

Is there a synergy between framework for implementing advanced nursing practice in an emergency department in Belgium and the conceptual framework of the Magnetic Hospital?

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Definition of Advanced Practice Nurse (APN)

According to the International Council of Nurses

(CII – Genève 2008a updated in 2020)

An advanced practice nurse "is a state-certified or certified nurse who has acquired the theoretical knowledge, the know-how necessary to make complex decisions, and the clinical skills essential for the advanced practice of his or her profession, the characteristics of which are determined by the context in which the nurse will be licensed to practice. A master's degree is recommended as an entrance diploma »



What does
Belgian law say?

SERVICE PUBLIC FEDERAL SANTE PUBLIQUE,
SECURITE DE LA CHAINE ALIMENTAIRE
ET ENVIRONNEMENT

[C – 2019/12159]

22 AVRIL 2019. — Loi portant modification de la loi coordonnée
du 10 mai 2015 relative à l'exercice de professions des soins de santé

CHAPITRE 9. — L'exercice de l'art infirmier

Art. 15. Dans la même loi il est inséré un article 46/1 rédigé comme suit :

“Art. 46/1. § 1^{er} Nul ne peut porter le titre d'infirmier de pratique avancée s'il n'est porteur d'un diplôme ou d'un titre d'infirmier ou d'infirmière tel que visé à l'article 45 et s'il ne répond pas aux dispositions du présent article.

Le Roi fixe, après avis du Conseil fédéral de l'art infirmier, les critères pour obtenir le titre d'infirmier de pratique avancée. Ces critères prévoient au minimum un diplôme de master en sciences infirmières.

§ 2. En plus de l'exercice de l'art infirmier tel que visé dans l'article 46, l'infirmier de pratique avancée pratique, dans le cadre des soins infirmiers complexes, des actes médicaux en vue du maintien, de l'amélioration et du rétablissement de la santé du patient.

Les soins visés dans le premier alinéa sont pratiqués par rapport à un groupe cible de patients bien défini et sont posés en étroite coordination avec le médecin et les éventuels autres professionnels de soins de santé.

Le Roi fixe, par arrêté délibéré en Conseil des ministres, après avis de la Commission technique de l'art infirmier et du Conseil supérieur des médecins spécialistes et des médecins généralistes, les activités que l'infirmier de pratique avancée peut pratiquer. Il peut également, après avis de la Commission technique de l'art infirmier et du Conseil supérieur des médecins spécialistes et des médecins généralistes, fixer les conditions dans lesquelles l'infirmier de pratique avancée peut accomplir ces activités.

§ 3. Les prestations infirmières de pratique avancée, telles que visées dans le paragraphe 2, sont consignées dans un dossier infirmier.”.

Promulguons la présente loi, ordonnons qu'elle soit revêtue du sceau de l'Etat et publiée par le *Moniteur belge*.

Donné à Bruxelles, le 22 avril 2019.

Belgian ED situation for APN in 2023

No regulation yet by law	No precise definitions of roles/responsibilities leading to an implementation framework	No records	Profile not yet well defined (specialized clinician vs. practitioner)
Fractional Professional Landscape (North/South)	Entanglement of Local/Regional/Federal Levels	Significant and impactful shortage of caregiver profiles	No definition of funding for this new role

At the same time

ED are suffering

Inadequate
primary care

Caregiver Shortage
| Burn Out | Loss
of Meaning

Patient with
complex needs

Complex care
pathways

Consumerist
model of care

EBP, Individualized
Care, P4Q



How to deploy the
APN ED role in
Belgium?



There are many conceptual frameworks

Hamric, PEPPA, Bryant-Lukosius, Strong, Shuler,

- Are they applicable as is?
- Variability of the healthcare landscape in Belgium
- What is the underlying philosophy of care?
- Very focused on Anglo-Saxon models
- Do not take into account the current socio-professional situation, which in itself is a challenge



Barriers | Facilitators?

Scoping review Torrens et al. (2019)

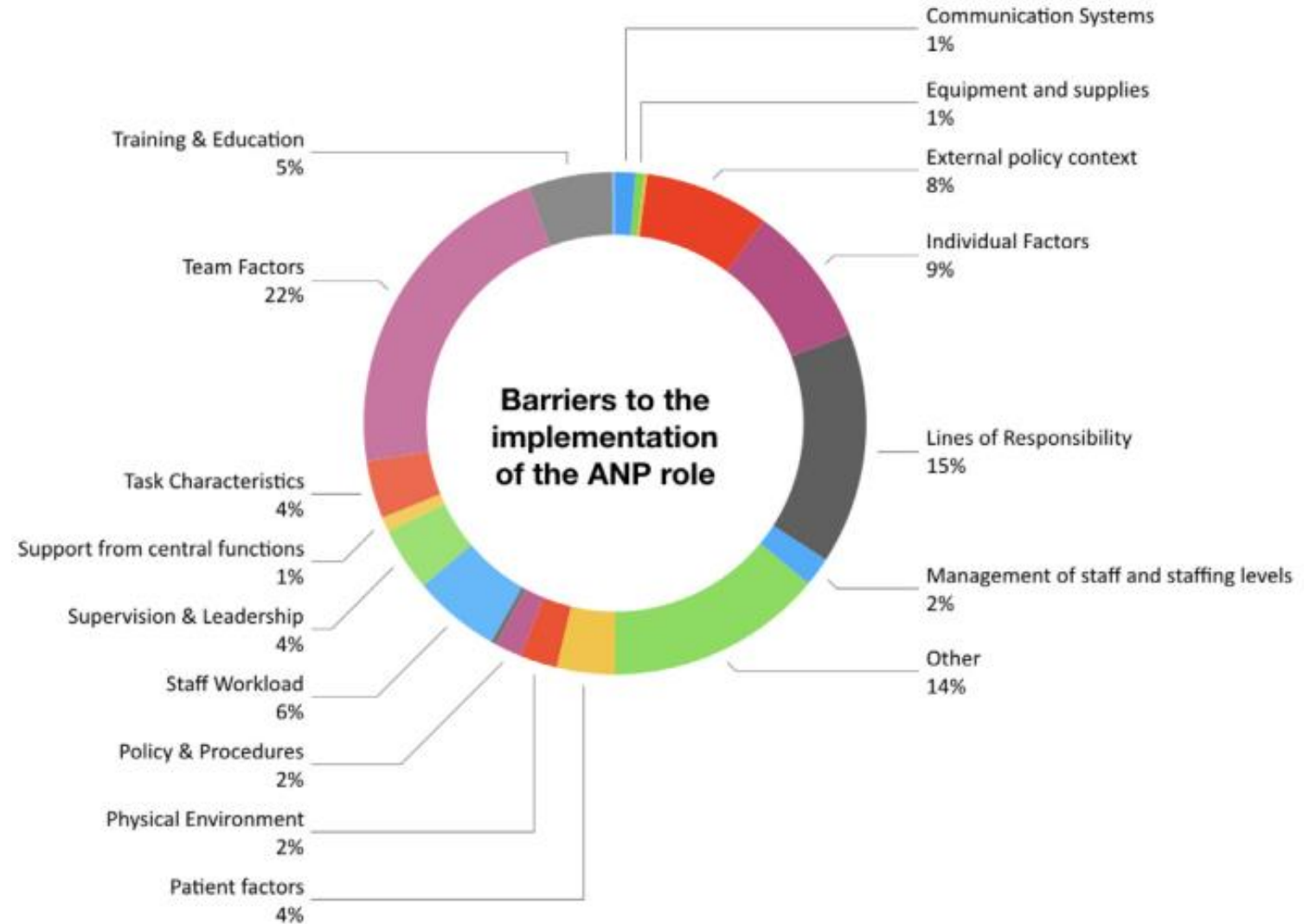


Fig. 2. Donut chart of barriers to the implementation of the Advanced Nurse Practitioner role in primary care.

Scoping review Torrens et al. (2019)

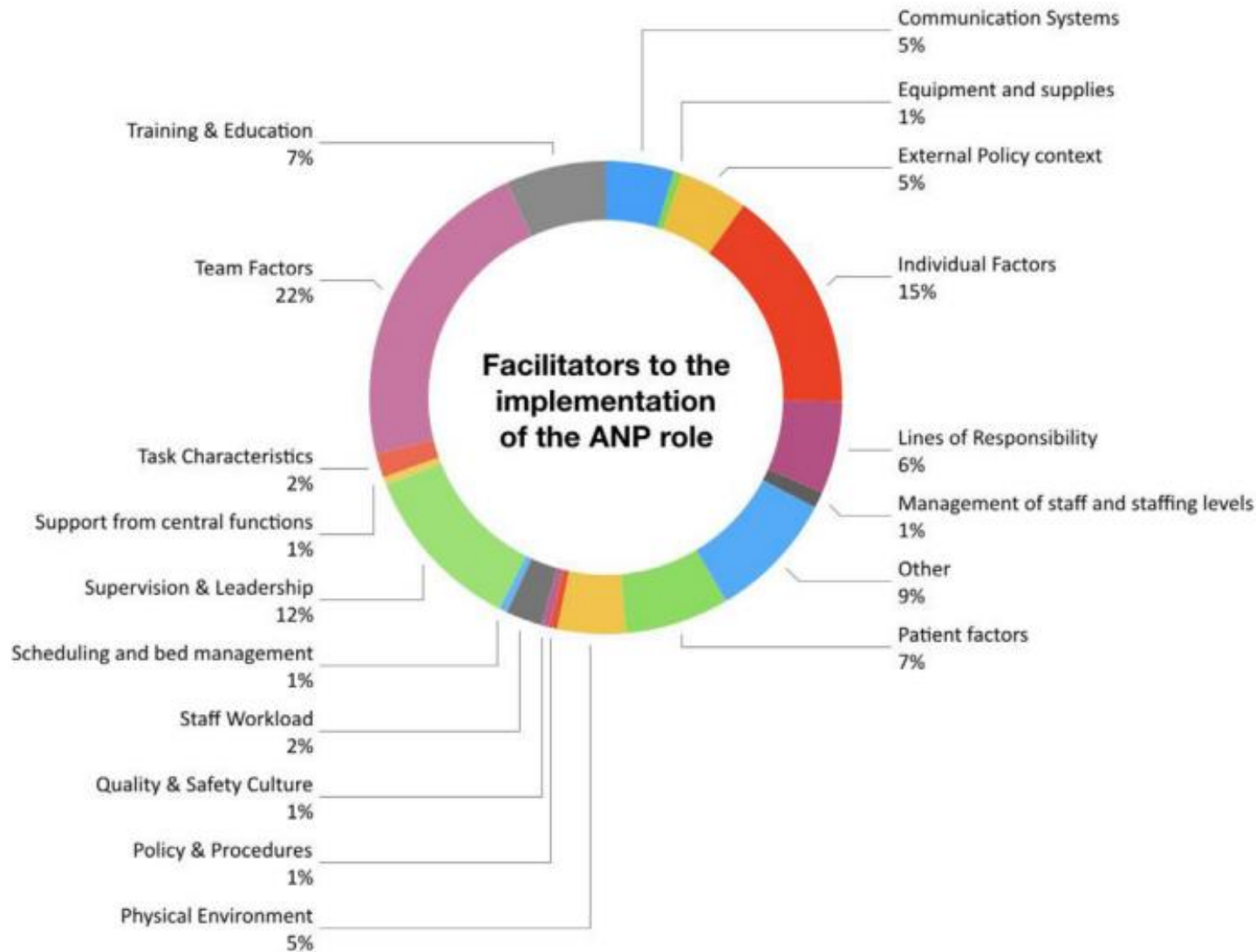
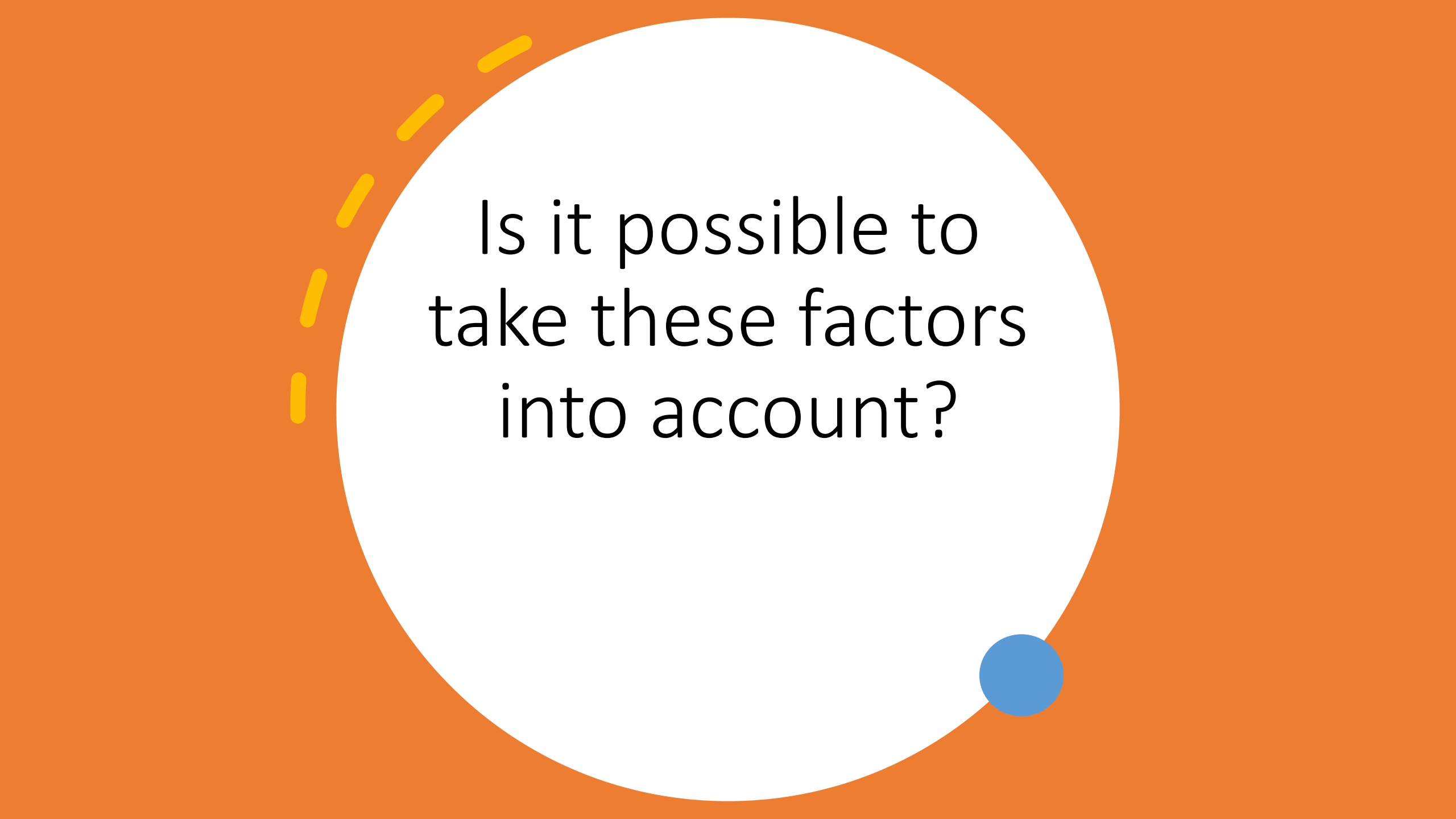


Fig. 3. Donut chart of facilitators to the implementation of the Advanced Nurse Practitioner role in primary care.



Is it possible to
take these factors
into account?



In short

- The practice of APN is directly influenced by their environments (Patients | Needs | Organization | Collaborations)
- This polymorphic aspect of the APN function complicates the understanding of the roles and therefore its integration.
- APN needs cannot be quantified without a well-defined scope of practice
- Professional practices, needs, public health policies are different North / South in Belgium
- Caregiver shortage is a threat to the deployment of advanced practice nursing

The success of the APN deployment in ED in Belgium will depend on how we respond to the above





Let's change our perspective

Focus on the
MAGNET
HOSPITAL
concept



Timeline

In the context of a nursing shortage, the American Academy of Nursing is conducting a study with the objective of identifying the professional environments that attract and retain nurses

1983

University of Washington Medical Center devient le premier hôpital labélisé « Magnet »

1994

the Magnet program becomes an EBP conceptual framework introducing the notions of 14 forces of Magnetism / 5 key components

2008

1990

Creation of the American Nurse Credential Center / Magnet Recognition Program

2000

the "Magnet" program is exported outside the US

Results of the original research MAGNET:

The Magnet certification program is based on 5 assessment axes focused on the nursing profession:

1. Transformational Leadership (Vision: Where We Need to Lead):
 - quality of nursing leadership;
 - management style.
2. Structural recognition (structures and processes to achieve results):
 - Organizational Structure/Structural Empowerment;
 - HR Policies;
 - Connections to the community;
 - Public perception of the nursing profession;
 - professional development.

Recherche original Magnet vers Magnet Nursing :

3. Best Professional Practice (Focus = Nursing Excellence):

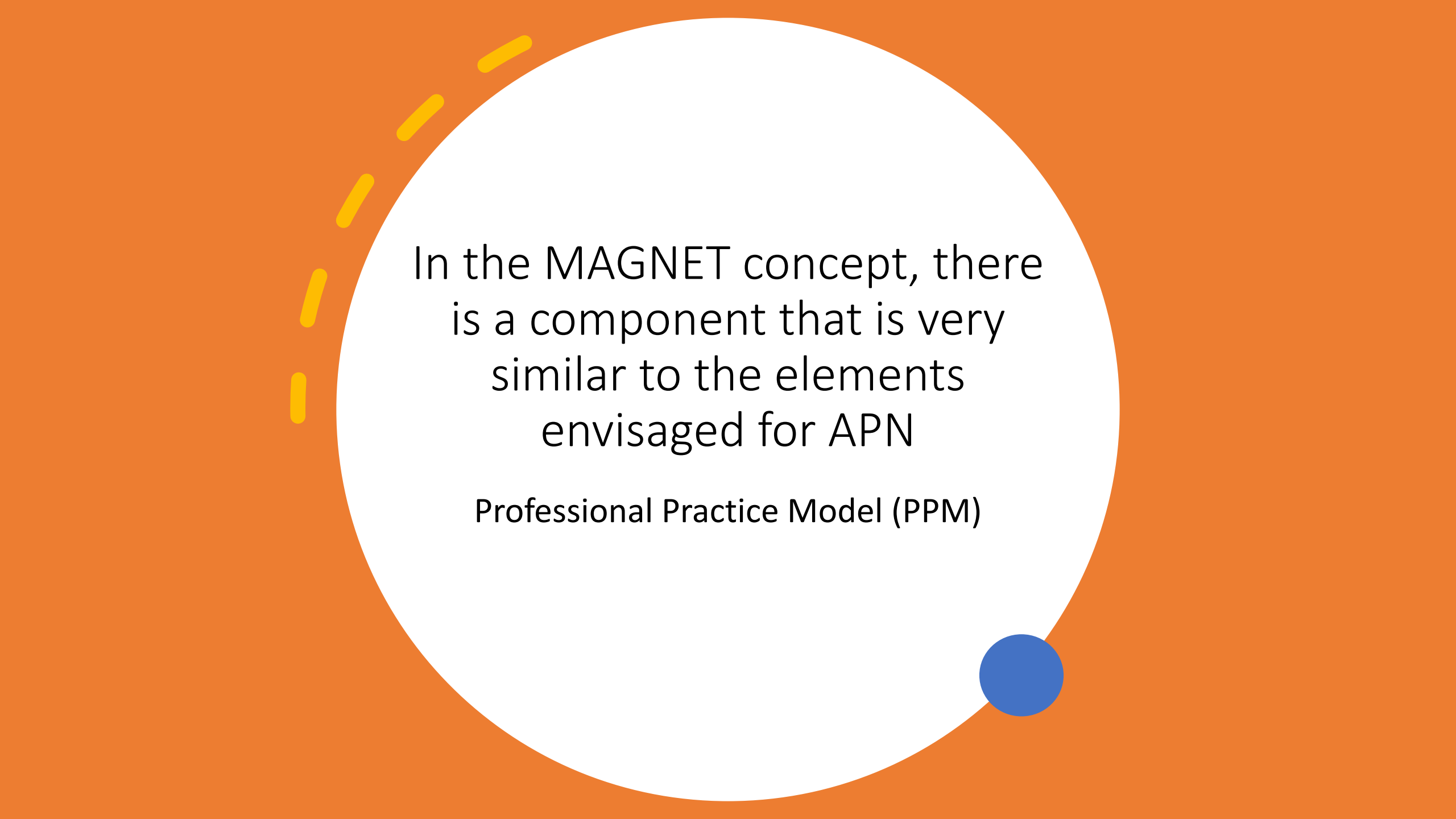
- Nursing model;
- Available Resources;
- autonomie;
- education;
- Interdisciplinary Relationships.

4. New Knowledge, Innovations and Improvement;

5. Empirical qualitative results

Direct benefits for Magnet Hospitals:

- Attract and retain qualified nurses (job satisfaction);
- Providing quality care;
- Fostering a collaborative culture;
- Promoting Good Nursing Practices;
- Improved financial results.



In the MAGNET concept, there
is a component that is very
similar to the elements
envisaged for APN

Professional Practice Model (PPM)

What is a PPM??

- Provides the foundation for safe, high-quality, patient-centred care.
- It is a conceptual framework that allows the nursing profession to envision and communicate its practice.
- The PPM describes nursing values, describes the structures and processes that allow nurses to control their nursing practices and their care environment..

According to Johanne R DUFFY (2016),

« PPMs provide a way for nurses to appreciate the expectations of their roles, facilitate a common language useful for communication, enable connections with patients, families and other members of the health care team, expedite documentation, frame nursing interventions and improve their practice.

Essentially, PPMs address the "voice of the nurse," enabling the nurse to advocate for patients and families, meet societal expectations, innovate creatively, and move forward”

«For nurses, a model of professional practice outlines key values and beliefs about nursing, identifies the parameters of nursing practice, including its responsibilities and authority for patient care, explicitly describes systems for operationalizing nursing work, and recognizes expert practice».

What's in a PPM??

According to Susan Slatyer (2016) who conducted a meta-analysis focused on the emergence of MPCs:

- 1 Theoretical basis:
- 6 common components:
 - Leadership;
 - Independent and Collaborative Practice of Nurses;
 - Environment;
 - Skills Development & Recognition;
 - Research/Innovation;
 - Patient Outcomes.

Synergies between the founding concepts of Magnet / APN

- Barriers/Facilitators
- EBP – Quality of Care
- Defining Roles
- Philosophy of CareLeadership
- Organisation
- Interdisciplinarity
- Mission / Vision

- Innovation & Research
- Patient Outcomes
- Method of care delivery
- Governance

Addition from the MAGNET point of view



Perception of the care environment



Exploration of the perceptions of the various caregiver but also of the patient



Giving meaning to the profession



Clearer definition of the scope of practice and in particular the collaborative aspect



Nursing Discipline Perspective

Why a divergent way of thinking and not an application of current conceptual frameworks?

- The APN practice is highly dependent on its work environment.
- The socio-professional situation in emergency services in Belgium leads to the need to think further than the current proposals.
- This hybrid conceptual framework requires a scientific foundation





Descriptive research using the hybridization of the MAGNET and APN conceptual framework for ED implementation

- Characteristics of APN in Belgium EDs ?.
- What are patient perceptions of APN?
- What are other healthcare professionals' perceptions of APN?
- What are the perceptions of a nursing community regarding APN?
- What is the employer's point of view?
- What funding?

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