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IMPROVING CARDIOVASCULAR NURSE-LED HEALTH SERVICES

By Carolyn Astley and Robyn Clark

Cardiovascular nurse-led services are recognised as an area where health-service capacity can be developed (McAllister et al. 2004; Collins et al. 2013; Neubeck et al. 2011; Neubeck et al. 2012; Clark et al. 2007).

Leadership, mentoring and collaboration are important in the advocacy of cardiovascular nurse roles and can develop skills in culture and system change, competencies and connecting people to networks that can develop the emerging leader (Lanuza et al. 2011).

Former Dean of Johns Hopkins University School of Nursing and Midwifery, USA (2002-2013), Professor Martha Hill RN, PhD is a researcher who has mentored nurses in research and leadership. As the first non-physician President of the American Heart Association (1997-1998), Dr Hill has shared her skills in nursing advocacy, identifying the important issues, gaining consensus and advocating for change.

Mentoring masterclass

A masterclass with Dr Hill was held at Flinders University School of Nursing (South Australia) in 2013. The aim was to encourage wide-ranging discussion regarding nurse-led cardiovascular health services.

Dr Hill presented on the growing burden of cardiovascular disease projected population factors driving change to the delivery of health-services in our current environment. Following, discussions on how to meet patient and health system demands, measure practice and what future practice would look like were held. From these discussions emerging themes occurred including:

Data systems: The importance of measuring health service disparities and effectiveness using standardised processes was identified, as increasingly metrics reporting is required by hospital administrators. The electronic medical record was



recognised as valuable in providing access to real-time reporting on patient quality of care and clinical outcomes, which can be used to guide improvements in practice. However participants reported in most institutions, processes for data extraction or reports on services were problematic, highlighting duplication of data entry, delays, lack of expert analytics and the need for data and reporting to be integrated into the nursing role.

Advocacy: Sustainable business models are required to develop and support effective nurse-led services. There is need for advocacy to improve the Australian Medicare benefits scheme item numbers, which reimburse nurse consultations at a level that ensures sustainability of the service.

System efficiency: Hospitals present a complex system for patients to navigate when seeking healthcare and increasingly timely communication between hospital and primary care is required. Improved hospital systems should support efficient referral between specialties, integrate systems for pathology, diagnostics and imaging and ensure adequate accessibility.

The future: Community-based health-services (ie. heart failure and cardiac rehabilitation) should be accessible to both primary and tertiary care however joint funding and contractual models need to be developed to support this. Characteristics of services should place the patient at the centre. More formalised and coordinated care partnerships between metropolitan and country hospitals may also facilitate equitable access to health-care. The increasing focus on risk-stratified, rapid assessment, ambulatory care health-services should be explored (Than et al. 2012, Sekhri et al. 2007; Boyle, 2007).

Collaboration and having a voice:

This group were encouraged to continue meeting and develop strategy for advocacy, identifying the key topics that lend themselves to action. These include encouraging early career cardiovascular nurses into clinical doctoral studies ; innovative ideas in the development of future health services such as, considering those co-morbid conditions that are linked and common and collaborating with other groups with similar issues.

Nursing should be represented on influential committees, come armed with supporting data and possible problem solutions.

Conclusion

Following the masterclass participants had a clear vision of the barriers and enablers in their practice and felt more empowered to activate change for better outcomes in cardiovascular patients.

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