

Clinical Nurse Specialist and Advanced Nurse Practitioner Roles in Older Persons Nursing

POSITION PAPER

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*National Council for the
Professional Development
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*An Chomhairle Náisiúnta d'Fhorbairt
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Introduction

The development of specialist and advanced practice roles in Ireland is taking place within the context of a health service undergoing unprecedented reform. National policy documents such as the *Report of the Commission on Nursing* (Government of Ireland 1998) and the Health Strategy *Quality and Fairness: A Health System for You* (Department of Health and Children 2001) recommend the development of specialist and advanced nursing practice posts within the frameworks provided by the National Council (*Framework for the Establishment of Clinical Nurse/Midwife Specialist Posts: Intermediate Pathway November 2004a and Framework for the Establishment of Advanced Nurse/Midwife Practitioner Posts July 2004b*).

This position paper aims to provide guidance to care of older person’s services and those services which provide care for older persons, who are considering the introduction of such posts by addressing the implications of specialist and advanced nursing practice which relate specifically to care of older persons.

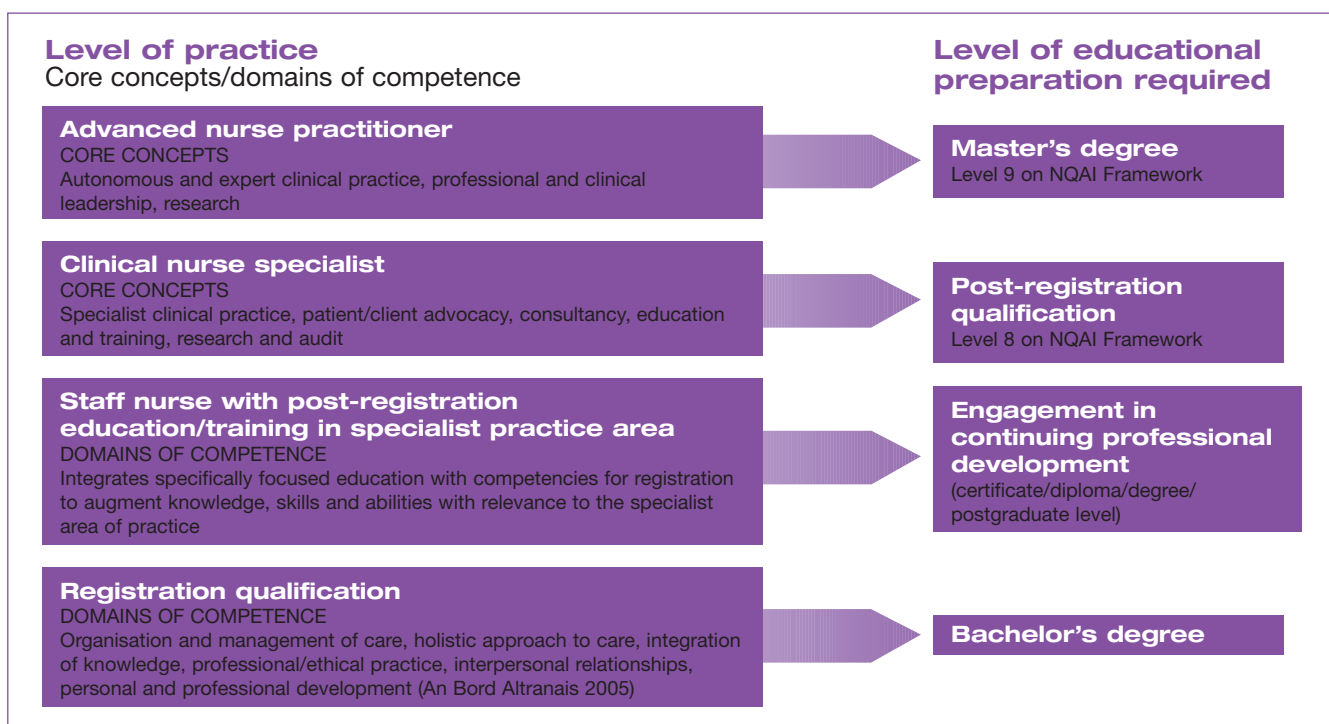
The national focus is on the development of the continuum of community services to enable older people to live in their own community in dignity and independence for as long as possible, to restore those who become ill or dependent to as independent a life as possible in their own homes and to provide high quality residential care for older people who can no longer be maintained in independence and dignity at home (DoHC 2000, HSE 2006). The Health Service Executive (HSE) has established an expert advisory group for older persons which will act as a primary source of operational policy and strategic advice in addition to driving integration across the HSE.

One objective of the National Council’s strategy is to provide guidance to the health services on the development of nursing practice to meet emerging patient/client needs. The National Council consequently welcomes and actively supports the development of Clinical Nurse Specialist and Advanced Nurse Practitioner posts in older persons nursing.

Background: Clinical Nurse Specialist and Advanced Nurse Practitioner Posts

As life-expectancy in Ireland grows, it is increasingly important to consider the particular needs of people in later life and to provide a comprehensive range of services appropriate to their needs. Since the publication of the *Report of The Commission on Nursing* (Government of Ireland 1998) and the establishment of the National Council, the formal introduction and development of Clinical Nurse/Midwife Specialist and Advanced Nurse/Midwife Practitioner posts has continued to evolve in line with service need. This evolution has been

Figure 1. Clinical Career Pathway: Levels of Practice and Corresponding Educational Preparation



facilitated by the clear and unambiguous definitions, core concepts and competencies and the frameworks outlined by the National Council¹. To date 1,900 CNS/CMS and 67 ANP posts have been approved by the National Council. The development of CNS/CMS and ANP/AMP posts have been driven primarily by service need, or an increase in population and decreased access, expansion of nursing competence, better education and by the desire for individual nurses to challenge ritualistic practices and professional role boundaries (*A Preliminary Evaluation of the Role of the Advanced Nurse Practitioner September NCNM 2005b*).

Table 1: Age breakdown of older population by gender in 1996 and projections for 2011

AGE CATEGORY	MALES (%)		FEMALES (%)		OVERALL (%)	
	1996	2011	1996	2011	1996	2011
65-69 years	34	36	28	30	31	32
70-74 years	28	26	26	23	27	24
75-79 years	20	18	21	19	20	19
80+ years	18	20	25	30	22	25

Source: Central Statistics Office (1997)

Service Need for the Development of CNS/ANP Posts in Older Persons Nursing

The census of 2006 has shown that there has been a marked increase in the general population of Ireland. The preliminary total for the population enumerated on census night April 2006 was 4,234,925 persons, compared with 3,917,203 in April 2002; this represents an increase of 8.1% in four years or 2% per annum. Table 1 (see above) outlines the projected population by gender of the older population for 2011. These projected statistics for 2011 could be underestimated as the calculation of this massive population explosion was not predicted. Therefore, the breakdown of the older population by gender must be read in the context of the unprecedented rise in the general population.

Another useful demographic for determining service need for older people is the absolute number of older people (aged 65 or over) living in Ireland in 2002 and more importantly to look at the estimated projections to 2021 in an attempt to capture current health need. In 2002, there were 436,401 people over the age of 65 in Ireland, (CSO 2002) representing 11% of the total population. By 2021 it is estimated that we will have between 698,486 and 728,606 people over the age of 65 living in Ireland representing 15% of the total population (Connell & Pringle 2004).

The number of those aged 65 and over living alone increased from 107,000 to 114,000 between 1996 and 2002, representing a small decline in the percentage of older people living alone, from 26% to 25%. The National Council on Ageing and Older People (NCAOP 2004) estimates that this number will rise in proportion with the overall growth in the number of older people, up to 30% or 210,000 older people.

Older people are and will continue to be the major users of health and social care. For many older people and particularly the most frail, the level of need can range from continuing care, interspersed with acute episodes that require rapid access to medical treatment, nursing and therapy (RCN BGS 2001). When an acute episode occurs it is about assisting the person back to health as quickly as possible. If full recovery is not possible, the older person requires support to live a full and productive life with a long term condition. For those with a terminal illness, the aim of care is to ensure a comfortable and dignified death with full support for the person and the family (Scottish Executive 2006).

Expanded skills and competencies (e.g. re-insertion of PEG tubes and prescribing) are welcome additions to older person nursing but they are complementary to and will enhance traditional skills. Research indicates that highly specialised areas of care can produce quantifiable outcomes for patients. As an example specialist nurses trained in ear care reduce treatment costs, reduce the use of antibiotics, educate patients in ear care, increase patient satisfaction, and raise ear awareness (Fall et al 1997).

The changing health picture with older persons comprising greater proportions of the population will require the development of technical skills to offer short, focused, effective interventions. But there will also be an increasing requirement for the more traditional needs, particularly in relation to helping people stay healthy and in supporting and enabling those with long term conditions to live positive lives.

Gerontological nursing must remain sufficiently wide to embrace new technically focused functions while sustaining and nurturing core fundamental skills and values. Nursing older people is essentially about supporting, educating, enabling, comforting and encouraging people to live fulfilling, healthy lives (Scottish

¹ Framework for the Establishment of Clinical Nurse/Midwife Specialist Posts: November 2004. Framework for the Establishment of Advanced Nurse/Midwife Practitioner Posts: July 2004

Executive 2006). The literature fully supports this assertion maintaining that it is these skills and values that patients and the public most respect and most cherish.

Specialist and Advanced Practice in Older Persons Nursing

The role of the CNS and the ANP in an older persons setting is distinguished by the scope of practice, the educational preparation required, the levels of clinical decision-making, the level of responsibility and finally the level of autonomy.

Gerteis (1993) identified 7 broad dimensions of care that most affect patient's experience of care:

- respect for patient's values, preferences and expressed needs
- co-ordination of care and integration of services within an institutional setting
- communication between patient and providers: dissemination of accurate, timely and appropriate information and education about the long term implications of disease and illness
- physical care, comfort, relief from pain
- emotional support and alleviation of fears and anxiety
- involvement of family and friends
- continuity and transition of care from one locus to another.

These 7 dimensions are consistent with work undertaken by Nolan et al (2002) who identified 6 senses which he hoped would provide direction for staff and improve the care older people received:

- A sense of security
- A sense of continuity
- A sense of belonging
- A sense of purpose
- A sense of fulfillment
- A sense of significance.

It must also be remembered that whilst these dimensions of care underpin what is important to patients, healthcare professionals, institutions and governments are also concerned with measurable aspects of quality such as professional competence, the technical quality of diagnostic and therapeutic procedures, the appropriateness of treatment and the efficiency of the systems that deliver care (Office of Health Management 1998, Department of Health and Children 2001). Bearing these dimensions in mind it should be possible for service providers to identify areas for development.

As the Transformation Programme evolves increased opportunities for nursing older people and the development of CNS and ANP posts will emerge. In line with one of the Transformation priorities of the HSE 'to develop integrated services across all stages of the care journey' (HSE 2006), there is opportunity for CNS and ANP posts that cross the invisible yet very real care boundaries. The success of such posts has already been demonstrated in the literature (Horrock's et al (2002) Lambing et al (2004)). As important as the clinical outcomes is the perception of the public to the quality of care that they have received. New services, while not specific to older persons provided by CNS's and ANP's are examples of such posts in the Irish setting. Posts such as Stroke care, Heart Failure, Chronic Disease and Emergency Care have a significant caseload of older persons and ensure that the older persons' complex health needs are assessed in an appropriate and timely manner and that referral to the acute services, the community or the voluntary sector are easily accessed.

The management of chronic illness is receiving a lot of interest in recent years. The percentage in the United Kingdom of over 65's who report having a long standing illness or chronic ill health is 60% for men and 65% for woman (Soule et al 2005). In Ireland, the reported figure seems slightly lower at 45% (NCAOP 2004). Health and Social Services for Older People (HeSSop) carried out a study in Ireland, which states that the average number of visits to the GP, reported by people over 65 was 5.3 per year (Garavan et al 2001). Older people in Ireland also have high levels of hospital use, in which they are rivaled only by infants under one year (Nolan 1991).

Work undertaken in Wales indicates that up to 80% of GP consultations are related to chronic conditions (Department of Health, 2004). It is estimated that 30% of patients with chronic obstructive pulmonary disease could be treated in the community rather than in hospital if appropriate support was available. It is likely that the CNS in general practice in the Irish system include a significant number in their case load, which match the figures seen by the GP. To date there are 201 Clinical Nurses Specialists working in GP practices with varying case loads. Primary care is an area where CNS and ANP posts could be developed. Such posts would address the Health Service Transformation Programme Priorities:

- Transformation Programme 2 looks at possible developments in the PCCC and again offers substantial

opportunities for the establishment of CNS and ANP posts.

- Transformation Programme 3 identifies reconfiguring the hospital services and the encouragement of advanced primary care delivery and chronic illness prevention.
- Transformation Programme 4 looks at implementing a model for the prevention and management of chronic illness. Specific projects include developing and providing specialist training in chronic illness prevention and management (HSE 2006).

Equally, the management of the increasing numbers of clients with varying degrees of dementia lends itself to the establishment of CNS and ANP for dementia care. Currently it is estimated that there are 31,000 people in Ireland living with dementia (NCAOP 2000). It is estimated that by 2036 there will 103,998 (Alzheimer Society of Ireland 2007). The greatest causes of mortality in Ireland are circulatory disease (45%), malignant neoplasms (24%), respiratory disease (15%). Once again the possibility of a shared service is evident, offering diagnostic tests, management plans and referral pathways for clients and families at all stages of the illness whether at home, in the acute services or if at the stage of requiring long stay care.

Existing posts in the acute services could be developed and replicated specifically for the older population. Posts such as CNS and ANP for Parkinson's disease, stroke management or respiratory disorders to name but a few 'fit' with the known multiple pathologies of older people.

Clinical Nurse Specialist Posts

As of April 2007, the National Council has approved 46 CNS posts with a specific remit for care of older persons. It should be noted however other CNS's such as CNS in Diabetes or Stoma care, for example, will carry a significant older person's population within their caseload. The 46 CNS posts, respective practice areas and client groups indicated by post titles are outlined in table 2.

Table 2: Titles and Number of Clinical Nurse Specialist Posts in Care of Older Persons by Health Region

HEALTH REGION	TITLE	NUMBER OF POSTS
HSE ER-ECA	Alzheimer/Dementia Care	1
HSE ER-ECA	Care of the Older Person	2
HSE ER-ECA	Care of the Elderly - Learning Disabilities	1
HSE ER-ECA	Community Mental Health-Older Person	1
HSE ER-NA	Community Psychiatry of Old Age	7
HSE ER-SWA	Community Psychiatry of Old Age	3
HSE ER-SWA	Community Rehabilitation of the Older Person	1
HSE ER-SWA	Complementary/Supportive Therapies (Older Persons)	1
HSE MR	Continence Management Elderly Care Services	2
HSE MR	Dementia	2
HSE MWR	Dementia Care	4
HSE MWR	Diversional & Recreational Activation for the Older Person	1
HSE MWR	Elderly Assessment	1
HSE MWR	Elderly Care	1
HSE MWR	Functional Gerontology	1
HSE MWR	Gerontological Assessment	1
HSE MWR	Gerontological Rehabilitation	1
HSE NER	Gerontology	2
HSE NWR	Gerontology	1
HSE NWR	Health Assessment and Promotion in the older adult	1
HSE NWR	Old Age Psychiatry	2
HSE NWR	Older People Nursing	2
HSE SER	Older Person Learning Disabilities	1
HSE SER	Parkinson's Disease/Aspen	2
HSE SER	Psychiatry of Old Age - Dementia Care	1
HSE SR	Rehabilitation Care of the Older Person	1
HSE WR	Therapeutic Interventions in Elderly Care	1
HSE WR	Therapies, Mental Health Care for Older People	1
Total		46

It is evident from this table that CNS roles in older persons span a wide range of practice areas. There are some in Intellectual Disabilities and Mental Health, some are focused on the area of disease, such as Parkinson’s disease and incontinence and some within the area of assessment and rehabilitation. What this demonstrates is that development of posts is dependent on the service need and the availability of services. The posts can be generic or disease/symptom specific. Whilst there is much debate in the literature regarding specific or generalist CNS posts, no consensus appears to have been reached. Arguments abound that the older person presents with multiple pathologies and so requires multi skilled CNS’s to avoid fragmentation of care. In 1998, the *Report of the Commission on Nursing* (Government of Ireland 1998) considered that gerontological nursing offered substantial opportunities for nurse-led services. Table 3 outlines evidence from the literature regarding the impact that the introduction of the CNS in older persons can have on the patient/client and the service. It should be noted that there is a paucity of published research on the role and outcomes of the CNS in an older person setting; this is likely to be due to the lack of such roles within the care setting.

Table 3		
AUTHOR & METHOD	AIM OF STUDY	IMPACT ON PATIENT/CLIENT
Jarman et al (2002) Two year RCT	Effects of community based nurses specialising in Parkinson’s disease on health outcomes and cost	Nurse specialists in PD did improve the patients sense of wellbeing, with no increase in healthcare costs
Tijhuis, G et al (2003) Two year RCT	To compare the long-term effectiveness of CNS delivered care with inpatient and day patient team care in patients with rheumatoid arthritis and increasing functional limitations	CNS provided care is a useful alternative to other MDT management strategies for patients with RA in need of complex care
Davis, D (2005)	Innovative Advanced Practice in Psychiatric Medical-Surgical Practice	Earlier and more appropriate use of pharmacological and nonpharmacological therapies has resulted in improved clinical outcomes and decreased lengths of stay.

Advanced Nurse Practitioner Posts.

There are numerous developments currently underway in Ireland for ANP posts with a specific remit for older persons. These developments range from generic posts in older persons with a broad caseload to more disease orientated posts such as dementia care. Psychiatry of old age and stroke care (within a care of the older person setting) has also been identified for development. Finally, an ANP post within a community setting for older people is nearing completion. However, to date there have been no ANP posts in Ireland that have a dedicated older person remit. Whilst still in the early stages, it is hoped that these posts will act as a catalyst for the remaining services to see the benefit of such developments. It should be noted that a number of the current ANP posts that have been accredited, have a large percentage of older people as part of their case load, this can be as much as 90% in relation to, for example, stroke care.

There are many examples in the literature of ANP’s working successfully and productively across a variety of care settings. For example, in a nursing home setting, residents who received advanced practice nursing treatment showed either greater improvements or lesser decline in three of the four measured protocols; incontinence, pressure ulcers, and aggressive outbursts - when compared with the control group (Harrington and Kovner 2001). Lambing et al (2004) explored the effectiveness of NP’s managing the care of older inpatients. Results from this study indicate that NP’s deliver effective care to hospitalised older patients particularly those who are older and sicker. In particular ANPs were skilled in areas such as identifying the need for, and initiating physical and occupational therapy and nutrition consultation.

It would seem that there is growing need to expand the role of the nurse. With conditions such as diabetes with a prevalence of up to 20% by the age of 75 (Meneilly et al 2001) and incontinence with a predicted prevalence of between 17% for community based older people and 50% for those hospitalised (Cambell 1985) there is a growing need for advanced nursing practice to assist these older people.

Health promotion and disease prevention for older people has also been identified as a priority of the HSE and lends itself to the establishment of specialist nursing posts with numerous examples in the literature of improved patient outcomes and cost effectiveness (Nakano et al 2000, Horrock’s et al 2002, Murchie et al 2003, Oida et al 2003)

An Approach to Identifying the Need for CNS and ANP Roles in Older Persons Services

Assessing the need for a CNS and/or ANP post

When assessing whether or not a CNS and/or ANP post would be appropriate to their service, service planners and other interested parties might start by referring to the *Service Needs Analysis for Clinical Nurse/Midwife Specialist and Advanced Nurse/Midwife Practitioner Posts* document (National Council 2005a). The following questions may also be of assistance in generating discussion.

General Considerations:

- What are the specific health needs of the care of older person population?
- How can nurses help to meet the complex and multifaceted requirements of the care of older person population?
- What specialised competencies, skills and knowledge are required to meet the physical and health promotion needs of the older person and their families?
- Do nurses working with older persons possess specialised nursing and related competencies, skills and knowledge? If so, to what extent, and how do we measure them?
- What levels of autonomy and expertise should a CNS and/or ANP have in relation to clinical and other decision-making?
- Could a CNS and/or ANP post be set up as a joint appointment with another service?

Is a CNS required in your service to:

- Provide specialised nursing care to older people?
- Implement health promotion strategies in accordance with the public health strategies for care of older persons?
- Enable older persons to participate in decisions about their health and other needs?
- Articulate and represent older person's interests in collaboration with the multidisciplinary/interdisciplinary team?
- Implement change in health and related services provided by your organisation in response to identified needs of the older person?
- Provide mentorship, etc, for other nurses and health care workers in your organisation?
- Educate older people and their relatives/carers in relation to their specialised health and related care needs?
- Identify and integrate nursing and other evidence into health and related care practice?
- Initiate, participate in and evaluate audits of nursing, health and related care practice?
- Contribute to service planning and budgetary processes?
- Provide leadership in clinical, nursing, health and related care practice?
- Generate and contribute to the development of clinical, nursing, health and related care standards and guidelines?
- Use specialist knowledge to support and enhance generalist nursing and interdisciplinary practice?

Is an ANP required in your service to:

- Carry out comprehensive and/or specific health and other related assessments and diagnostic procedures?
- Prescribe and provide appropriate treatment, care and interventions in response to older persons identified needs?
- Lead innovations in clinical, nursing, health and related care practice in order to enhance standards of care?
- Facilitate service and multi-professional practice developments based on relevant research, clinical and other audit and educational activity?

- Provide new and additional health and related services, in collaboration with other health care professionals in response to identified needs?
- Participate in and develop educational programmes for nursing and other health and social care staff within the organisation and the wider community?
- Provide supervision and mentoring to other nurses and health care staff?
- Contribute to annual service reports and service plans in the interests of high-quality care and service provision?
- Identify nursing and other relevant research supporting best practice in relation to older persons specific needs?
- Identify research priorities?
- Integrate nursing and other relevant research into clinical, nursing, health and related care practice?
- Initiate, co-ordinate and conduct clinical, nursing, health and related research and audit?

Educational Preparation for Clinical Specialist and Advanced Practice Roles:

In order to meet the National Council’s criteria, CNS post-holders are required under the intermediate pathway to be "educated to higher diploma level or equivalent" or to "undertake a contractual agreement to obtain a relevant higher diploma or equivalent" (level 8 on the NQAI Framework) (National Council 2004a, p8); ANP post-holders are required to be "educated to master’s degree level (or higher)" and their educational preparation must include "a substantial clinical modular component(s) pertaining to the relevant area of specialist practice" (National Council 2004b, p11). A wide variety of areas have been identified in which nurses working within older persons services have specialised, some of which are reflected within the range of postgraduate nursing education programmes currently offered by schools of nursing in the third-level education sector. Table 4 outlines the courses currently available in gerontological nursing in Ireland.

COURSE TITLE	THIRD LEVEL INSTITUTION
Graduate Diploma in Nursing (Rehabilitation of the Older Person)	University of Limerick
Higher Diploma in Nursing (Gerontological Nursing)	Royal College of Surgeons in Ireland
Higher Diploma in Nursing Studies (Clinical Practice) (Gerontological Nursing)	University College Dublin/NUI Dublin
Higher Diploma in Nursing Studies (Gerontology)	National University of Ireland Galway (NUIG)
Higher Diploma in Science in General Nursing (Care of the Older Person)	Dundalk Institute of Technology
Higher Diploma in Science in General Nursing (Older Person)	Athlone Institute of Technology
Higher Diploma in Science in Nursing (Gerontological)	Letterkenny Institute of Technology
Higher Diploma in Science of Nursing in Gerontological Nursing	Institute of Technology, Tralee
Master of Science in Gerontological Nursing	Trinity College
Master of Science in Nursing (Rehabilitation of the Older Person)	University of Limerick
MSc in Gerontological Nursing	Institute of Technology, Tralee
MSc in Nursing (Gerontological Nursing)	Royal College of Surgeons in Ireland
Postgraduate Diploma in Gerontological Nursing	Trinity College
Postgraduate Diploma in Nursing (Gerontological Nursing)	University College Cork

Details of these and other courses can be accessed via the National Council’s web site at www.ncnm.ie

Conclusion

This paper has demonstrated the progress made to date in the development of the clinical career pathway in nursing and midwifery in Ireland. It has illustrated how the supporting documentation provided by the National Council might be used by nurses and their managers who wish to determine and articulate specific service needs which can be met by the competencies delivered by CNS and ANP roles.

CNS and ANP posts have evolved in line with service need. This evolution has been facilitated by the clear and unambiguous definitions, core concepts and competencies and the frameworks outlined by the National Council². Demographic projections indicate that our population is ageing because people are living longer and death rates are declining.

People over 65 have a greater prevalence of chronic illnesses and use more health services than younger people. The skills and competencies of nursing are crucial to the health service reforms to meet the changing needs and to improve the older person's pathway and experience as they move through the system. Whilst the future development of the health services, within the context of the health transformation programme, is geared towards community based care, there will always be a need to provide long-stay residential care for some older people. Many older people reside temporarily in acute hospitals, usually receiving short-term care but often then awaiting transfer to a more suitable long-stay setting. These long-stay settings include HSE geriatric homes and hospitals, HSE welfare homes, HSE district and community hospitals, nursing homes (both voluntary and commercial) and psychiatric hospitals and hostels. (NCAOP 2000). The total number in long-stay care represent about 5% of all people aged 65 and over in Ireland. This proportion is relatively low by international comparisons of numbers of older people in long-stay care. (NCAOP 2007).

Forty-six CNS posts have already been established in older person services. The National Council is keen to support service providers and nurses wishing to establish such posts. The third level sector has already seen the potential for the development of this area of nursing as can be evidenced by the ever increasing number of courses available. This paper provides examples of how the development of such posts has had a positive effect on patient care, costs and the service. They are not intended to be a definitive list rather to give a flavour of the potential for the development of both CNS and ANP posts for older persons. It now remains for the services to examine the specific needs of the older population and the specialised nursing competencies, skills and knowledge available to meet these needs. In this context there is opportunity for CNSs and ANPs to work across practice settings. The National Council welcomes discussions with service providers and nurses working in the older person services in order to provide further assistance and will continue to provide seminars, open days' telephone, email and web support to promote the development of both CNS and ANP posts.

² Framework for the Establishment of Clinical Nurse/Midwife Specialist Posts: November 2004. Framework for the Establishment of Advanced Nurse/Midwife Practitioner Posts: July 2004

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of Nursing and Midwifery

An Chomhairle Náisiúnta d'Fhorbairt
Chairteail an Altranais agus
an Chnáimhseachais

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