



Metrics: Measuring the impact of Advanced Nurse Practitioners on care and service delivery

Eddie Docherty, Mark Cooper, Ellen Hudson, Joanne Corlett, Margot McCulloch and Margot Russell
on behalf of the Scottish Government Chief Nursing Officer's Transforming Roles Advanced Practice Group



INTRODUCTION

There is growing evidence of the positive impact Advanced Nurse Practitioners (ANPs) have on patient outcomes in terms of promoting access to care, reducing complications and reducing costs of care through improving patient knowledge, self-care management and patient satisfaction. In addition they play a key part in developing and sustaining the capacity and capability of the health and care workforce in Scotland (CNOD 2017a). However, there is also increasing need for ANPs to be able to continuously demonstrate their impact and contribution to safe, effective, person centred quality care and the delivery of health and care policy (Kapu and Kleinpell 2013).

METRICS

No single measure, or standardised group of measures, has been identified which can effectively capture the output of all the different ANP roles in practice.

The Chief Nursing Officer for Scotland's Transforming Roles work is shaping the characteristics of the ANP role in Scotland (CNOD 2017b) and the Transforming Roles Advanced Practice Group have recommend a 'basket of SMART metrics' that reflect:

Safe

Effective

Person Centred Care

Additional metrics reflecting the other three pillars of advanced practice i.e. research, leadership and education should be added to these.

The underpinning Principles that should be taken into consideration when developing ANP metrics are:

Principle 1 - Metrics can be both qualitative and quantitative but must be triangulated to demonstrate effectiveness.

Principle 2 - Metrics that measure effectiveness of practice must be based on key result areas / outcomes and fit to service needs.

Principle 3 - Where possible data / instruments used to measure should already be available from existing systems i.e. "Use once for Scotland"

Principle 4 - There must be clear methods for displaying ongoing outcomes of ANP practice (scorecards / dashboards etc) that are aligned to national nursing assurance framework - 'Excellence in Care'.

Excellence in Care is a Scottish national approach to assuring care by developing consistent and robust processes and systems for measuring, assuring and reporting on the quality of nursing and midwifery care and practice (Scottish Government 2015).

The measures are currently being developed collaboratively by all Scottish Health boards with support from nurses, midwives, families and patients. The Advanced Practice metrics are designed to align with Excellence in Care in order to 'Use once for Scotland'.



CHALLENGE

There has been a tendency to use measures which compare ANPs to other roles including medics or traditional medical / system outcomes such as length of stay, admission rates and mortality. Further research is therefore required to develop measures which specifically demonstrate the ANPs unique contribution.

Figure 1:

ANPs are advised to identify a basket of measures to identify their unique contribution to patient care.

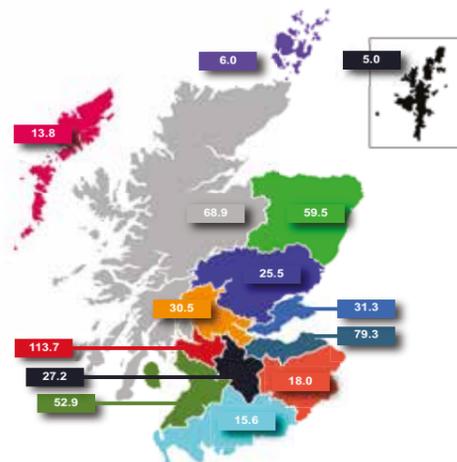


Figure 2:

illustrates the number of Full Time Equivalent (FTE) ANPs currently in post in each Health Board across Scotland.



Figure 3: Examples of metrics

Safe

- Near misses
- Complication rates
- Error rate - medications and prescribing
- Number of serious adverse events

Effective

- Access to timely clinical decision making
- Cost effectiveness - use of resources
- Hospital admissions / readmissions
- Length of stay
- Use of investigations
- Timeliness of interventions and onward referral
- Waiting times

Person Centred

- Patient experience
- Quality of life and social well-being
- Self-efficacy
- Responsiveness to deteriorating patient
- Complaints

Box 1: SMART metrics

- S** - Specific (clear, precise and directly attributable to ANP practice)
- M** - Measurable (amenable to evaluation)
- A** - Appropriate (consistent with overall goal and identified priorities)
- R** - Reasonable (realistic and feasible to achieve)
- T** - Timed (outline a specific timeline for achievement)

RECOMMENDATION

The number of metrics should be kept limited but should demonstrate safe, effective and person centred care. It is recommended that at least one measure is chosen for each of these and it is acknowledged that metrics may change over time to reflect changes to services and priorities

References

CNOD (2017a) Nursing 2030 Vision: Promoting confidence, competence and collaborative nursing for Scotland's future. Edinburgh: Scottish Government

CNOD (2017b) Transforming NMaHP roles: Paper 2 Advanced nursing practice. Edinburgh: Scottish Government

Kapu, A. N, Kleinpell, R. (2013) Developing nurse practitioner associated metrics for outcomes assessment. Journal of the American Academy of Nurse Practitioners 25 289-296

Scottish Government (2015) Excellence in Care: Scotland's national approach to assuring nursing and midwifery care. Edinburgh: Scottish Government