



# College of Emergency Nursing New Zealand (CENNZ NZNO) Position Statement for Mātanga Tapuhi | Nurse Practitioners in the Emergency Department

### **Purpose**

The College of Emergency Nurses New Zealand (CENNZ) supports the establishment and integration of Mātanga Tapuhi | Nurse Practitioner roles within Emergency Department (ED) teams.

Mātanga Tapuhi | Nurse Practitioner (NP) is a scope of nursing practice regulated by the Nursing Council of New Zealand. NPs have the education, competence, and legal authority to practice beyond the level of a Registered Nurse.

In the context of emergency care, NPs manage episodes of care as the lead healthcare provider to provide patient-centred healthcare services. This ability to assess, diagnose and treat people who present to the ED as independent lead clinicians increases ED resources and assists in the reduction of patient waiting times and ED length of stay, and improves access to quality care.

## **Background**

Emergency health care continues to be impacted by critical changes over recent years. Care delays and overcrowding frequently impact the quality of care able to be provided. In many locations, patients with complex medical conditions, or who are without primary care options present in crisis to EDs. The provision of safe care requires adequate resourcing of EDs (Jones & Jackson, 2023). Nurse Practitioners provide workforce continuity and in-depth community knowledge based on longer-term employment and a holistic care focus.

The addition of NP roles into ED teams increases capacity to manage ED presentations and improves patient outcomes (Fowler, Landry, & Nunn, 2019; Horvath, Visekruna, Kilpatrick, MacCallum, & Carter, 2023; Jennings, Clifford, Fox, O'Connell, & Gardner, 2015; Kleinpell, Grabenkort, Kapu, Constantine, & Sicoutris, 2019; Woo, Lee & Tam, 2017).

Around Aotearoa New Zealand, advanced clinical emergency nursing practice has developed across the spectrum of Clinical Nurse Specialists to the NP scope of practice. The distinction and differences between the two roles and scopes may be blurred leading to lack of support or restrictive boundaries. Clinical Nurse Specialists may be expected to practice outside the expanded Registered Nurse scope, and NPs may be constrained in their role by differing or erroneous perceptions of the NP scope of practice.

NP is a legislated scope of practice that extends beyond the scope of the Registered Nurse (Nursing Council of NZ, 2017). The NP scope includes ordering and interpretation of diagnostic tests, performing procedures within an area of competence, authorised prescriber ability, and admission and discharge to and from hospitals or other healthcare services /settings. NPs apply current evidence and shared decision-making to develop therapeutic management plans for common and complex health conditions (Roche, Gardner, & Jack, 2017). NPs work autonomously and in collaborative teams as lead clinicians (Shand, Klemmer, Grubb, Chesney, Olsen, & So, 2020). As clinical leaders they work across healthcare settings and influence health service delivery and the wider profession. NPs provide

mentoring, consultation, and teaching expertise to colleagues (Lutze, Fry, Mullen, O'Connell, & Coates, 2018).

NPs should be supported to practice to the full extent of their scope and meet professional responsibilities and requirements to realise the full benefit of the role (CENA, 2015). The characteristics and model of care in individual EDs influence the practice and role of NPs within the ED team. Many NPs working in EDs may have prior experience as Clinical Nurse Specialists in an emergency care setting. As the NP roles have grown, this has enabled this workforce to transition across the health continuum from primary to tertiary level care. Individual practitioners develop their knowledge and skills to meet the needs of their population and practice requirements.

### **Key Recommendations**

It is the position of the College of Emergency Nurses that Mātanga Tapuhi | Nurse Practitioners:

- Are employed as NPs working autonomously to meet the health care needs of patients presenting to EDs.
- Practice to the full extent of their scope of practice using expert nursing and evidence-based care to assess, diagnose and treat all people presenting to EDs for health care and medical treatment.
- Integrate the principles of Te Tiriti o Waitangi into practice to address health inequities.
- Are supported through appropriate professional development and department processes to maximise the benefits of the NP role and scope of practice.
- Are provided sufficient paid non-clinical time to participate in activities that support safe care, community partnership and population health improvements.
- Are active senior nurse leaders within the department and at a national level, providing coaching, mentorship, and educational opportunities.
- Influence, inform and support workforce planning and development.

### **Further Rationale**

- Innovative solutions are required to meet demands for quality emergency care.
- NP is an autonomous scope of practice with master's level training to safely manage ED presentations.
- NP roles in the ED increases care capacity and quality of care.
- NP roles require adequate funding and support to maximise their contribution to the emergency care team.

#### References

- College of Emergency Nursing Australasia, (2015). Position Statement. Nurse Practitioners in the Emergency Department. Retrieved from https://www.cena.org.au/public/118/files/Governance/CENA-Position-Statement-Nurse-Practitioners-in-the-Emergency-Department.pdf
- Fowler, L. H., Landry, J., & Nunn, M. F. (2019). Nurse practitioners improving emergency department quality and patient outcomes. Critical Care Nursing Clinics, 31(2),237-247. doi.org/10.1016/j.cnc.2019.02.010
- Horvath, S., Visekruna, S., Kilpatrick, K., McCallum, M., & Carter, N. (2023). Models of care with advanced practice nurses in the emergency department: A scoping review. International Journal of Nursing Studies 148:104608. Doi:10.1016/j.ijnurstu.2023.104608
- Jennings, N., Clifford, S., Fox, A. R., O'Connell, J., & Gardner, G. (2015). The impact of nurse practitioner services on cost, quality of care, satisfaction and waiting times in the emergency department: A systematic review. International Journal of Nursing Studies 52(1)421-435. doi.org/10.1016/j.ijnurstu.2014.07.006
- Jones, P. & Jackson, G. (2023). Emergency department crowding is not being caused by increased inappropriate presentations. New Zealand Medical Journal 136(1586)94-98.
- Kleinpell, R. M., Grabenkort, W. R., Kapu, A. N., Constantine, R., & Sicoutris, C. (2019). Nurse practitioners and physician assistants in acute and critical care: A concise review of the literature and data 2008-2018. Critical Care Medicine, (47)1442-1449. Doi:10.1097/CCM.0000000000003925
- Lutze, M. Fry, M., Mullen, G., O'Connell, J., & Coates, D. (2018). Highlighting the invisible work of emergency nurse practitioners. The Journal for Nurse Practitioners 14(1)26-32. doi.org/10.1016/j.nurpra.2017.09.023
- Nursing Council of New Zealand (2017). Competencies for the nurse practitioner scope of practice.

  Retrieved from

  https://www.nursingcouncil.org.nz/Public/Nursing/Scopes\_of\_practice/Nurse\_practitioner/
  NCNZ/nursing-section/Nurse\_practitioner.aspx
- Roche, T.E., Gardner, G. & Jack, L. The effectiveness of emergency nurse practitioner service in the management of patients presenting to rural hospitals with chest pain: a multisite prospective longitudinal nested cohort study. BMC Health Services Research 17, 445 (2017). https://doi.org/10.1186/s12913-017-2395-9
- Shand, W., Klemmer, D., Grubb, S., Chesney, S., Olsen, B., & So, L. (2020). Research to action: Nurse practitioners in the emergency department, emergency department transition clinic and intravenous therapy clinic at Strathcona community hospital. Canadian Journal of Emergency Nursing 43(1), 23-27.
- Woo, B., Lee, J., & Tam, W. (2017). The impact of the advanced practice nursing role on quality of care, clinical outcomes, patient satisfaction, and cost in the emergency and critical care settings: a systematic review. Human resources for health. 15(1), 63. doi:10.1186/s12960-017-0237-

| Position statement next due for review | May 2027 |
|--|----------|
| Position statement last reviewed       | May 2024 |
| Position statement developed           | May 2024 |