

## North Shore PCN – Registered Nurse (RN) in Practice

Having a nurse's expertise readily available in the practice or community can ease pressures for family doctors and reduce the risk of burnout. Family doctors get quicker access to comprehensive support for patients, especially those who are frail, elderly, and/or have complex and chronic conditions. This support enables family doctors to focus on doing more of what they love to do—including building relationships with their patients and spending more of their time on difficult diagnostic dilemmas.

## What are some of the benefits of having an RN in Practice?

- Improve patient care/outcomes
- Share workload and increase efficiency
- Reduce family doctors' burden, stress and burnout
- Improve provider satisfaction

- Increase access
- Increase attachment
- Allow physicians to utilize their medical skills to the maximum
- No cost to patients

\* The nurse's salary, training, laptop, phone, EMR license, and contribution to overhead will be paid by the PCN. A division liaison will also provide support in the implementation and integration of the new resources at your practice.

## What will the RN do in your practice?

The answer to this will be determined by you based on your panel/patient needs<sup>1</sup>. Often a family physician will identify priority patient groups (i.e. diabetics) that the nurse will work with. Here are some examples:

- Works in collaboration with the family physician
- Consults and collaborates with the interdisciplinary team
- Performs comprehensive and focused assessments
- Vaccinations and injections
- Supporting patient transitions and navigating services

- Prioritize referrals and screening of patient information
- Complex care and Chronic Disease Management visits (CDM)
- Prenatal, post-partum, and wellbaby checks
- Wound care and follow-up visits

Please contact us at <u>nspcn@nsdivision.ca</u> or (778) 945-3017 and let us know if you would like to learn more.

<sup>&</sup>lt;sup>1</sup> The RN role is clinical not clerical and not to replace tasks for MOAs or LPNs (most clinical work requires some clerical work but the primary work is clinical).