

Guidelines



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Primary Health Care

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Approved by the College and Association of Registered Nurses of Alberta (CARNA) Provincial Council, September 2008.

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CARNA Position

The College and Association of Registered Nurses of Alberta (CARNA) supports primary health care as the model best suited to the development of a health system in Alberta that is sustainable and meets the health care needs of Albertans now and in the future.

Primary health care reflects the fundamental values and principles that have always guided registered nurses in their practice: promoting health, preventing disease and injury, and restoring health through rehabilitation and recovery. Primary health care is not setting-specific and can occur across the continuum of care from acute care to community to continuing care settings.

Facilitating the delivery of primary health care is the belief that the responsiveness of the health system can be enhanced through interprofessional collaboration (CNA, 2005a). CARNA supports the Canadian Nurses Association's (CNA) position that the combined knowledge and expertise of a diverse team of health professionals will better respond to the health care needs of the population being served. CARNA like CNA believes that the following six principles outlined in *The Principles and Framework for Interdisciplinary Collaboration in Primary Health Care* [Enhancing Interdisciplinary Collaboration in Primary Health Care (EICP), 2005] will facilitate collaboration among health professionals. These principles include:

- focus on the patient/client
- population health approach
- quality care and services
- access
- trust and respect
- effective communication

Distinction Between Primary Health Care and Primary Care

There are various definitions of *primary health care* and *primary care* and often the terms are used interchangeably. CARNA defines these terms as follows:

- **Primary health care** refers to evidence-based health care that is made accessible at a cost a country and community can afford with methods that are practical, scientifically sound and socially acceptable (World Health Organization, 1978). Primary health care extends beyond the traditional health care system to include services that encompass the determinants of health such as income, housing, education and environment. Primary health care considers the health care needs of the community as well as the individual. Communities and individuals are active partners in making decisions that will affect their health and health care.
- **Primary care** refers to the first contact people have with the health-care system to seek out primary care services for diagnosis, treatment and follow-up for a specific health problem, or to access routine screening such as an annual check-up. *Primary care is a core component of primary health care*, although it is usually more narrowly focused on individual illness treatment and rehabilitation.

Primary health care operates under **four fundamental core principles** (International Council of Nurses, 2008):

1. **Equal and universally accessible health services:** Everyone should have reasonable access to essential health services with no financial or geographical barriers.

Example

In Victoria B.C., street nurses assist individuals with significant health problems who often have the least access to health care. These registered nurses work with street people to promote and facilitate individual access to health services by forging linkages with other health care providers, community agencies and hospitals. The focus of their work is on harm reduction as a context for developing trust and enhancing access (Pauly, 2007).

2. **Community participation in defining and implementing health agendas:** The public should be encouraged and engaged in planning and making decisions about their own health care.

Example

Calgary has adopted three principles of patient-family centered care- communication, respectful relationship and collaboration. A system that consistently includes patients and families will be safer and will provide a better experience – for patients, families and staff. The strong involvement of parents and children in the design of the new Alberta Children’s Hospital, which opened in September, 2006 is an example of this. The kids were told “the sky is the limit” by the architects and as one of the youngsters, now a teenager, put it: “The entire architectural structure is completely different from the

original plan just because of what the kids wanted.”

Parent input was used to help design the inpatient rooms, so parents would have a comfortable place to sleep close to their child. As well, a family and community resource centre was developed to support both families and staff information needs. Other features such as fish tanks, the pet visiting room and the sacred space were all influenced by the families and the children involved in the project. (P. Mangold, personal communication, August 25, 2008).

- 3. Intersectoral approaches to health:** Professionals from various sectors, including the health sector, work interdependently with community members to promote the health of the community.

Example

In Edmonton, a community health center has been developed with the input of community stakeholders. The site incorporates an emergency department within the health care center and supports the role of the emergency nurse practitioner (NP) in the emergency department. The NP assesses, diagnoses, treats, discharges, and refers clients with acute and chronic illness to the appropriate health care service.

Through the development of collaborative relationships with medical, nursing, social work, and community partners, the NP is able to address the preventative aspects of health and wellness by referring clients to regional weight loss programs, tobacco cessation clinics, cardiac rehabilitation services, and chronic illness management resources. (L. Tapper, personal communication, July 30, 2008).

- 4. Appropriate technology:** Technology and modes of care should be based on health needs, and appropriately adapted to the community's social, economic and cultural development.

Example

Health Link Alberta is a 24 hour a day, 7 day a week registered nurse telephone advice and health information service. Highly trained registered nurses provide callers with advice and information about health symptoms and concerns that the individual or family member may be experiencing. Health Link can also help find callers appropriate services and health information. A 2003 Statistics Canada survey indicated that over 80% of Canadians ranked the quality of telephone health lines services as good or excellent (Government of Canada, 2004).

Role of the Registered Nurse and Nurse Practitioner in Primary Health Care

The focus and core of all registered nursing practice is to provide care to patients/clients. Using the nursing process of assessment, diagnosis, planning, implementation and evaluation registered nurses are skilled and competent professionals who provide holistic nursing care to individuals, families, communities or populations. The registered nurse's practice is guided by essential interventions that are considered fundamental to primary health care and can occur in any practice setting from acute care to community care to continuing care. These activities include but are not limited to:

- establishment of interprofessional teams of health care providers based on the needs of the individual, family, community or population
- equitable access to health services by the most appropriate health care provider in the most appropriate setting
- integration of health services to avoid duplication and increase continuity of care and accessibility for the client
- intersectoral collaboration
- public participation in design of services and allocation of resources
- appropriate use of technology
- a focus on health promotion and illness/injury prevention without sacrificing excellence in treatment and rehabilitation (CARNA, 2005a)

The roles of the registered nurse in primary health care are varied and may include: facilitator, educator, navigator, consultant, collaborator, coordinator, researcher, and caregiver. Settings for registered nurses in a primary health care practice currently include hospitals, home care, community clinics, health centers and other projects and initiatives sponsored by Health Authorities such as chronic disease management initiatives where nurses are successfully implementing the Chronic Care Model (Improving Chronic Illness Care, 2008).

Nurse practitioners practice in a variety of community, acute care and long-term care settings. Nurse practitioners integrate elements such as diagnosing and prescribing medications into their practice and this broadened scope enables them to work autonomously and collaboratively with other health professionals. Their expertise makes them well-suited to provide primary health care (CARNA, 2005b).

How Can Registered Nurses and Nurse Practitioners Advance Primary Health Care?

CARNA believes that registered nurses and nurse practitioners need to understand and take action on the Primary Health Care principles in order to advocate for a more comprehensive, client-centered health care system. While implementing the primary health care principles, nurses can strengthen their practice by considering the following questions:

Primary Health Care Principles	Questions Nurses Can Consider in Their Practice
<p>Equally and universally accessible health services</p>	<ul style="list-style-type: none"> ■ What issues affect the ability of your patients/clients to access health services? ■ How can your services be made more accessible? <p>Think about your practice setting:</p> <ul style="list-style-type: none"> ◆ <u>Acute Care</u> - Are there limited hours of operation for rural emergency departments? ◆ <u>Community Care</u> - Is there sufficient funding for transportation to and from community based programs for seniors? ◆ <u>Continuing Care</u> - Are translation services available for clients of other cultures in long term care facilities?
<p>Community participation in defining and implementing health agendas</p>	<ul style="list-style-type: none"> ■ Does the community you work with have input into the kinds of programs you do? ■ Does the community have input into the way in which the programs are delivered? <p>Think about your practice setting:</p> <ul style="list-style-type: none"> ◆ <u>Acute care</u> - Is there participation of lay advisory groups in health policy decision-making roles? ◆ <u>Community care</u> - Is there local community health council involvement in program planning? ◆ <u>Continuing care</u> - Is there stakeholder consultation in policy changes?

Primary Health Care Principles	Questions Nurses Can Consider in Their Practice
<p>Intersectoral approaches to health/interprofessional collaboration</p>	<ul style="list-style-type: none"> ■ Do you work as a team with professionals from other sectors? ■ What could be done to make this relationship more effective? <p>Think about your practice setting:</p> <ul style="list-style-type: none"> ◆ <u>Acute care</u> - How do you connect with community resources for discharge planning? ◆ <u>Community care</u> - How do you coordinate activities with other providers including psychologists, social workers, physical therapists, dieticians, educators, etc.? ◆ <u>Continuing care</u> - How do you involve other caregivers (including family) in care?
<p>Appropriate technology</p>	<ul style="list-style-type: none"> ■ Is the available technology used in the most appropriate and efficient way to support your clients? <p>Think about your practice setting:</p> <ul style="list-style-type: none"> ◆ <u>Acute care</u> -Are you as familiar as possible with the latest technology in your practice setting? ◆ <u>Community care</u> - Do you encourage your clients to use telephone advice lines when appropriate? ◆ <u>Continuing care</u> - Are the ethical considerations around the use of technology considered? <p style="text-align: right;">(Canadian Nurses Association, 2005b).</p>

Primary Health Care Initiatives in Alberta

Registered nurses and nurse practitioners in Alberta have held leadership roles in the development of many primary health care projects.

Primary Care Networks (PCNs) across the province provide health care services to improve access to frontline health care professionals including registered nurses. Registered nurses play a key role on the interprofessional teams implementing comprehensive, integrated chronic disease management (CDM) programs in many of these PCNs.

- At the Edmonton-West Primary Care Network, registered nurses work with physicians as part of the clinical team to help diabetic patients self-manage their chronic disease. Patients seen by chronic disease management nurses have reported positive impacts on their health including weight loss, improved glucose control and self-management skills.
- At the Edmonton Southside PCN, registered nurses work on a team with family physicians, social workers, dieticians, a pharmacist, and an occupational therapist to provide enhanced and efficient care to patients with complex health problems.
- The Consort PCN has two registered nurses focusing on four specific areas: women's health, healthy lifestyles, chronic diseases and geriatrics. The registered nurses work with family physicians to put supports in place so patients get access to more resources and expertise.
- Nurse navigators at the Rocky Mountain PCN guide patients through the system to see a specialist or for diagnostic tests helping to make the referral process more efficient.
- The Primary Care Nurses in the Calgary West Central PCN focus on seniors' health and wellness, population health and chronic disease management. The Primary Care Nurses provide education, help patients set goals and provide patients with the tools necessary to manage their health (Primary Care Initiative website at <http://www.albertapci.ca/Pages/default.aspx>).

Some examples of other initiatives include:

- A settlement nurse on Metis settlements enabled community members to plan health services with the regional health authority and increased awareness of how community members could improve their health.

- The Calgary Urban Projects Society (CUPS) and the Elnora Primary Health-Care Project integrated nurse practitioner services in providing care.
- Initiatives such as the Northeast Community Health Centre in Edmonton and the Sheldon Cumir and Alexandra Health Centres in Calgary are providing services to diverse populations using interprofessional teams.

The Future of Primary Health Care

Current trends indicate that people want to participate in decisions about their health care and actively seek information to make these choices. This trend is likely to gain momentum in the future. Registered nurses are the principle group of health care professionals who provide primary health care at all levels and across all sectors of the health care system. Because registered nurses have the skills, knowledge and are accessible to patients/clients in all settings, we are in a strong position to support people in accessing accurate information and in making good choices.

As emphasis on health and health delivery systems shifts more and more quickly from hospital to home, from institutions to communities, from curative to preventative, it is important for nurses to not only use their clinical skills but to develop other skills such as community development, communication, facilitation, collaboration and teaching/coaching. Capacity in these skills will help provide the continuity of care that bridges the gaps between clients, providers and services.

Continuity of care has been identified as critical to effective primary health care. This continuous relationship sustained over time between patients and their providers has shown to be a key component in improving the positive outcomes of primary health care. Continuity of care has been found to be associated with improved adherence to prescribed screening and treatment, recognition of unidentified problems, better immunization outcomes, fewer hospitalizations, lower use of emergency rooms, improved patient satisfaction, and a general reduction in costs (UBC Centre for Health Services and Policy Research, 2003).

Registered nurses and national nursing associations are well positioned to lead the way for essential health care based on practical, scientifically sound and socially acceptable methods and technology, made universally accessible to all, designed with full community participation and at an affordable cost (International Council of Nurses, 2008). Primary health care will continue to form an integral part of our province's health care system and registered nurses will be expected to provide primary health care in all settings.

References

- Canadian Nurses Association. (2005a). *Interprofessional collaboration*. Ottawa, ON: Author.
- Canadian Nurses Association. (2005b). *Primary health care: A summary of the issues*. Ottawa, ON: Author.
- College and Association of Registered Nurses of Alberta. (2005a). *Scope of practice for registered nurses*. Edmonton, AB: Author.
- College and Association of Registered Nurses of Alberta. (2005b). *Nurse practitioner competencies*. Edmonton, AB: Author.
- Enhancing Interdisciplinary Collaboration in Primary Health Care. (2005). *The principles and framework for interdisciplinary collaboration in primary health care*. Ottawa, ON: Author.
- Government of Canada. (2004). *Comparable health indicators - Canada, provinces and territories*. Retrieved June 26, 2008, from <http://www.statcan.ca/english/freepub/82-401-XIE/2002000/primarycare.htm>.
- Improving Chronic Illness Care. (2008). *The chronic care model*. Retrieved July 30, 2008, from http://www.improvingchroniccare.org/index.php?p=The_Chronic_Care_Model&s=2.
- International Council of Nurses. (2007). *Nurses and primary health care*. Geneva: Author.
- International Council of Nurses. (2008). *Delivering quality, serving communities: Nurses leading primary health care*. Geneva: Author.
- Pauly, Bernadette. (2007). *Close to the streets: Ethics of access to health care. PowerPoint presentation to 15th annual CANAC conference: HIV/AIDS nursing: A global perspective, a local response*. Vancouver, BC: Author. Retrieved on July 31, 2008, from <http://www.catie.ca/eng/nurses/ConferencePres2007.htm>.
- World Health Organization. (1978). The Alma Ata conference on primary health care. *WHO Chronicle*, 32, 409-430.
- UBC Centre for Health Services and Policy Research. (2003). *Continuity of care*. Retrieved July 18, 2008, from <http://www.chspr.ubc.ca/research/patterns/continuity>.