

CONTEXTUALITZACIÓ

Montserrat Comellas Oliva



Tesis doctoral:

Construcción de la práctica avanzada en el contexto sanitario catalán

Directores:

Gloria Novel i Anna Ramió

INFERMERA DE PRÀCTICA AVANÇADA

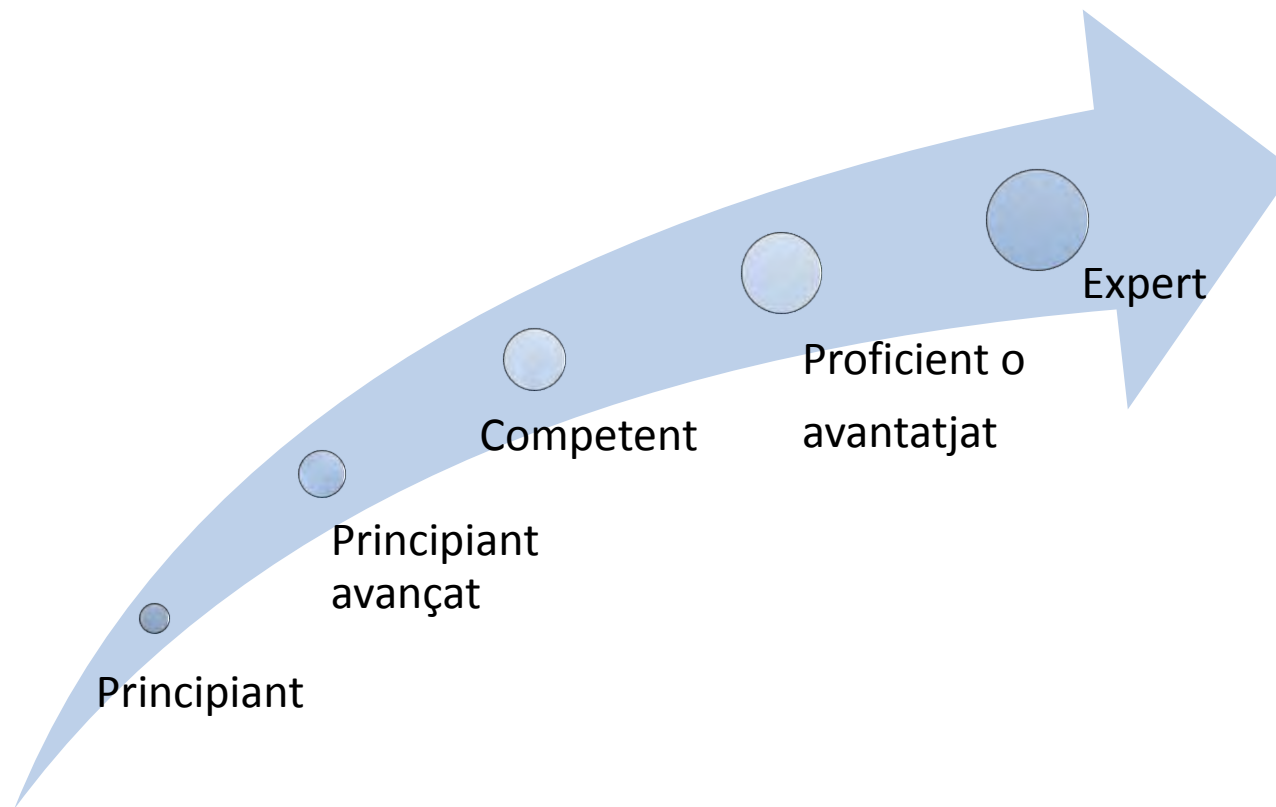
Neix als EE. UU., a principis del segle XX però en la literatura comencem a trobar referències a partir de 1960

Avança ràpidament cap a Canadà i posteriorment a UK, Austràlia, i en l'informe de l'OCDE de 2009 parla de 12 països.

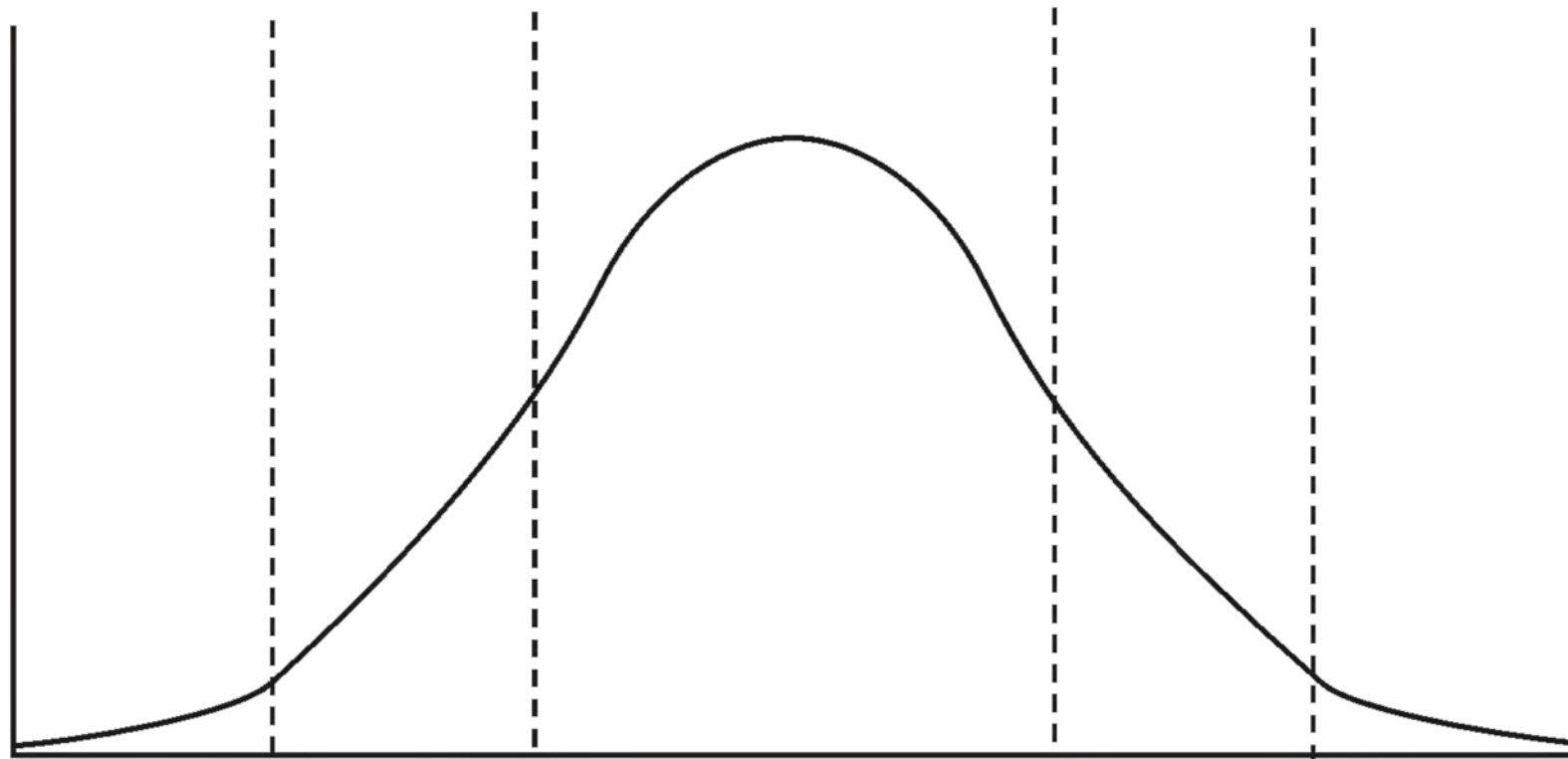
Diferències en la distribució de metges pel territori. Rasch y Frauman en 1996

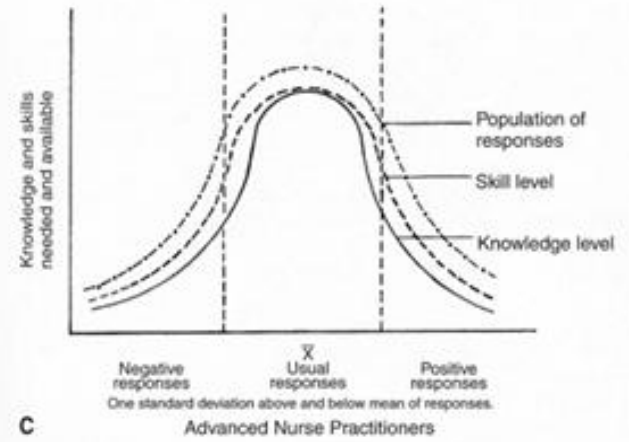
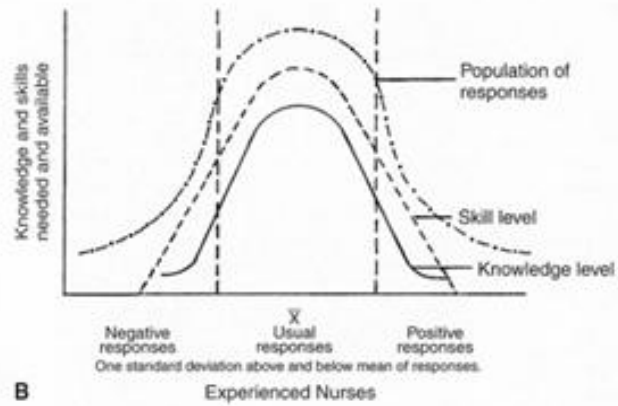
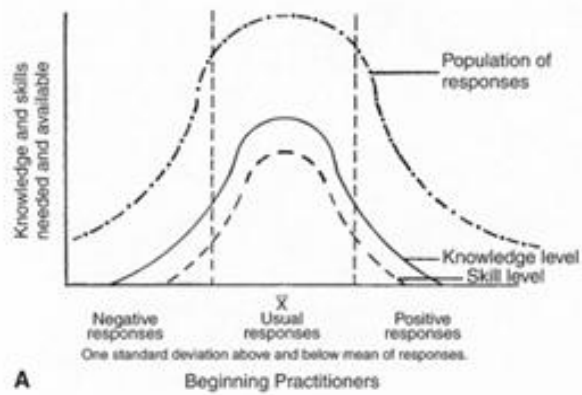
Les tendències en la prestació sanitària proporcionen oportunitats per les infermeres. Canadian Nurses Association. 2007

Les necessitats de salut de les persones i la creixent complexitat dels pacients contribueix al fet que la pràctica infermera adquireixi noves formes de prestació de serveis. Canadian Nurses Association. 2007



Benner P (1984) *From novice to expert*. Menlo Park, CA: Addison-Wesley





Calkin JD, (1984) A model for advance nursing practice The Journal of Nursing Administration 14, 24-30



La infermera d'atenció directa/infermera de pràctica avançada és una infermera especialista que ha adquirit una base de coneixements experts, les capacitats per prendre decisions complexes i les competències clíniques necessàries per a l'exercici professional ampliat, on les característiques vénen donades pel context, o pel país on la infermera està acreditada per exercir.

Consejo Internacional de enfermeras. Definición y características de las funciones de la enfermera de atención directa/enfermería de práctica avanzada [Internet]. 2004 [citado 2011 ago 9]. Desde: www.cna-aiic.ca



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Consejo Internacional de enfermeras. Definición y características de las funciones de la enfermera de atención directa/enfermería de práctica avanzada [Internet]. 2004 [citado 2011 ago 9]. Desde: www.cna-aiic.ca

Formació de màster, especialitat o doctorat

Reconeixement formal dels coneixements, habilitats, actituds, judici clínic i experiència demostrada

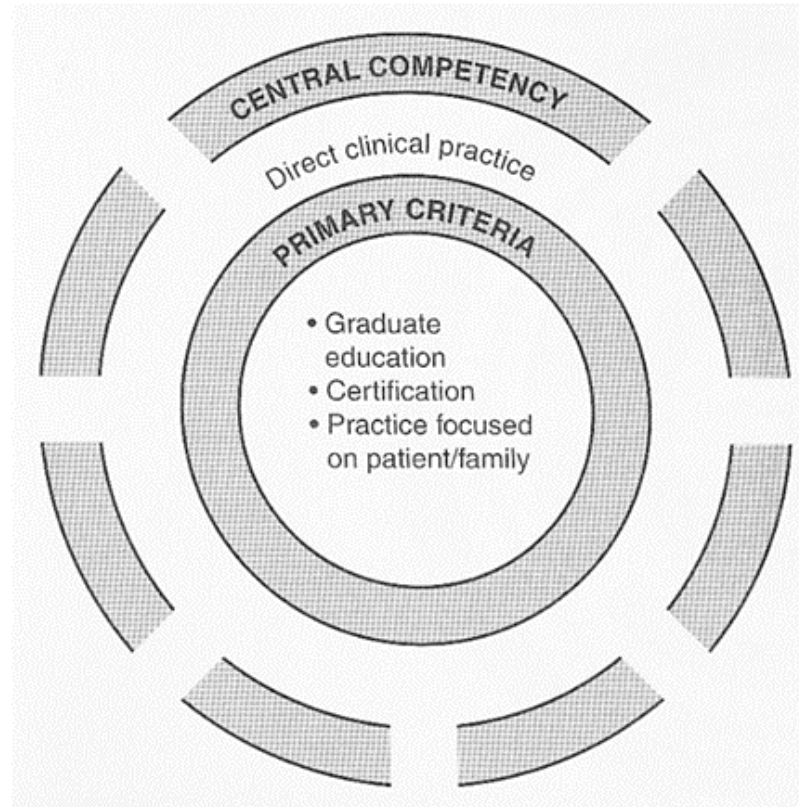
Àrea específica de la pràctica



Publicada en: Hamric A.B., Spross J.A., Hanson C.M. Advanced Practice Nursing. An integrative approach. 4th ed. Philadelphia, PA: W.B. Saunders; 2009.

Àrees d'intervenció en la pràctica clínica

Utilització de diverses aproximacions per gestionar la salut i la malaltia



Perspectiva holística de cuidar

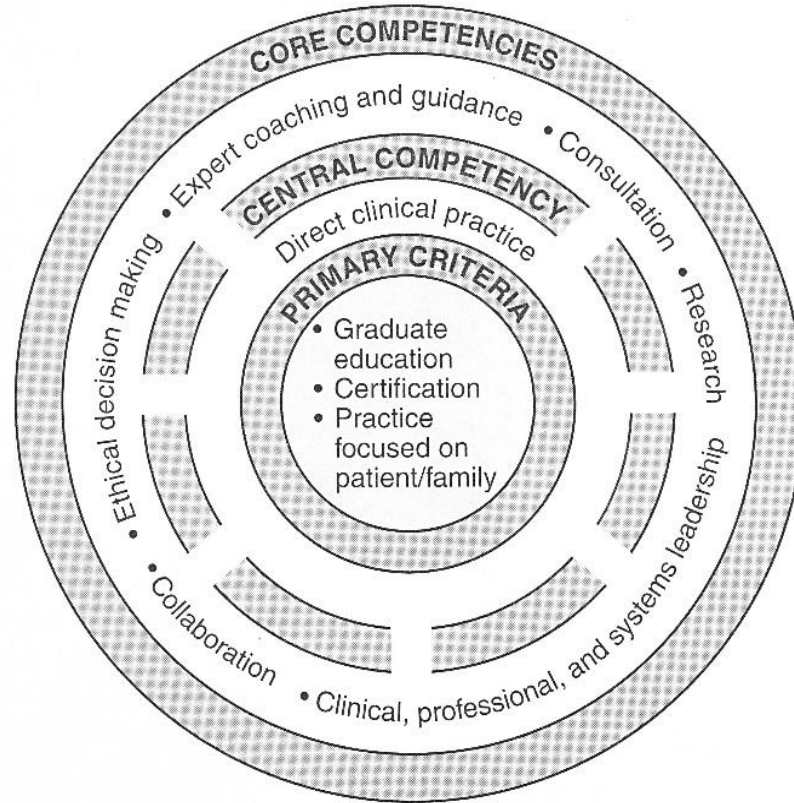
Educació en cooperació terapèutica amb els pacients

Pensament clínic expert

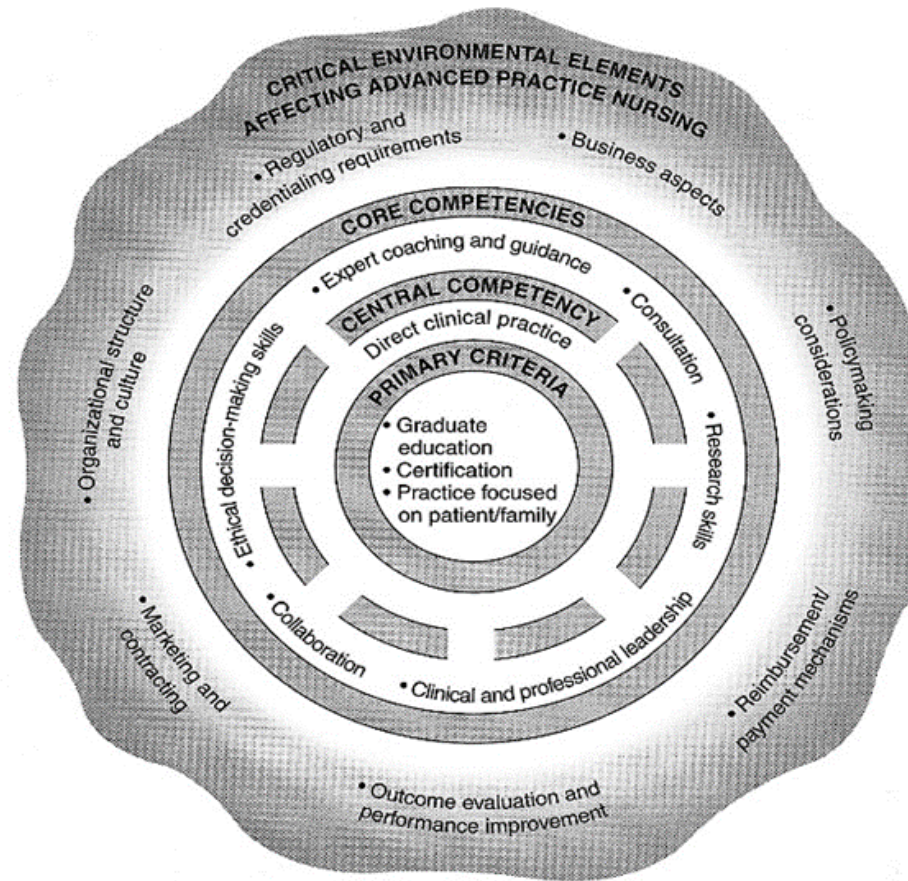
Pràctica reflexiva

Utilització de l'evidència com a guia per a la pràctica

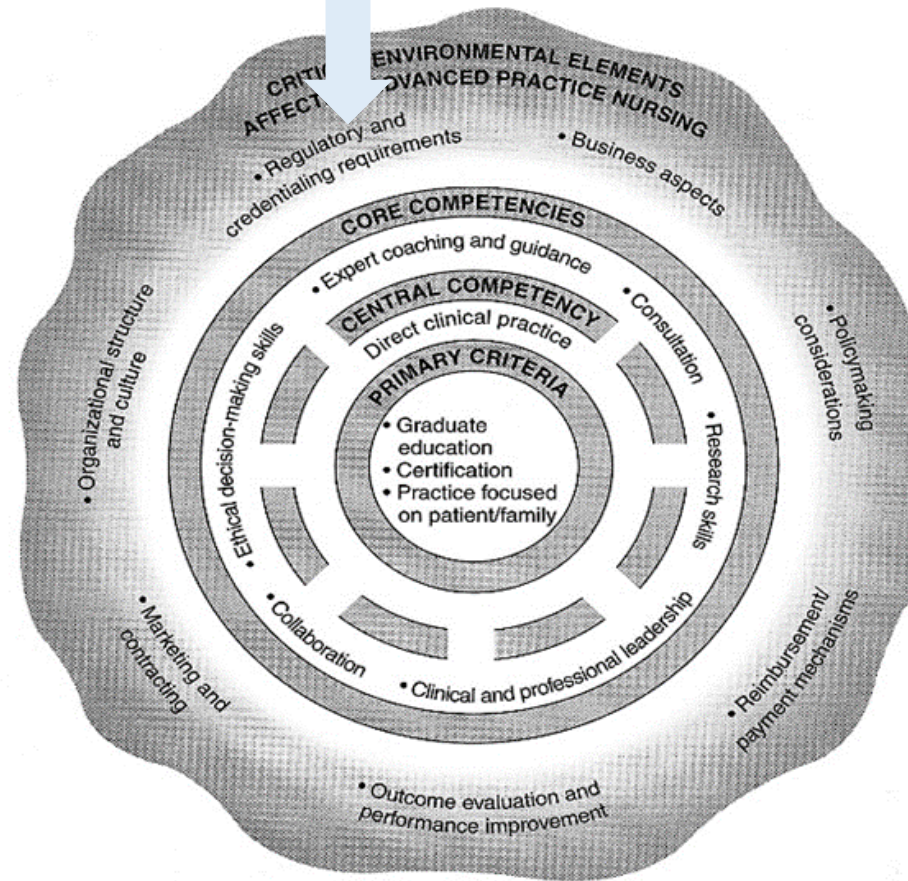
Publicada en: Hamric A.B., Spross J.A., Hanson C.M. Advanced Practice Nursing. An integrative approach. 4th ed. Philadelphia, PA: W.B. Saunders; 2009.



Publicada en: Hamric A.B., Spross J.A., Hanson C.M. Advanced Practice Nursing. An integrative approach. 4th ed. Philadelphia, PA: W.B. Saunders; 2009.



Publicada en: Hamric A.B., Spross J.A., Hanson C.M. Advanced Practice Nursing. An integrative approach. 4th ed. Philadelphia, PA: W.B. Saunders; 2009.



Estar graduada en un programa de màster o doctorat reconegut per les APN

Tenir el reconeixement d'APN en la pràctica clínica

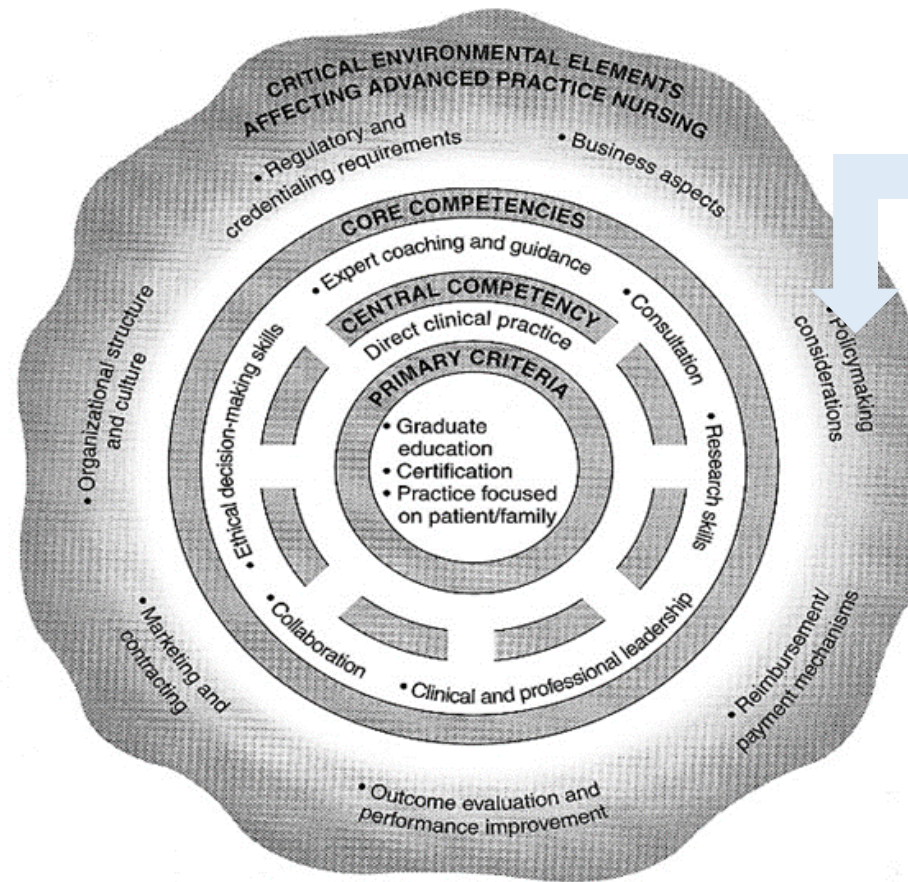
Estar en possessió del certificat nacional en una de les especialitats d'APN

Tenir un acord de pràctica col·laborativa

Mantenir l'estatus de prescriptor mitjançant la formació continua en farmacoteràpia

Estar registrada a l'administració nacional de drogues.

Publicada en: Hamric A.B., Spross J.A., Hanson C.M. Advanced Practice Nursing. An integrative approach. 4th ed. Philadelphia, PA: W.B. Saunders; 2009.

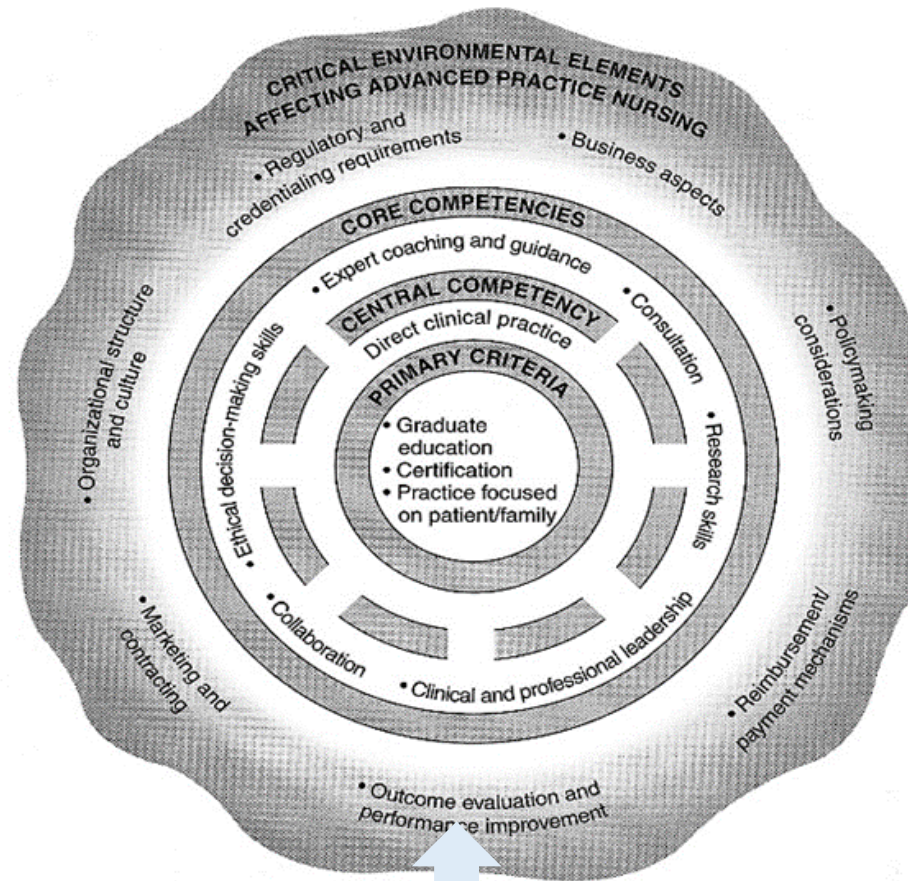


Cost de la sanitat

Qualitat de la sanitat

L'accessibilitat a la sanitat

Publicada en: Hamric A.B., Spross J.A., Hanson C.M. Advanced Practice Nursing. An integrative approach. 4th ed. Philadelphia, PA: W.B. Saunders; 2009.



Avaluació de l'impacte
(Efectivitat i eficiència)

Avaluació de competències i objectius
en l'organització

Publicada en: Hamric A.B., Spross J.A., Hanson C.M. Advanced Practice Nursing. An integrative approach. 4th ed. Philadelphia, PA: W.B. Saunders; 2009.





Systematic review of whether nurse practitioners working in primary care can provide equivalent care to doctors

Sue Horrocks, Elizabeth Anderson, Chris Salisbury

CNE
SERIES

CNE Objectives and Evaluation Form appear on page 251.

Robin P. Newhouse
Julie Stanik-Hutt
Kathleen M. White
Meg Johantgen

Eric B. Bass
George Zangaro
Renee F. Wilson
Lily Fountain

Donald M. Steinwachs
Lou Heindel
Jonathan P. Weiner

Advanced Practice Nurse Outcomes 1990-2008: A Systematic Review

EXECUTIVE SUMMARY

Advanced practice registered nurses have assumed an increasing role as providers in the health care system, particularly for underserved populations.

QUALITY, ACCESS, AND COST of health care are high-priority global concerns. In the United States, these issues are pressing due to the escalating cost of managing chronic diseases (Department of Health and Human

nurse practitioners (NPs), clinical nurse specialists (CNSs), certified nurse-midwives (CNMs), and certified registered nurse anesthetists (CRNAs). Several systematic reviews have assessed what is known about NP practice. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2707082/>

...d doctors pr of contact for patients with t problems in a primary care on one or more of the follo

etermine whether nurse practitioners e at first point of contact equivalent to

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es Randomis ervational st

...d doctors pr of contact for patients with t problems in a primary care on one or more of the follo

Particular interest has been shown in the concept of nurse practitioners providing front line care in general practice and in emergency departments. In this way they may potentially substitute for doctors

Division of Primary Health Care, University of Bristol, Bristol BS6 6GL

Primary Care Outcomes in Patients Treated by Nurse Practitioners or Physicians A Randomized Trial

Mary O. Munding, DrPH
Robert L. Kane, MD
Elizabeth R. Lenz, PhD
Annette M. Totten, MPA
Wei-Yann Tsai, PhD
Paul D. Cleary, PhD
William T. Friedewald, MD
Albert L. Siu, MD, MSPH
Michael L. Shelanski, MD, MPH

Randomised controlled trial of nurse practitioner versus general practitioner care for patients requesting “same day” consultations in primary care

Paul Kinnersley, Elizabeth Anderson, Kate Parry, John Clement, Luke Archard, Pat Turton, Andrew Stainthorpe, Aileen Fraser, Chris C Butler, Chris Rogers

Abstract

Objective To ascertain any differences between care from nurse practitioners and that from general practitioners for patients seeking “same day” consultations in primary care.
Design Randomised controlled trial with patients allocated by one of two randomisation schemes (by day or within day).
Setting 10 general practices in south Wales and south west England.
Subjects 1368 patients requesting same day consultations.

two groups (odds ratio 1.2 (95% confidence interval 0.8 to 1.8) for symptoms and 1.03 (0.8 to 1.4) for concerns). The number of prescriptions issued, investigations ordered, referrals to secondary care, and reattendances were similar between the two groups. However, patients managed by nurse practitioners reported receiving significantly more information about their illnesses and, in all but one practice, their consultations were significantly longer.
Conclusion This study supports the wider acceptance of the role of nurse practitioners in providing care to patients requesting same day consultations.

Main outcome measures Patient satisfaction, resolution of symptoms and concerns, care provided (prescriptions, investigations, referrals, recall, and

Introduction

General practices need to provide care for patients

THE MANY PRESSURES health care system a focus on health pro prevention have pre bates about primary care

Department of General Practice, University of Wales College of Medicine, Llanedeyrn Health Centre, Cardiff CF3 7PN
Paul Kinnersley, senior lecturer
Elizabeth Anderson, research officer
Chris C Butler, senior research fellow
continued over

BMJ 2000;320:1

Sustitución de médicos por enfermeras en la atención primaria

Laurant M, Reeves D, Hermens R, Braspenning J, Grol R, Sibbald B

Reproducción de una revisión Cochrane, traducida y publicada en *La Biblioteca Cochrane Plus*, 2008, Número 2



The Journal of Cardiovascular Nursing
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Publication Type: [Issues Related To Shortened Length Of Stay]
ISSN: 0889-4655
Accession: 00005082-199910000-00006
Keywords: advanced practice nurse, cardiac illness, discharge planning, hospitalized elders

[Issues Related To Shortened Length Of Stay]

The Effects of a Discharge Planning and Home Follow-Up Intervention on Elders Hospitalized with Common Medical and Surgical Cardiac Conditions

Naylor, Mary D. PhD, RN, FAAN; McCauley, Kathleen M. PhD, RN, CS, FAAN

Author Information

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Associate Professor of Cardiovascular Nursing; Cardiovascular Clinical Nurse Specialist; School of Nursing; University of Pennsylvania; Philadelphia, Pennsylvania (McCauley)
This research was supported by the National Institute for Nursing Research grant number R01-NR02095.

Abstract

This study was a secondary analysis of data collected on 202 patients hospitalized with common medical or surgical cardiac conditions who completed a 24-week postdischarge follow-up program as part of a large-scale randomized clinical trial. Subjects were age 65 years or older, admitted from their homes with one of the following diagnosis-



Critical
Care Nursing
Clinics of
North America

Crit Care Nurs Clin N Am 14 (2002) 269-274

What advanced practice nursing outcomes research is out there?

Ruth M. Kleinpell, PhD, RN-Cs*

Rush University College of Nursing, 600 S. Paulina Avenue, 1163 D-410 Chicago, IL 60612, USA

Health Policy and Systems

NURSING AND HEALTH CARE MANAGEMENT AND POLICY

Effects of nurse-initiated telephone follow-up on self-care patients with chronic obstructive pulmonary disease

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Lecturer, School of Nursing, Hong Kong Polytechnic University, Hong Kong SAR, China

Submitted for publication 28 January 2004

Accepted for publication 22 July 2004

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WONG K.W., WONG F.K.Y. & CHAN M.F. (2005)

49(2), 210-222

Effects of nurse-initiated telephone follow-up on self
chronic obstructive pulmonary disease

Lessons Learned from Testing the Quality Cost Model of Advanced Practice Nursing (APN) Transitional Care

Dorothy Brooten, Mary D. Naylor, Ruth York, Linda P. Brown, Barbara Hazard Munro, Andrea O. Hollingsworth, Susan M. Cohen, Steven Finkler, Janet Deatrck, JoAnne M. Youngblut

Purpose: To describe the development, testing, modification, and results of the Quality Cost Model of Advanced Practice Nurses (APNs) Transitional Care on patient outcomes and health care costs in the United States over 22 years, and to delineate what has been learned for nursing education, practice, and further research.

Organizing Construct: The Quality Cost Model of APN Transitional Care.

Methods: Review of published results of seven randomized clinical trials with very low birth-weight (VLBW) infants; women with unplanned cesarean births, high risk pregnancies, and hysterectomy surgery; elders with cardiac medical and surgical diagnoses and common diagnostic related groups (DRGs); and women with high risk pregnancies in which half of physician prenatal care was substituted with APN care. Ongoing work with the model is linking the process of APN care with the outcomes and costs of care.

Findings: APN intervention has consistently resulted in improved patient outcomes and reduced health care costs across groups. Groups with APN providers were rehospitalized for less time at less cost, reflecting early detection and intervention. Optimal number and timing of postdischarge home visits and telephone contacts by the APNs and patterns of rehospitalizations and acute care visits varied by group.

Grupos de pacientes	Resultados económicos significativos
VLBW bebés (<1500 gr) (N=79: 39 intervenció, 40 control)	La media de ahorro fue de \$ 18,000 por lactante
Nacimiento por cesárea no planificada (N = 122: 61 intervenció, 61 de control)	Reducció media del 29% en los costes de atención a la salud
Embarazo de alto riesgo (N = 97: 44 intervenció, 52 control)	Reducció media del 44% en los costes hospitalarios
Histerectomía (N=109: 53 intervenció, 56 control)	Reducció media del 6% en los costes hospitalarios
Embarazo de alto riesgo: Sustitució (N=173: 85 intervenció, 88 control)	Reducció media del 39% en los costes hospitalarios prenatales y ahorro de \$2.496.145 en costes de atención a las madres y bebés
Ancianos con DRG's Cardiacos, médicos y quirúrgicos (N = 276: 139 intervenció, 137 control)	Para el grupo de DRG's cardiacos: \$ 170,248 inferior a las 2 semanas después del alta y \$ 137.508 más baja 2-6 semanas después del alta
Ancianos: con DRG's comunes médicos y quirúrgicos (N=363; 177 intervenció, 186 control)	Medicare tuvo que reembolsar el doble para el grupo control en relación al grupo intervenció (\$ 1, 200,000 vs. \$ 0.600.000)

Brooten D, Naylor MD, York R, Brown LP. Lessons learned from testing the quality cost model of advance practice nursing (APN) tradicional care. J Nurs Scholarsh. 2002;(4):369-75.

Avaluació de l'impacte prematura per fer generalitzacions

L'evidència més sòlida, són les revisions sistemàtiques i els metaanàlisis

Dificultat en la comparació d'estudis (perfils de la IPA, objectius i dissenys d'estudi)

En la comparació de grups paral·lels (metge-infermera) en situacions concretes es requeriria que el temps invertit fos el mateix

En els estudis aleatoris cas-control per un grup específic de pacients, es fa necessari continuar investigant per obtenir més resultats d'efectivitat i eficiència, i tenir estudis a llarg termini.

Moltes gràcies