

Linville signs Nurse Practitioner Week proclamation

Tilly Dillehay
Editor

On Thursday, November 08, 2012, The Mayor of Macon County signed a proclamation declaring November 11-17 Nurse Practitioner Week in Macon County. Excerpts from the proclamation read as follows:

"Whereas, there are 7,830 licensed NPs in Tennessee, with 12 in Macon County providing high-quality, cost-effective, patient centered, personalized healthcare for nearly half a century..."

"Whereas, NPs provide

healthcare to people of all ages and in diverse healthcare settings such as private office practice, hospitals, long-term care facilities, schools, state and local health departments, managed care facilities, and retail-based clinics..."

"Whereas, NPs more than 18 percent of NPs practice in rural settings with populations of less than 25,000; and

Whereas, it is documented that patients of NPs are given more personal time and attention than they traditionally receive from other healthcare providers; be it resolved,

THEREFORE, that I, Shelvy Linville, hereby declare November 11-17, 2012 as Nurse Practitioner Week, in recognition of the many contributions that this dedicated group of healthcare professionals makes to the health and well-being of the people they serve in this great county."

In August of this year, a new local professional organization was formed for nurse practitioners. Macon County Advanced Practice Network is a group of local nurse practitioners that meet monthly at Macon County General Hospital.

The purpose of the organization is to provide a professional network among the nurse practitioners living and working here in Macon County.

Member Chaundel Presley says that by doing this, they are able to focus on improving the quality of clinical care provided in all their respective practices, by focusing on current health related issues and treatment guidelines. "The group desires to work together to address the specific health needs of the residents of Macon County," said Presley.



L-R, standing: Janice York, FNP, Armadillo Medical Services, Lenore Wix, FNP, Macon Co. Health Dept., Chaundel Presley, FNP, Primary Healthcare Group, Andrea Brooks, FNP, Primary Healthcare Group, Priscilla A. Hale, FNP, Primary Healthcare Group. Seated: Mayor Shelvy Linville.

Celebrating National Nurse Practitioner Week

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ditor

The week of November 1-17 is nationally recognized as Nurse Practitioner Week, a time of honoring the people who often function as primary healthcare providers, and who can even keep private practices. NPs can do many of the things that an MD can do, and some argue that they lower the overall cost of healthcare by filling in the gap between nurses and MDs.

Proponents of Nurse Practitioners as primary healthcare providers point out that they can treat most common health problems, with appropriate referrals, with more time taken for the individual patient, and with a higher emphasis on self-management, education, and lifestyle as a health solution.

To be recognized as expert health care providers and ensure the highest quality of care, NPs undergo rigorous national certification, periodic peer review, clinical outcome evaluations, and adhere to a code for ethical practices. Self-directed continued learning and professional development is also essential to maintaining clinical competency.

Autonomously and in collaboration with other health care professionals and other individuals, NPs provide a full range of primary, acute and specialty health care services, including: Ordering, performing and interpreting diagnostic tests such as lab work and x-rays. Diagnosing and treating acute and chronic conditions such as diabetes, high blood pressure, infections, and injuries. Prescribing medications and other treatments. Managing patients' overall care. Counseling. Educating patients on disease prevention and positive health and lifestyle choices.

We spoke with a few of our local Nurse Practitioners to find out more:

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Priscilla Hale, FNP of Primary Healthcare Group, Inc.

At Primary Healthcare, there are three Family Nurse Practitioners who work onsite as primary healthcare providers. Priscilla Hale, MSN, FNP who has worked in the Lafayette area for 18 years, Chaundel Presley, MSN, FNP who has worked there for 16 years, and Andrea Brooks, MSN



Priscilla Hale

FNP who has worked there for 2 years. We sat down with Priscilla Hale to get her perspective on the profession:

Tell us about the clinic here.

We are as our name says, primary care. So this means that we are not really a "minute clinic." We have our own set of patients, some of which we have seen for the last 18 years. You could say that this is their "medical home." I see now, I began following when I began work in 1994 with Dr. Wilbert E. Brooks, who many in the community still remember as a great family physician. Dr. Brooks was a visionary, as he took the chance on hiring a Nurse Practitioner when there weren't many in the community. Our numbers have now grown, as you can see in the Nurse Practitioner Week Proclamation. It has been good to see our reception in the community increase, and our work in this community has certainly grown as well.

We opened this clinic in 2001 after Dr. Brooks retired. We are slightly different because we are a nurse practitioner owned and run clinic. We do work with a collaborative physician that we can call at any time to answer questions that we may have regarding patient care. This physician also reviews a set number of our charts on a monthly basis to fulfill the requirements of the nurse practice act of Tennessee.

What do you see as the advantage of using an NP as your primary healthcare provider?

I see the nurse practitioner as being the manager of all the primary care needs a person may have. Then if specialty care is needed, the Nurse Practitioner can pull all these referrals together to provide comprehensive care. You might see various specialists—you might have a cardiologist, a pulmonologist, or you may have a dermatologist—but the primary

care nurse practitioner is that one provider who ties all that together. If care is coordinated, then there is less duplication of services or expensive tests.

Because we know our patients well, we can provide care at less cost for patient and their insurances.

I try to keep a close watch on what's going on with the patient. I try to take more time with the individual to educate them on what is going on with their health so they can make the best decisions possible for the best health outcomes possible. I feel like we devote a little more time with the patient. We try to determine what the patient's goals and resources are and then help them to reach those goals. You simply cannot come in and in five minutes gather all the information that you need from a patient in order to take care of them in the best way possible. History plays a big part, and if you can really sit down and take a detailed history, you'll be able to see more clearly what's going on.

I think we're probably more into holistic care—in other words, we see a person as a whole, instead of parts of a person. In this way we are different than a specialist who only sees that small portion or system of the person that they are trained to treat. For example, they may be examining a person's heart as an organ and so they don't see that—maybe two or three months ago, the patient's husband passed away. How does that impact their heart? Maybe they had a family crisis, or they went through the tornado, and how does all impact their whole health? If you are not in tune with those things then you may not truly understand how these things are affecting the patient and their health. So that's why I see the Nurse Practitioner doing things a little differently, taking a more complete history, listening a little bit more, not



Janice York

only to the physical but the spiritual, emotional, and psychosocial needs of the patients that we see.

I think that's probably more how we're taught to practice. As the newer nurse practitioners come into practice, I hope we as a Nurse Practitioner Profession are not pushed into losing this special aspect of our focus of care. I believe that herein lies the value of our Nurse Practitioner profession.

What were the educational requirements for NPs when you went through school?

Right now you have to be a masters prepared registered nurse. You can get a bachelors degree in nursing and then pursue a master's degree in nursing to be a Nurse Practitioner. Most all nurse practitioners will then become certified through a credentialing agency. I got my bachelor's degree in nursing from Tennessee Tech University, and then I went to UT Knoxville to get the masters preparation that I needed to sit for the Nurse Practitioner board exams. Now some Nurse Practitioners are returning for a DNP, a doctoral nursing degree. This is what our very own Chaundel Presley is doing and she will graduate in May of 2013. Then we can call her Dr. Presley.

Janice York, NP, with Dr. Hunt and Armadillo Medical Services

Janice York is a Nurse Practitioner who works alongside Dr. Hunt at Armadillo Medical Services, which just moved to a new location on Hwy 52. In addition to handling primary care needs at the office, Janice and Dr. Hunt run a home visit program.

How long have you been

running the home visit program?

Let me see. I've been with Dr. Hunt for about five years—so probably the last four years. We have about 30 patients that we do home visits on. We do most of our home visits on Tuesdays; however, we will try to do a home visit within 24 hours if someone calls in sick. We try to go about every two to three months, depending on their health care needs. We even do minor procedures, like taking off toe nails.

Most of our home visits are done for patients who cannot get out for one reason or another; however if they want to come into the office, they can. It has turned out to

be a much needed service in our community.

What do you see as the main difference between an NP and a doctor, and the roles they both play in healthcare?

I do think that we both have very important roles in healthcare. I personally feel that sometimes there are patients that are just more complicated, they have multiple co-morbid conditions and they need to see the physician. They may be beyond the nurse practitioner's scope of practice.

I think Nurse Practitioners are more holistic. I think we look at the whole person to see how we can assist with quality of life issues, and how we can help keep our community healthy.

What is the future of the nurse practitioner profession?

I think that Nurse Practitioners will play a crucial role as healthcare continues to change and as people are being required to buy insurance and find a primary provider. There just aren't enough primary care physicians to meet that need. NPs will be very important in this wave of patients and in meeting their primary care needs.

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