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## A new frontier for nursing: the service-practice gap

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**Pressures to avoid hospital admissions, improve service delivery, facilitate cost effectiveness and enhance access to healthcare services have led to the development of expert nursing roles (Avery & Schnell-Hoehn, 2010; The Centre for International Economics, 2013).**

In Australia, cardiac specialist roles exist in heart failure, cardiac rehabilitation, chest pain, cardiac arrhythmia and implantable device management, and operate within both public and private hospital systems, in clinics and the community as well as at the hospital bedside (Fry, 2009).

Nurses in these roles provide skills and expertise necessary to support not only their patient cohort but also their medical and allied health colleagues (Fox-Wilson & Cruickshank, 2012; Sawatzky et al., 2013). Gains to healthcare provision and its cost effectiveness, as a result of cardiovascular nurse specialist roles, have been reported in acute (Fry, 2011), primary health (Allen et al 2013; Betihavas et al., 2011) and aged care settings (Adrian and Chiarella, 2008), however funding and infrastructure to support these positions in Australia remains an ongoing challenge.

In January 2013 the Workforce and Training Workgroup of the Cardiac Clinical Network initiated a project to understand the diversity and characteristics of cardiac nurse specialist roles in SA. An online survey was distributed to source the required information: location, personnel, funding, operating hours, and details of actual services provided. The aim of the survey was to use the data obtained to inform future recommendations on design, delivery, location and resources for nurse-led cardiac services.

### Design

The online survey comprised both multiple choice and open ended questions. It was distributed via email link to cardiac

specialty nurses in both public and private healthcare, community and hospital-based environments across South Australia. Forty-six responses were received from 81 requests with 94% of respondents female and 28% located at country services.

### Results

Outcome themes included service and participant characteristics, patient profile of services, measuring and reporting service effectiveness and deficits in service delivery.

Specialist cardiac area demographics included rehabilitation-14 (38%), heart failure - nine (24%), chest pain- five (14%), implantable device-one (3%), with another one eight (22%) clinicians in primary healthcare, indigenous health, paediatrics, surgery or heart transplantation. The majority of services operated during normal business hours, with 3% providing a service on each of Saturday, Sunday or over 24 hours.

Most services measured hospital avoidance strategies (18%) and length of stay (15%). Data was generally reported to either local nursing or medical directors, or hospital or regional executives.

Forty-eight percent of roles were full time, with 13% employed at less than 0.5 FTE (full time equivalent). Sixty-nine percent of positions received no backfill (an employee is assigned to a position temporarily while the substantive employee is on leave) thereby limiting service availability. Positions were commonly provided by local state government health networks (n=14, 42%), whilst others (n=11, 33%) were funded by general practice 'super clinics'. Federal Medicare Local (primary healthcare) organisations funded three (9%) positions, with the remaining five (15%) funded by private or community sources. Twenty-five percent of positions underwent annual review for ongoing funding.

Clinicians reported numerous challenges when trying to sustain or expand their services. The dominant issue identified was that of insufficient staffing/FTE positions allocated to the role or service. Funding constraints were the second most commonly reported challenge to service provision. The third most frequently reported service deficit was the inability to provide clinical services over a seven day week. These top three themes in relation to service delivery gaps constituted 33% of responses. The inability to service all patients was the fourth most common deficit. Absence of suitable support, direction and role definition was also identified. Additional issues include the need to ensure that improvements


implemented are incorporated in to the private as well as public sectors, that delivery plans are dynamic and adjust to patient demographics, and that governance on roles and communication between stakeholders is addressed.


### Conclusion


Although this survey has identified current nurse specialist services and locations in South Australia, it is only a beginning in determining service deficits and opportunities for improvement. A national survey in collaboration with the Australian Nursing & Midwifery Federation (ANMF) is now in development.


Cardiac nurse specialists can provide comprehensive, diverse and cost effective services. This survey has identified a service-practice gap of unrealised potential for cardiac nurse-led health services. The challenge now will be to define cardiac nurse specialist roles that continue to provide patient-centred care, can participate in improved access and equity of health services, and consistently demonstrate efficient and effective healthcare delivery.


### References on request


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