Complexities of the Australian perioperative nurse entrepreneur

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KEY WORDS

nurse entrepreneur, nurse practitioner, surgical assistant

ABSTRACT

Objective
This paper articulates a need for the nurse entrepreneur working as a surgical assistant. Negatively impacting on the role are the complex factors of:

- lack of professional support from the Nursing and Midwifery Board of Australia;
- lack of a process for remuneration through the Medical Benefits Schedule; and a
- lack of guidance to navigate the bureaucratic system.

Setting
Australian healthcare system.

Subjects
Clinicians who are a registered nurse or nurse practitioner surgical assistant in the Australian healthcare system private sector.

Primary Arguments
- A need exists for the perioperative nurse entrepreneur working in the private sector for specialty surgical assisting skills; adding a dimension of cost saving; and enhancing patient safety.
- The same mechanism for remuneration to medical practitioners, as surgical assistants, via the Medical Benefits Schedule is not available to nurse surgical assistants undertaking the same role. A contributor to this is the lack of support by the Nursing Midwifery Board of Australia.
- Lack of remuneration through Medicare exposes the patient to out of pocket expenses.

Conclusion
Absence of recognition of nurses (including Nurse Practitioners) as surgical assistants by the Nursing and Midwifery Board of Australia is not conducive to recognition of these roles by other government entities such as Medicare. Specialty advanced practice roles like that of the nurse surgical assistant enhance patient safety. While support for these specialty roles from the medical profession is applauded, it is an indictment on the peak Australian regulatory body for the nursing profession that support for the nurse surgical assistant including the nurse practitioner surgical assistant is not yet evident.

INTRODUCTION

Nurse entrepreneur role in the Australian healthcare system

A nurse entrepreneur is a business owner offering nursing services in the context of preventative care, rehabilitation, education, research, administration or clinical specialty direct patient care (International Council of Nurses 2004). The progression of nurses' roles into private practice serves to address gaps and unmet needs in the healthcare sector (Hong 2017). In Australia, this diversified role has generated debate within the nursing profession; the wider healthcare community; and the political and economic facets of the administration of healthcare (Lowe et al 2016; Wilson and Jarman 2002).

The role of nurse entrepreneur requires more complex knowledge and skills to that of the employed nurse. The nurse entrepreneur utilises a mixture of advanced nursing practice and corporate skills to meet client needs (Wilson 2003). These nurses are not salaried and must navigate the lack of a Medicare remuneration pathway and lack of recognition by consumers and stakeholders (Adams et al 2017). Other constraints on practice include varying levels of regulation through professional nursing bodies and clinical site accreditation issues that exist within the often inflexible bureaucracy of the healthcare system to provide their services. Motivation for nurses undertaking the nurse entrepreneur role include professional evolution, job satisfaction, regaining a sense of autonomy regarding work/life balance while filling areas of deficit within the healthcare system (Hong 2017; Wilson 2003).

In the Australian perioperative setting, clinical specialty direct patient care is delivered by the nurse entrepreneur working as a nurse practitioner surgical assistant or perioperative nurse surgeon's assistant (PNSA). These roles are under the umbrella of the internationally described non-medical surgical assistant (NMSA) (Hains et al 2017c). These clinicians may provide care in the pre-operative, intra-operative and post-operative phases of the perioperative journey (Hains et al 2016).

From a practice audit survey administered in 2015, 32% of nurse surgical assistants in Australia were working as employees of a surgeon or surgical practice, 16% were not working and the remaining 52% were working as perioperative nurse entrepreneurs either invoicing predominately the patient; or the surgeon or the healthcare facility for their services. Overall 76% of perioperative nurse entrepreneurs' workload was in the private healthcare sector. Nurse practitioner surgical assistants accounted for 14% of respondents (Hains et al 2016). From the practice audit survey it is noted that task divergence exists between nurse surgical assistants and nurse practitioner surgical assistants. This is related to the inability of the nurse surgical assistant to prescribe medications (or fluids), order investigations and refer to other healthcare professionals.

In addition to the Nursing Midwifery Board of Australia (NMBA), the peak professional body for nurse practitioner surgical assistants is the Australian College of Nurse Practitioners (ACNP). The peak professional body representing the perioperative nurse entrepreneur (including nurse practitioners and registered nurses) in Australia is the Australian Association of Nurse Surgical Assistants (AANSA).

DISCUSSION

Nurse surgical assistant or medical surgical assistant

Medical surgical assistants are medical practitioners who assist surgeons during surgical procedures. They may undertake this role as their only form of professional work or they may work in the role on a part-time basis undertaking other professional tasks as a medical practitioner.

It is not always possible for a surgeon to obtain a medical surgical assistant for procedures in the private healthcare sector. This is not the case in the public healthcare sector as surgeons have access to training medical personnel requiring learning experiences.

A survey of Australian surgeons was conducted by the authors in 2015-2016. A total of 445 surveys were submitted, not all respondents answered all questions. (Hains et al 2018) From this survey 27.5% (n=85) of surgeons revealed they had postponed or cancelled cases as an appropriate surgical assistant could not be found. Of the surgeons who responded to this question, 22.71% (n=62) expressed it was difficult or very difficult to secure a surgical assistant for urgent/emergent private sector cases. In the private healthcare sector, when a medical surgical assistant is not available, the instrument nurse may be required to simultaneously act as the surgical assistant in addition to performing their own role which requires completion of surgical counts. From the surgeon survey it was revealed that 22.22% (n=70) operate; once a month or more frequently; without a surgical assistant or, use hospital employed scrub/scout staff; without formal training for the surgical assistant role; to assist for cases that would routinely require a dedicated assistant.

Some surgeons may choose to use a perioperative nurse entrepreneur due to the specialised nature of certain surgery. Some examples of this are robotic surgery, cardiac surgery or surgery requiring operating through a microscope all which requires the surgical assistant to have highly developed specialty skills (Hains et al 2016). In these types of surgeries, if an appropriately skilled surgical assistant cannot be located, surgery may be postponed or cancelled.

It is important to highlight here that use of a perioperative nurse entrepreneur does not translate to duplication of services or payments. A surgeon uses the skills of a medical surgical assistant OR a perioperative nurse entrepreneur, not both.

Lack of professional support from the Nursing and Midwifery Board of Australia

Advanced Practice Nursing (APN) is described by the NMBA as follows:-

> *"APN is a continuum along which nurses develop their professional knowledge, clinical reasoning and judgement, skills and behaviours to higher levels of capability. Nurses practising at an advanced level incorporate professional leadership, education and research into their clinically based practice" (Nursing and Midwifery Board of Australia 2016).*

The competencies in this statement align with the strong model of advanced practice that includes direct comprehensive care, support of systems, education, research and professional leadership (Mick and Ackerman 2000, Norsen et al 1997).

In an Australian paper, Gardner et al (2016) expand on the domains of the strong model of advanced practice highlighting tasks such as:

> *"focusing on specific needs, including procedures, provision of physical care, promoting innovative patient care, activities that involve enhancement of students, activities that support a culture of practice that challenges the norm and activities that allow for sharing and dissemination of knowledge beyond the individual's institutional setting" (Gardner et al 2016).*

A practice audit of nurse surgical assistants in Australia revealed that all of the activities listed above are currently carried out by the perioperative nurse entrepreneur. AANSA also supports the research component of APN by offering an annual research award. Many perioperative nurse entrepreneurs are experienced theatre nurses and are able to add a dimension of education and supervision to medical/nursing students and novice nurses working in the perioperative environment. The Perioperative nurse entrepreneur also adds valuable experience during urgent and emergency situations (Hains et al 2016).

Lack of a process for remuneration via the Medical Benefits Schedule

While the Medical Benefits Schedule (MBS) provides remuneration for medical surgical assistants under

the "Assistance at Operations" TN.9.1 Item Numbers 51300-51318, these numbers are only available to medical practitioners (Australian Government 2018). As the MBS does not recognise the perioperative nurse entrepreneur for remuneration of surgical assisting services, neither do other healthcare entities such as the Department of Veteran's Affairs and the private health funds. Nurse practitioner surgical assistants have access to the MBS for consultation with patients but are unable to access "Assistance at Operations" TN.9.1 Item Numbers 51300-51318. The lack of an MBS mechanism for remuneration of the perioperative nurse entrepreneur exposes private patients to an out of pocket expense when a perioperative nurse entrepreneur assists for their surgical procedure. Since their inception AANSA has been proactive in a resolution for the out of pocket expenses patients incur through the use of a perioperative nurse entrepreneur.

In 2013 AANSA brokered an agreement with WorkCover Queensland to gain a WorkCover Queensland provider number and access to payment through WorkCover Queensland for surgical services for the nurse surgical assistant related to WorkCover Queensland patients. This resulted in a cost saving for WorkCover Queensland as the agreement for remuneration of the nurse surgical assistant was 15% of the surgeon's fee compared to 20% of the surgeon's fee for Medical surgical assistants (Hains et al 2017d)

AANSA is currently on a pathway to formal credentialing of the nurse surgical assistant role in Australia. The credentialing process aims to standardise educational and professional requirements for roles which aspire to be recognised as APN. Nurse Practitioners already have a mechanism for standardised competencies/ education and professional requirements administered by the NMBA. There is a robust body of literature that the nurse practitioner improves patient outcomes, is acknowledged by patients as an alternative healthcare professional and increases access to healthcare (Adams et al 2017) yet the nurse practitioner as an APN role endorsed by the NMBA is not able to access Medical Benefits Schedule remuneration for surgical assisting services. Given this, it is hard to imagine that credentialing which is not sanctioned by the NMBA will attract access to the MBS for non-nurse practitioner nurse surgical assistants.

Lack of guidance from government agencies to navigate the bureaucratic system

In 2012 AANSA submitted an application to the Medical Services Advisory Committee (MSAC) to gain access to the MBS for the perioperative nurse entrepreneur for surgical assisting services. This application failed to proceed past the Health Technology Assessment (HTA) group as it was identified that the perioperative nurse entrepreneur was not a new service but a new group providing existing surgical assisting services. No further guidance was given to the AANSA on how to progress the application to access the MBS.

In 2015 AANSA executive met with MBS Representatives from the Medicare Finance and Listings Branch and the Medicare Reviews Unit. AANSA was set three tasks:

1. obtain endorsement for the Nurse surgical assistant role from the Nursing and Midwifery Board of Australia;
2. obtain a letter of support from Royal Australasian College of Surgeons (RACS); and
3. demonstrate the need for the Nurse surgical assistant role.

In 2016 AANSA submitted an application to the MBS Taskforce Review for access to MBS remuneration for surgical assisting services. The MBS Taskforce Review is tasked with aligning the MBS with contemporary clinical evidence and practice (Australian Government 2015). The MBS has not been reviewed since its inception approximately 43 years ago. AANSA's application included a submission to the Principles and Rules Committee of the MBS Taskforce to change the rule limiting access to 'Assisting at Operation' item numbers to medical practitioner. On 27 March 2018 AANSA received correspondence from the Australian Government - Department of Health outlining:

"The MSAC pathway is the most appropriate pathway to gain access to the MBS."

In July 2018, in a teleconference between an MSAC representative and the president of AANSA, it was outlined by the MSAC representative that MSAC was not the correct pathway.

Tasks from the MBS representatives meeting in 2015

1. Obtain endorsement for the nurse surgical assistant role from the Nursing and Midwifery Board of Australia.

In 2010 the NMBA considered the endorsement of a range of nursing specialties in preparation for the transition to the National Registration and Accreditation Scheme (NRAS). It was identified that:

- *"A variety of mechanisms are employed internationally to recognise and regulate specialty practice, including licensure, endorsement, credentialing, validation and certification*
- *Formally regulating specialty groups for purpose of registration did not reduce the risk to the public*
- *There was lack of significant evidence that regulation of specialty practice improves patient/client outcomes" (Nursing and Midwifery Board of Australia 2016).*

In a recent survey of perioperative staff in Australia 124 surveys was submitted. Of the respondents 22% indicated that the instrument nurses in their healthcare facility were required to simultaneously perform the role of surgical assistant and instrument nurse on a daily basis when a designated surgical assistant could not be located. (Hains et al 2017a) This is in breach of the Australian College of Perioperative Nurses (ACORN) standards which state the instrument nurse may not perform a dual role as the surgical assistant. In this situation patient safety is compromised. In addition to compromising patient safety, untrained operating theatre staff acting as an impromptu surgical assistant expose themselves to organisational and medico-legal ramifications should complications arise in the intra-operative or post-operative period.(Hains et al 2017a)

Aside from compromising patient safety; other factors such as role evolution within the nursing platform should be considered. (Hains et al 2017b) In a recent Australian surgeon survey an equal number of surgeons thought governance of the nurse surgical assistant role should be by the Nursing and Midwifery Board of Australia 43% (n=140) or via the Medical Board of Australia 41% (n=133) (Hains et al 2017d).

While the NMBA resists the calls from many advanced specialty practice nursing groups to recognise and assist with sanctioned regulation, support for the Perioperative nurse entrepreneur continues from the medical profession.

2. Obtain a letter of support from Royal Australasian College of Surgeons (RACS).

AANSA has corresponded with the RACS and has received a letter of support for the role of the nurse surgical assistant. This letter states that RACS is supportive, of the role within the MBS definition of T.9.1. Assistance at Operations - (Items 51300 TO 51318) provided the clinician meet minimum entry requirements. These are:

"1. Must obtain an appropriate qualification

2. Must continue to be credentialed at each hospital in which they work

3. Must continue to have a surgeon mentor at each hospital in which they work

4. Must hold the appropriate indemnity insurance" (Perry 2017)

3. Demonstrate the need for the nurse surgical assistant role.

A need has been demonstrated as the perioperative nurse entrepreneur fills a deficit in the private sector which alleviates the instrument nurse from performing a dual role and impacting on patient safety. The perioperative nurse entrepreneur additionally helps avoid surgical procedures being cancelled or postponed when a surgical assistant with appropriate skills is not available.

The perioperative nurse entrepreneur also enhances the surgical process. Some nurse surgical assistants work with patients in the pre-operative period so they have in-depth knowledge of the equipment needed for the patient's surgical procedure. The most common reasons for delays in operating lists relate to 'In Theatre Preparation Time' where inadequate staffing/planning issues impact on theatre utilisation (Orchard et al 2010) The tasks undertaken by the Perioperative nurse entrepreneur correlate to 'In Theatre Preparation Time'. By contributing to these tasks, the Perioperative nurse entrepreneur supports cost saving by avoiding cancellations and delayed theatre lists. Additionally, skilled surgical assistance can also support a reduction in operative time. (Hains et al 2016, McWinnie 2005)

The perioperative nurse entrepreneur role although not (as yet) fully evaluated, has shown a trend towards a cost benefit within the Australian healthcare system (Hains et al 2017d; Hains et al 2016) This is illustrated by:

- the perioperative nurse entrepreneur undertakes intra-operative tasks directly related to 'In Theatre Preparation Time' that facilitates the operating list, therefore avoiding delays and cancellation of procedures;
- WorkCover Queensland remunerates the perioperative nurse entrepreneur at a rate of 15% of the surgeon's fee compared with a 20% rate for the medical assistant for 'Assisting at Operation' on WorkCover Queensland patients (Hains et al 2017d); and
- a contract between a corporate healthcare provider and Queensland Health contracts the Perioperative nurse entrepreneur to operate on public patients in the private sector. This agreement has been in place since 2013. In this case the perioperative nurse entrepreneur better suited the needs of the contract (Smith et al 2016).

If the perioperative nurse entrepreneur role attracted remuneration from the MBS there is the prospect of further cost saving within the Australian healthcare system.

Out of pocket expenses

Highly topical at the moment is the high out of pocket expenses private patients incur for which there have been recent senate enquiries. Out of pocket expenses are cost shifting from the private health funds to the private patient. Out of pocket expenses coupled with the private health insurance costs increasing by 3.95% on average in 2018 is forcing the population into the public sector thus increasing the workload on an already struggling public healthcare system (Graham 2018).

A remuneration option for the perioperative nurse entrepreneur through the MBS would assist to alleviate the burden the patient incurs with out of pocket expenses. This out of pocket expense may come directly from the perioperative nurse entrepreneur, or it may come from the surgeon who pays the perioperative nurse entrepreneur. Surgeons should have the choice of working with the surgical assistant they are most comfortable with and who possess the necessary specialty surgical skills, without the patient being financially disadvantaged.

CONCLUSION

As has been clearly demonstrated here, there is a need in the Australian healthcare system for the perioperative nurse entrepreneur.

It is more than eight years since the investigation into regulation of advanced specialty nursing roles was undertaken by the NMBA. During this time unsanctioned evolution of these roles has continued with specialty nursing organisations resorting to self-credentialing of their members to validate their roles. While this maintains a minimum standard of education and professional development, there is no mediation or unification across the different nursing specialties.

As is evident by the fact the perioperative nurse entrepreneur has a significant caseload, there is a deficit of medical surgical assistants in the private sector. The perioperative nurse entrepreneur fills this deficit. However, with the current lack of formal remuneration through the MBS, and as a follow on the private health funds and DVA, the role of the perioperative nurse entrepreneur is unsustainable to many clinicians. Lack of formal remuneration is partly due to the lack of input by the NMBA. As demonstrated by WorkCover Queensland, payment to the perioperative nurse entrepreneur could translate a cost saving to the Australian healthcare system.

The role of the Perioperative nurse entrepreneur has a positive effect on patient safety. Is it time to re-visit the necessity for recognition of other advanced practice nursing roles beside the midwife and nurse practitioner? If the NMBA does not wish to regulate APN roles other than the midwife and nurse practitioner then support of the nurse practitioner role to receive remuneration for surgical assisting services would incentivise perioperative nurse entrepreneurs to obtain this qualification.

At present there is no enticement to become a nurse practitioner as this qualification does not attract remuneration for surgical assisting clinical services.

It is a condemnation on the nursing profession that the most significant professional support given to the Perioperative nurse entrepreneur comes from the medical profession.

RECOMMENDATIONS

- Formal regulation/goverance of specialty advanced practice nursing roles by the Nursing and Midwifery Board of Australia would assist with validation by other government agencies. In the absence of this, support for the nurse practitioner surgical assistant from the Nursing Midwifery Board of Australia.
- A mechanism for remuneration through the Medical Benefits Schedule for the perioperative nurse entrepreneur would facilitate savings to the Australian healthcare system.
- Assistance from government agencies to negotiate the bureaucratic system would help the Perioperative nurse entrepreneur gain access to remuneration.

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