APN in the Netherlands, unmixed blessings...

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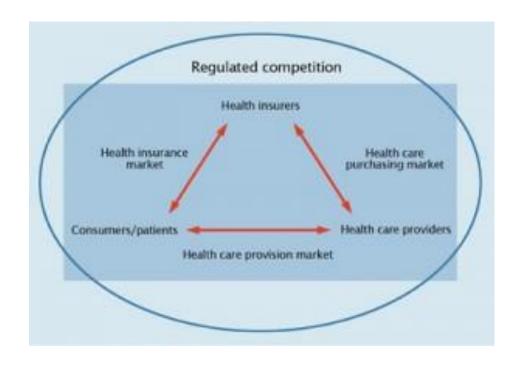
Characteristics

- * 16.8 Million Inhabitants
- * Life expectancy 79,1 82,2
- * HDI no.6
- * Healthy 81,2%
- * Mandatory insurance



Health Care typology

- * Focus Primary care
- * Affordable
- * Solidarity
- * Governmental influence
- * Self responsibility
- * Healthy Life Style
- * Prevention



Nurse Practitioner cen nichas fenemeen in de verpleegkunde



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Nurse Practitioner?

- * A specialized nurse, an expert
- * Responsible for the direct care of a selected group of patients
- * Focus on psychological, social and physical well being; integration care and cure
- * Medical assessment, physical exam, blood tests, X-rays, prescriptive authority
- * Diagnosis, treatment, consultation



History

- * NP 1997 Hospital based
- * Individual initiative
- * Answer on Human Resource Problems
- * Fast, uncontrolled grow
- * Profiling Universities Applied Science
- * Governmental (financial) support 2002

Positive circumstances 1 1997

- * University programs for nurses / expertise, level, self consciousness
- * Policy of cost effectiveness
- * Waiting lists, relative shortage of physicians (young doctors)-
- * Education (too old, expensive, wise)
- * Feminism
- * Minister of Health



Positive circumstances 2 1997

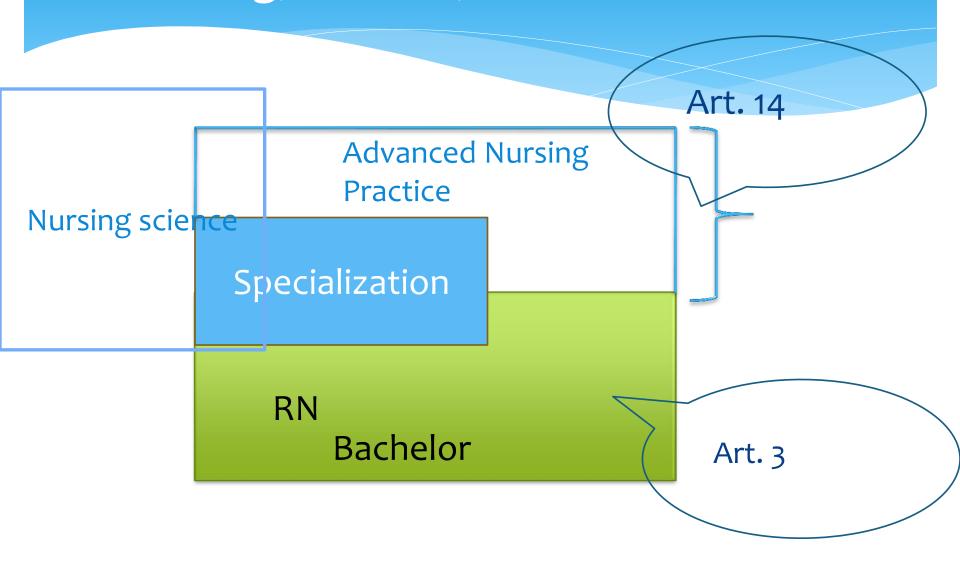
- * Increasing demand for healthcare (possibilities) /
- * Principle solidarity
- * Powerless Professional Organizations
- * Law Change
- * US oriented



Where?

- * All medical specialties in Hospitals
- * Selection, treatment by protocol
- * Chronically ill, hart failure
- * Transplantation
- * Pediatric, Psychiatry
- * Oncology (mamma care)
- * Neonatology
- * General practitioner
- * Primary care

Nursing, Science, Advanced Practice



Specialism

	Nurse I	Practitione	r	
	Bachel	or		
Psy	Prev	Acute	Ic	chron

Positive effects 1

- Integration cure and care
- (Cost) effective Care
- Self management
- Patient centred care
- Easily accessible
- Innovation, quality driven
- Bridging the gap: physicians / nurses



Positive effects (2):

- * Increasing continuity
- * Role models in holistic care
- * Organizational innovation
- * Positive research results
- * Experienced, motivated nurses

Negative points

- * Medical classification
- * Money driven
- * Diverse perception
- * Unverified grow
- * Relatively weak profile
- * Unsufficient profit low costs, strategy, group support



Pitfalls

- * Unclear responsibilities,
- * Too fast, too much different new tasks
- Lack of vision by the organization
- * Solo position
- * Focus on tasks
- * New function means a change for the whole care team



Patient reactions

- * Equal / higher satisfaction in general practice
- * Higher satisfaction specialties
- * More compliance
- * Better attitude
- * Less antibiotics
- * Integrated cure and care
- * Better care supplies



Adoption RN?

- * Barriers at the start
- * Own organization, other uniform
- * Part of the nursing organization
- * Positive effect of the perceived value of all nurses by physicians (bridging the gap)
- * Competition? IC, prescriptive autority, reimbursement



Collaboration Physicians

- * Preceptors, involvement
- * Substitution, workload relief
- * Enthusiasm scepticism

But also

- * Surplus physicians
- * Cross section; legal independence, own practice, reimbursement competition?



2015

- * Program in nine cities
- * National competency profile
- * Association
- * Number +/- 2500
- * Legislation (title change, international confusing)
 - * Independency
 - * Prescriptive authority
 - * Registration skills
 - * Reimbursement

Job crafting

