



Team Name: Nurse Practitioner Community of Practice  Team Lead: Regional Managers Primary Health Care  Approved by: Executive Director – North	Reference Number: CLI.4110.SG.008  Program Area: Across Program Areas  Policy Section: General
Issue Date: October 28, 2019  Review Date:  Revision Date:	Subject: Nurse Practitioner Regional Practice Guideline

**STANDARD GUIDELINE SUBJECT:**

Nurse Practitioner (NP) Regional Practice Guideline

**PURPOSE:**

To provide a regional standardized approach to NP practice and service delivery.

**DEFINITIONS:**

**Panel Size:** the number of unique patients, who have a helping/healing relationship with a provider. Unique patients are unduplicated individuals who have chosen to have a relationship with a provider or are assigned/designated to be under the care of a specific provider and received service within the past 12 months.

**Supply:** the measure of provider capacity for serving a panel/patient population. Supply is not a workload analysis but rather the amount of appointment slots the provider has available for patients to book into. Time spent by the provider performing hospital based work, teaching, or participating in meetings is valuable but not included in the calculation of supply. For this reason, the amount of supply a provider has to service his/her panel/patient population may be surprising to the provider.

**Clinical Full Time Equivalency (FTE):** the most basic measure of supply, which is calculated by, predicted number of days the provider will be in the office seeing his/her patients multiplied by 0.2. Providing 3.5 days a week to see patients within the clinic would yield a clinical FTE of 0.7.

**Administrative time:** time spent in non-direct patient care activities; i.e. charting notes, research, meetings, continuing education, letters, reports, stats, etc.

### **IMPORTANT POINTS TO CONSIDER:**

- NPs are Registered Nurses (RN) with graduate education who provide holistic care within the RN (NP) scope of practice. They work with a wide range of client populations in a variety of roles and settings including acute care (emergency, in-patient care, out-patient clients), long term care, primary care (QuickCare Clinic, Mobile Clinic, school based clinics) and fee-for-service clinics.
- NPs work collaboratively with health care and social service providers to meet the needs of the population, community and service area. They bring together medical knowledge with the values and skills of nursing.
- Positions have different funding models and reporting structures. Deliverables will be specific to the program and practice area.
- NPs are salaried practitioners who have legislative authority to practice autonomously. Each NP has developed differing competencies and skill sets which may contribute to varying length of appointment times.

### **PROCEDURE:**

NPs use the following standardized approach to guide their practice, in conjunction with their Manager/Director:

#### **1. Panel Size:**

- Minimum target of **750 patients** per panel based on 1.0 FTE; pro-rated for part-time FTE.

#### **2. Appointment Length/number of appointments per day:**

- Clinic schedule arranged to accommodate an **average minimum of 16 patient appointments (client appointments) available for booking in an 8-hour shift** (pro-rated accordingly with an increased or decreased shift e.g. average minimum of 20 patient appointments available for booking per 10 hours in clinic; average minimum of 24 patient appointments available for booking per day 12 hours in clinic).

#### **3. Administration time:**

- A maximum of four (4) hours per week per 1.0 FTE (pro-rated to FTE) allocated to administrative time;
- Administration time is built into the NPs Electronic Medical Record (EMR) schedule template. The NP is responsible to build the Administration Time within their template to accommodate an average minimum of 16 clients in an 8-hour shift / hours in clinic (pro-rated accordingly to length of shift). This EMR schedule template will be approved by the supervising Manager/Director.

#### 4. Education Leave/Professional Development:

- Five (5) full days (8 hour shifts or 40 hours) per year (pro-rated to FTE) or 10 half days per year paid time. Additional paid education leave/professional development, per mutual agreement with supervisor, as per process defined under Article 2407 of the current MNU Collective Bargaining Agreement.
  - Eligibility, as per the Manitoba Nurses Union (MNU) Collective Agreement and the Nurses Recruitment and Retention Fund (NRRF), for compensation of education opportunities, as per [process defined by Southern Health-Santé Sud Staff Development](#)
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#### **REFERENCES:**

MNU Collective Bargaining Agreement; Article 2407.

WRHA NP practice guideline – Strong model (<http://www.wrha.mb.ca/extranet/nursing/files/APNReferences-Mgr.pdf>)

Murray, Mark & Associates. Advanced Access Measurement Guide, Version 1.0, Revision Date: 18 December 2011  
(<http://www.wrha.mb.ca/staff/familyphysicians/files/MeasurementGuideforReportingAA.pdf>)

Shared Health, Home Clinic Guide ([http://www.manitoba-ehealth.ca/files/hc\\_portal\\_user\\_guide.pdf](http://www.manitoba-ehealth.ca/files/hc_portal_user_guide.pdf))

[Southern Health-Santé Sud Staff Development, MNU Education Allowance](#)

College of Registered Nurses <https://www.crnmb.ca/>

Canadian Nurses Association <https://www.cna-aiic.ca/en>