



NP/APN NETWORK BULLETIN

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Greetings from the Core Steering Group (CSG)

On behalf of Dr Melanie Rogers, ICN NP/APN Network Chair, I send you a warm welcome to the last edition of NP/APN Network Bulletin for 2019. Originally from Canada, I always associate the last few months of the year with an array of yellow, orange and brown colours that forests generously offer us and getting ready to bundle up for the upcoming winter. But calling New Zealand home for more than 22 years now, these months scream for “spring has sprung” and “get ready for the beach” - upside down seasons!!

Since May of this year, the ICN NP/APN Network has made good progress on a number of projects. The ICN Congress in Singapore was a success with 14 Network sessions, including keynote, symposium, policy café, booth and concurrent presentations – the topic of APN was well represented. It was also a great opportunity for many to meet the Core Steering Group (CSG) and Sub-group chairs face to face.

The CSG and the different sub-groups have welcomed new members who will bring their vast expertise and knowledge to advance the goals of the Network. You will find them on the ICN [NP/APNN webpage](#). Our latest collaboration is the instigation of the International Nurse Prescribing group where members of the CSG, Sub-Groups and Alumni have joined efforts with ICN in developing a position statement of nurse prescribing. This is an important piece of work as it will support global standards for nurse prescribing as well as streamlining education and safe practice, especially for countries developing the role. The other collaborative work is the re-development of the ICN NP/APN webpage where members of the CSG and sub-groups are working alongside ICN to showcase the on-going work happening within the Network.

The CSG and members of organising committee of the 11th ICN NP/APN Conference are focusing on making this unique conference yet another great success. Please take the time to navigate the website: <https://npapn2020.com/>. With 2020 being the International Year of the Nurse and Midwife, this will be a conference you want to be part of!

Remember to engage via our [ICN NPAPN Facebook](#) page. It is a great place to share your thoughts, contribute to the discussion and make suggestions on matters that are important to you. The page is continuously moderated by members of the Communications sub-group. Follow us on [Instagram](#) and [Twitter](#) as well. Please use the hashtag #NPAPN2020 to join the conversation!

On this note, I wish you all a healthy spring, summer, autumn and winter wherever you are and looking with anticipation of seeing you on social platforms, in Halifax and by email: mlb.networkicn@gmail.com



Marie-Lyne Bournival - ICN NP/APNN Secretary
New Zealand/Canada



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Greetings from Singapore!



ICN President Annette Kennedy &
WHO Director General, Dr. Adhanom Ghebreyesus Tedros



ICN President, Annette Kennedy



Singapore President, Halimah Yacob



Marina Bay Sands by day & by night

Recent Awards



Dr. Joyce Pulcini: Recipient of Towers Pinnacle Award

By Diane Daddario DNP, CRNP

The **Towers Pinnacle Award** is presented annually to an individual who, through policy, practice or education, has made outstanding contributions resulting in increased national recognition for nurse practitioners (NPs) and increased opportunities for NPs to provide care to patients. This summer at the American Association of Nurse Practitioners (AANP) annual conference in Indianapolis, Indiana, USA, the 2019 Towers Pinnacle Award was presented to Joyce Pulcini, PhD, PNP-BC, FAANP, FAAN for her significant contributions to NP practice and patient care through policy work, development of programmes and international support of the NP role. Dr. Pulcini was instrumental in establishing one of the first international journals for NPs. She is an expert on the evolving roles of NPs throughout the world, focusing on NP education, reimbursement, political advocacy and removal of barriers to practice.

Because of her contributions to the APRN profession, she was awarded the Lifetime Achievement award from the Massachusetts Coalition of Nurse Practitioners in 2011. As a result of her national and international reputation as a highly respected educator, Dr. Pulcini was recruited to join the faculty at George Washington University as the Inaugural Director of Community and Global initiatives in Washington, D.C. As a fellow of the American Academy of Nursing (AAN), she served as the inaugural chair of the AAN Expert Panel on Primary Care. Another role includes a senior associate editor for the journal *Policy, Politics and Nursing Practice* plus authoring more than 70 peer-reviewed articles, chapters, and policy papers and two editions of a textbook on pediatric primary care.



Dr. Elissa Ladd: Recipient of the Inspiring Global Nurse Award

By Mitra J Rangarajan CRNP

Dr. Elissa Ladd, PhD, FNP, received the Inspiring Global Nurse Award from the non-profit organisation “Nurses with Global Impact,” on 10 May 2019. Only one of 21 nurses from around the globe to be recognised for her leadership, commitment, and creativity in the advancement of nursing across the globe, she has devoted her entire life to improve the lives of the most vulnerable populations of the world. Her work in India, which she started during her Fulbright Fellowship in 2012, continues to this day. Each year she embarks on a journey to Manipal, India with graduate students from different health care disciplines and faculty from the MGH Institute of Health Professions. The Nurse Practitioner in Critical Care curriculum was first approved by the Indian Nursing Council in 2016 and has graduated the first cohorts this year.

As well as her work at the international level, in the United States Dr Ladd is working hard to bring attention to climate change. She serves as the Director of Global Health Equity and Innovations programme at MGH Institute of Health Professions, Department of Nursing and on the Steering Board for the Nursing Center for Climate Change, Climate Justice, and Health.

Advanced Practice Nursing Network Sub-Group Updates

Research Sub-Group

Co-Chairs: Deborah Gray & Franziska Geese

During a lecture on International Advanced Practice Nursing Role Definitions, Competencies, and Scope of Practice at the ICN Congress in Singapore Deborah Gray, Co-Chair Subgroup Research, gave insight into the international competency mapping of APNs, which was published in March 2019 by Subgroup Research and available in the Research Subgroup Publications Section on the ICN NP/APN Network website.

The purpose of the project was to bring clarity to the emerging roles of the NP/APN by gathering data from ICN member countries regarding title, definition, role and related competencies of the roles, and aligning the NP/APN competencies of the 19 respondent countries with the Strong Model of Advanced Practice Nursing (Mick & Ackerman, 2000) and the ICN APN Competencies (ICN, 2008). Dr. Gray's presentation also briefly previewed an additional research project providing a visual analysis summary of the 182-page publication. A manuscript of the visual analysis providing further insights is currently being developed for journal publication.



Deborah Gray, Co-Chair SG Research, lecturing about different competencies of NPs/APNs globally at the ICN Congress in Singapore

Student Sub-Group

Chair: Karen Moore

By LeighAnne Zimmerman, Student Member



The Student Subgroup is growing and accepting new members! We currently have eight student members from Europe, Asia, Africa and the United States. We have been meeting monthly via Zoom and working on areas for collaboration, development of abstracts for submission and planning a student-led virtual conference to give the group an opportunity to experience peer review and feedback from colleagues. The members are currently preparing individual research/evidence-based practice (EBP) projects. Goals are to research areas of personal interest and present internationally in an online forum. This project reinforces the need for the utilization of theory, research and EBP in international practice at all levels from novice to expert nurse. Combining the use of theory and research

is important to bridge the practice theory gap that currently exists in nursing.

Our subgroup members were challenged by Dr. Karen Moore, Student Sub-Group Chair, to reflect upon areas important to us by asking questions such as 'Why are we doing things this way?' or 'Why does this matter?'. Regardless of the motivating factor behind the need for practice changes, it is important to thoroughly evaluate the literature to ensure that nursing has a basis as not only an art, but also a science.

Advanced Nursing Practice studies in Lithuanian University of Health Sciences (LSMU)

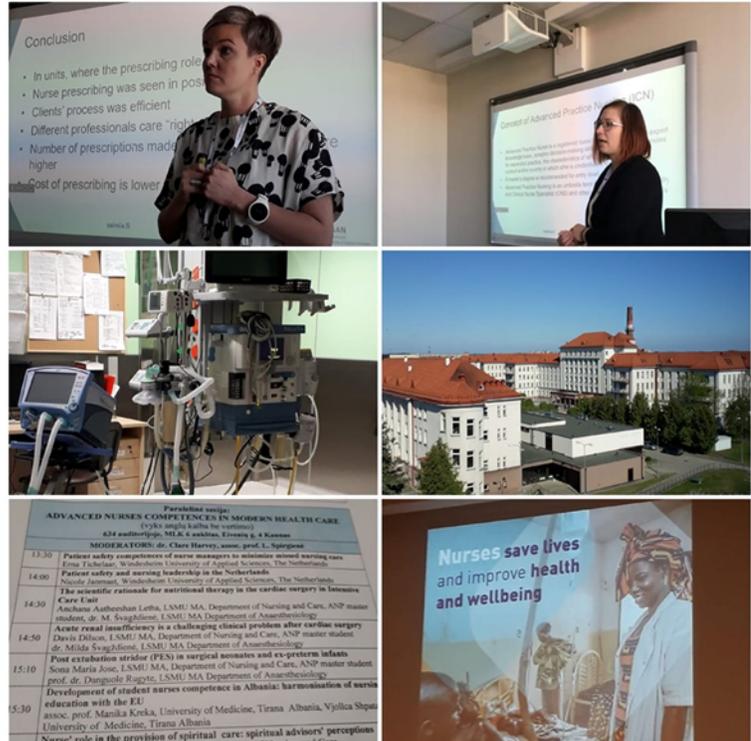
By Sini Hämäläinen, MHC, NP, RN
Senior Lecturer, Saimaa University of Applied Sciences

The Lithuanian University of Health Sciences (LSMU) hosted an international staff week in Kaunas, Lithuania in May 2019. Established in 2010, LSMU is the largest institution of higher education for biomedical sciences in Lithuania, successfully integrating studies, research and clinical practice. LSMU consists of two main academies: Medical Academy and Veterinary Academy. Students of medicine, odontology and nursing gain their practical skills at the LSMU Hospital Kauno Klinikos, which is the largest medical institution in the Baltic States. More than 1200 highly qualified doctors and 2,400 members of the nursing staff take care of over 78 000 patients at the LSMU Hospital each year. LSMU is an active participant of the ERASMUS exchange programme. Students may study at foreign universities or go abroad for practice for the period up to one year. The contracts of academic exchange have been signed with universities in 26 European countries. The majority of ERASMUS partners are in Germany, Spain, France, Finland and other EU Member States (LSMU, 2019).

In 2015, the university launched the Advanced Nursing Practice Master's Degree Programme with three specializations: primary care, anesthesia and intensive and emergency care (Blaževičienė 2019). The degree programme is also popular with many international students. This English-taught degree programme aims to prepare competent APNs with acquired modern knowledge, practical skills and considerable critical thinking, who can rely on the system of professional and personal values, are able to apply ANP solutions based on scientific research, work independently in various health care institutions, and take leadership in a dynamic multi-professional environment in order to effectively deal with the problems of healthcare (LSMU 2019). Every year 10 to 15 new APNs graduate from the degree programme and have been well employed after graduation, according to their specialization.

In Lithuania, ANP is law-enforced action which makes the degree programme as well as the job description standardized. According to Aurelija Blaževičienė (2019), head of the nursing department at LSMU, the future of ANP is looking bright: APNs are becoming more and more popular in Lithuania, and thus are accepted and recognised as equals when compared to physicians. LMSU is actively developing the degree programme as well as APN roles within the country. The university is collaborating with New York University to reach optimal results. This year, the APN programme was commenced also in Vilnius University.

The international staff week in LSMU included hospital visits to LSMU Hospital Kauno Klinikos and the participants were able to participate in thesis seminars of graduating APNs. The participating teachers also taught the local ANP students about topics related to ANP. During the week the participants learned about ANP and degree development in different countries and additionally established new partnerships related to ANP and the APN role development in different parts of the world. What a great way of bringing APN to the front and having a celebration of nursing on international nurse's day!



References:

Blaževičienė, A. (2019) Interview about APN degree programme at LSMU and APN role development 12 October 2019.

Lithuanian University of Health Sciences (LSMU) 2019. General presentation of the university and advanced nursing practice curriculum. <https://lsmuni.lt/en/> Accessed 14 October 2019.

Pictures: author

Australia Nurse Practitioner and Advanced Practice Nursing in Australia

By Haakan Strand RN, NP, PhD
Associate Professor in Nursing
Course Convenor Master of Nursing (Nurse Practitioner)

The Australian College of Nurse Practitioners (ACNP) held its annual conference in Melbourne, Victoria early in September. With the theme, *Transforming Health Care*, the conference attracted nurse practitioners (NPs), NP students and other APNs. The conference was held during the Stroke week and one of the keynote speakers was Dr Anne Alexandrov, a Nurse Practitioner in a mobile stroke unit in the US, who described how she takes diagnostic interventions, such as CT along with treatments out to the patient to save time and therefore brain functioning. A sponsored breakfast was held one morning to introduce the National Action plan for Heart and Stroke, and there were a number of interesting plenary sessions: The Royal Commission into Aged Care, Defining Scope of Practice and the newly launched Nursing Now Campaign.

There is big expectation for next year's conference since 2020 has been selected by WHO as the Year of the Nurse and the Midwife. It is 200 years since Florence Nightingale was born, and 20 years since the first Nurse Practitioners were endorsed in Australia.

Australia is carrying out a comprehensive review of the Medicare system to make it more contemporary and more efficient. The working group for NPs submitted early in the year a thorough report with 12 suggestions to changes related to Medicare and NPs. The main focus is on increased access to more Medicare item numbers as well as increased remuneration. Poor access and low remuneration have been very counterproductive in enabling NPs in private practice, especially in Primary Health Care in both urban and regional areas where the need for the role was initially identified. There was a suggestion to remove the requirement for a collaborative arrangement with a Medical Practitioner for NPs in private practice. The outcomes from the review are planned to be released in November 2019.

The ACNP are arranging an NP week, 9-15 December 2019 to educate the public along with health professionals and promote the role. Even though the role has existed in Australia for the last 20 years, the general knowledge and familiarity with the role is still sparse among the general public.

Rwanda Community Based Health Insurance

By Valens Musengamana RN, BScN & BSc. Population Studies and JCI Certified Surveyor, MScN Candidate

In many African countries, lack of access to healthcare affects a large proportion of the population. The financial barriers to healthcare lead to various forms of exclusion: total exclusion or becoming destitute, seasonal exclusion, temporary exclusion or partial exclusion.

Community Based Health Insurance (CBHI) has proven to be a strong option, reconciling an improvement in the financial accessibility to healthcare and the necessity to mobilize the internal resources required to ensure the financial viability of health services. CBHI deals with these disparities in accessing healthcare.

In Rwanda, CBHI was identified as a privileged channel for the growth of financial accessibility to health services in both rural settings and in the informal sector. In particular, CBHI should allow the most vulnerable and poorest segments of the population to be fully integrated into the health insurance system, thus guaranteeing participation of the whole community and avoiding any stigmatization. As CBHI is a mechanism which aims to limit the exclusion of the most destitute segments of the population from health services, it should play a key role in building and strengthening the foundations for the concept of equity in access to various packages supplied by the health system.

CBHI is strongly anchored in community ownership and management. Not only do communities massively subscribe to CBHI, but they are also involved in its management. A sense of urgency, the continuous involvement at all levels with the intervention of stakeholders from the community, including administration and religious organisations, have played a major role in transforming communities and local authorities into active players in the CBHI system. A development policy document for CBHI was elaborated in 2004 as a basic tool for the implementation and development of CBHI in Rwanda.

Situation analysis: Presently, all operational health centres of the country shelter a CBHI section; which presumes 100 % geographic coverage. Population adhesion to CBHI was progressive but the dynamics really started in 2004. Adhesion rates increased rapidly from 7% in 2003 to 85% at the end of June 2008.

The growth of CBHI, along with malaria and HIV programmes, performance-based financing, community health and quality assurance program, have led to dramatic improvements in key health indicators as shown in the 2007-2008 RDHS (Rwanda Demographic Health Survey):

1. The assisted deliveries rate rose from 39% in 2000 to 52% in 2008
2. The infant mortality rate declined from 139/1000 in 2005 to 62/1000 in 2008
3. The under-five mortality rate from 152/1000 in 2005 to 103/1000 in 2008

In 2015, the infant mortality rate declined again to 50 per 1000; and the maternal mortality rate from 1070 to 200 per 100,000. Life expectancy increased from 49 to 55 years. Malaria and other potential epidemic diseases have been controlled and the AIDS prevalence has been reduced from 11.2% to 3%. Attaining family planning services and fertility reduced from 6.2 in 2005 to 4.2 children per women in 2015 (2014-2015 RDHS).

CBHI health care benefits: CBHI beneficiaries are entitled to define healthcare services provided at each level of the public health care delivery system. This excludes the country's private health care facilities. Healthcare benefits covered include:

- The health centre level: all medical services specified in the minimum package of activities as defined by the MOH (Ministry of Health) and ambulance bills
- At the district hospital level, the CBHI pays for the complementary package of activities and ambulance bills
- At the referral hospital level, the services provided under the tertiary package of activities as well as ambulance bills are covered

Except in the case of emergency as determined by the attending physician, hospital services are covered only for members who have been referred by lower health facility level. CBHI members can also get access to care in a health facility that does not have a contract with their respective CBHI section (commonly known as patient roaming system), when they fall sick while traveling. However, patients must comply with cases' referral rule. CBHI members from other districts pay a flat fee of RWF 200 (Rwandan Francs) about 0.2USD per health center visit, which represents a copayment and is deducted from the CBHI bills.

CBHI has improved access to health services at all levels; health services are utilized more and medicines are now more available. The higher use of health services has resulted in healthier and better-off families. CBHI has lowered members' health care costs and reduced catastrophic patient costs.

The development of CBHI in Rwanda has benefited from the strong and high-level political commitment towards the well-being of the population. It has also required a coordinated development and implementation of Government-led policies, regulations and guidelines in collaboration with development partners, strong administrative support, high involvement of local authorities, religious leaders, and beneficiaries in the scheme design and management, continuous education and sensitization efforts on the role and importance of health insurance, adequate financial management system, and financial assistance to subsidize the poor.

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