A team designed to meet patients' needs

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The nursing profession has long advocated for the role of NPs as a way to increase access to care. We have also spoken out often on the need for interprofessional collaboration. Our challenge now, having taken these positions, is to become comfortable with the implementation. I believe that teams should be multidisciplinary, with design based on competency and patient need.

One of the more controversial issues being debated among the health-care professions is how the interprofessional team can accommodate the roles of the NP and the physician assistant (PA).

In my province, NPs and PAs are prepared at the master's level and are registered by the college of registered nurses or the college of physicians and surgeons, respectively. However, only NPs are autonomous within their scope of practice. PAs work as physician extenders, under the licence of a named physician.

It is not unusual for the Manitoban public to encounter NPs in primary care, community care and long-term care settings and in emergency departments. But the role of the PA is a newer phenomenon.

At the Seven Oaks General Hospital (SOGH) in Winnipeg, patients presenting to the emergency department are cared for by a multidisciplinary team in a patient-centred collaborative practice model. This highly successful group includes NPs and PAs, who work side by side. Although NPs and PAs have distinct roles, some overlap does occur at times, when it has been determined that the overlap is appropriate.

The primary role of the NP is to care for patients who require minor treatment and are in the two lowest triage categories. The primary role of the PA is to care for acutely ill patients. Patients who are likely to need a longer visit, or who have more urgent needs, are cared for on the acute side.

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When numbers are high, patients with needs that fall within the NP scope of practice may be seen by either the NP or the emergency physician (or PA). Those with needs outside the scope of practice of the NP are seen by the NP working in consultation or collaboration with the emergency physician, or they are referred to a physician (and seen by either the emergency physician or the PA).

In the SOGH emergency department, each member of the team works toward their full scope and is supported by the other team members. The "patient first" and "no wait" culture enables the team to flex to meet patients' needs. The team is providing care to a patient population that has increased at least 30 per cent since 2008, yet wait times, length of stay and "left, not seen" rates have declined to enviable levels — all without a significant increase in baseline staffing.

With assistance from PAs, emergency physicians can now focus on patients with the most acute needs, and they have more time for consultation with team members. NPs regard the opportunity to consult with emergency physicians and PAs as a key benefit of the current model.

Bringing NPs and PAs into the model has been an extremely successful move. Our patients like it, too, giving high ratings to their overall care experience. I believe that these positive assessments are evidence of good care from a high-functioning team.

Our model maximizes the strength and efficiency of the team, which benefits from the contributions of all its members. ■