>
<td>+ Better multiprofessional co-operation, well-being at work</td>
</tr>
<tr>
<td></td>
<td>- More demanding cases</td>
</tr>
<tr>
<td></td>
<td>- Consultations by nurses increased the physician´s workload in early stages</td>
</tr>
</tbody>
</table>
NURSES´ EXPERIENCES OF THE ADVANCED ROLES

- Increased meaningfulness of work
- More independent role and comprehensive approach to care
- Specialist´s roles adopted
- Better multiprofessional co-operation and well-being at work

Requirements:

- Work experience
- Postgraduate education
- Possibility to consult a physician, if needed
Two groups of participating countries

More experience
- Australia
- Canada
- Finland
- Ireland
- United Kingdom
- United States

Less experience
- Belgium
- Cyprus
- Czech Republic
- France
- Japan
- Poland

## STRENGTHENING NURSING THROUGH LEGISLATION AND NORMS

<table>
<thead>
<tr>
<th>Norm</th>
<th>Basis for a new competence requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collective agreement in the local gov. sector</td>
<td>A nurse / public health nurse is allowed to give a certificate for sick leave until five days.</td>
</tr>
<tr>
<td>Medical statement for the Social Insurance Institution</td>
<td>A nurse / public health nurse is allowed to write out and sign for her/his part a medical statement on the functional capacity and need for care, advice and supervision for a disabled person and person receiving pension.</td>
</tr>
<tr>
<td>Health Care Act 1326/2010, Section 51</td>
<td>A health care professional (e.g. a nurse) shall assess the need for treatment no later than on the third working day from when the patient contacted the health centre.</td>
</tr>
<tr>
<td>Section 52</td>
<td>Any treatment and provision of advice deemed necessary on medical or dental grounds or on the basis of health science shall be provided and begin within a reasonable period of time...and in any case within six months of the need for treatment having been ascertained.</td>
</tr>
<tr>
<td>Section 57</td>
<td>All decisions on starting or discontinuing treatment and referrals to other units shall be made by the physician-in-charge or another health care professional (e.g. a nurse) authorised according to instructions of the physician-in-charge.</td>
</tr>
<tr>
<td>Health Insurance Act 1224/2004</td>
<td>Parental allowances require that the mother has passed a post-natal examination by … a midwife / public health nurse who has sufficient education and is employed by public health care.</td>
</tr>
</tbody>
</table>

A new decree on emergency care will include also some regulations on the advanced roles.
HEALTH CARE ACT (1326/2010)

Multiprofessional collaboration is promoted in development, research and education

PRIMARY HEALTH CARE UNIT (Section 35)

- Joint municipal authorities for a hospital district shall have a primary health care unit that employs health care professionals with multidisciplinary competence and supports the planning of health care provision.

DEVELOPMENT, EDUCATION AND RESEARCH IN HEALTH CENTRES (Section 37)

- Health centres shall be responsible for the provision of expedient multidisciplinary research, training, and development services.
NURSE PRESCRIBING

- The legislation on Nurse Prescribing came into force in July, 2010

- The aim is to support:
  - better access to care
  - better utilisation of nursing knowledge and skills in patient care
  - functioning and flexibility of services in primary health care

- A national list of medicines and nationally defined postgraduate education are regulated by decrees which came into force in January, 2011
## NURSE PRESCRIBING
The national list of medicines (Decree 1088/2010)

<table>
<thead>
<tr>
<th>Starting medication</th>
<th>Patient group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lidocaine-prilocaine</td>
<td>Local anaesthesia</td>
</tr>
<tr>
<td>Vaccines: Influenza, hepatitis, chickenpox</td>
<td>Prevention of communicable diseases*</td>
</tr>
<tr>
<td>Phenoxy methylpenicillin Cefalexin a)</td>
<td>Verified pharyngitis*</td>
</tr>
<tr>
<td>Pivmecillinam Trimethoprim a)</td>
<td>Acute cystitis of otherwise healthy women* ** ***</td>
</tr>
<tr>
<td>Chloramphenicol fucidic acid a)</td>
<td>Conjunctivitis, bacterial</td>
</tr>
<tr>
<td>Contraceptive pills</td>
<td>Women under 35*</td>
</tr>
<tr>
<td>Over-the-counter drugs</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Continuing medication</th>
<th>Patient group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diuretics, beta blockers, ACE-inhibitors a)</td>
<td>Arterial hypertension*</td>
</tr>
<tr>
<td>Metformin Sulfonamides a)</td>
<td>Diabetes mellitus type II*</td>
</tr>
<tr>
<td>Warfarin a)</td>
<td>Chronic atrial fibrillation*</td>
</tr>
<tr>
<td>Cholesterol lowering agents, HMG CoA reductase inhibitors a)</td>
<td>Dyslipidaemias, not familiar*</td>
</tr>
<tr>
<td>Beclometasone, budesonide, fluticasone, salbutamol, terbutaline a)</td>
<td>Asthma*</td>
</tr>
<tr>
<td>Base creams</td>
<td>Chronic skin disease</td>
</tr>
<tr>
<td>Contraceptive pills</td>
<td>Women under 35*</td>
</tr>
<tr>
<td>Over-the-counter drugs</td>
<td></td>
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</table>

* Not for children under 12 years.
** Not for pregnant women.
*** Not for men.

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a) Based on the Current Care Guidelines.
ENSURING PATIENT SAFETY IN NURSE PRESCRIBING

- Requirements for nurse prescribing:
  1. Authorisation as nurse
  2. Employment relationship with a municipal health centre
  3. Work experience of 3 years and regulated postgraduate education on nurse prescribing: 45 ECTS
     - Polytechnics and universities/medical faculties
  4. Authorisation from the physician-in-charge

- Registered: The National Register for Health Care Professionals
- Identification number: The National Supervisory Authority for Welfare and Health

- Propriety of the nurse’s decision making:
  EB guidelines and a possibility to consult a physician

- Monitoring adverse events: Responsibility of the health centres
- Continuous professional development: Regulated by legislation

- Evaluation report will be submitted in 2015.
REGULATED POSTGRADUATE STUDIES (45 ECTS) ON NURSE PRESCRIBING

POLYTECHNICS
- Practical test on clinical examination
- Clinical examination, decision making
- and implementation of care and nursing
- Safety of medication in clinical care

niversities
- Test of pharmacology
- Pharmacology and prescribing
- Practical test on EB decisions
- National final examination


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THE FIRST 50 NURSES GRADUATED FROM PROSTGRADUATE EDUCATION ON NURSE PESCRIBING IN MAY 2012

* Oulun seudun amk
* Jyväskylän amk
* Pohjois-Karjalan amk
* Tampereen AMK
* Saimaan amk
* Turun amk
GRADUATED STUDENTS AND NURSE PRESCRIPTIONS

- Between May 2012 and May 2013, 119 students graduated from postgraduate education provided by six polytechnics in collaboration with three universities.

- 97 nurses have been granted the right to prescribe by the National Supervisory Authority for Welfare and Health (Situation on September, 2013.)

- Nurses with the right have prescribed 1,124 prescriptions for 995 patients until August 2013.

- Several applications for the nurse prescribing right under processing.
LESSONS LEARNED

- Development of the advanced roles of nurses promoted through:
  - National social and health policy programmes
    - Adapted by the Government
    - Allocation of the state grants for municipal pilot projects
  - Legislation on new professional responsibilities
  - Regulated postgraduate education
  - Multiprofessional partnership and multilevel cooperation
  - International collaboration
**NEXT STEPS**

- **Strengthening clinical competences in undergraduate nursing education**
  - Proposals by the Ministry of Social Affairs and Health in 2012
  - A national project in 2013 led by the Finnish Nurses Association and implemented in collaboration with national authorities, polytechnics and health care organisations

- **National Development Programme for Social Welfare and Health Care 2012-2015**
  - Development of multiprofessional practical training
  - Defining a national framework for specialising postgraduate studies in nursing as a part of the NQF

- **Evaluation of the nurse prescribing practices and outcomes and defining changes need to be made**
  - A national Committee appointed by the Ministry, 2013-2015
New innovative roles of nurses are needed in order to ensure patient centred care and equitable services and to strengthen the knowledge and skills of the patients in self-care.