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Strategizing for a Nurse-Led Clinic

People are rushing past each other. Someone is compressing a bag, another is looking at a monitor, and someone else is pumping an unconscious person's chest. In the corner of the room, a number of people are crying and shouting for someone to keep on going and holding on. "Charge to 150 Joules," says the person in scrubs and long white coat. Suddenly, everything stops. It is as if the world stops titling on its axis. Then, it is announced, "time of death – 5:42 p.m."

Leah was suddenly roused from her musing when her secretary dropped a letter on her desk. After working as a nurse in the hospital, she had decided that she wanted to make a difference in the lives of her patients not by merely taking part in the management of disease, but by tackling the problem at its root cause. She wanted to manage modifiable risk factors and act before the disease actually developed. She did not want to be an active spectator again in the death of a patient from a disease that could be prevented or managed well. She knew that everyone had a right to life and a right to have a fighting chance for good health.

She perused the contents of the letter and suddenly stood up as if everything came to life. Full of excitement, she called her secretary and told her, "Cancel all my meetings for today. We have to make a plan."



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Establishing the Foundations of a Nurse-led Clinic

Leah was spearheading a project that would establish one of the first nurse-led clinics in the Philippines. The clinic would be managed by a nurse and serve as an avenue where health promotion, health management, and rehabilitation services would be provided by nurses. There would be no doctors in the clinic and services provided would be those under the scope of practice of nurses defined under the Constitution of the Republic of the Philippines. As such, medical diagnosis, invasive medical diagnostic procedures, treatment, and prescription would not be performed at the clinic. The new organization would be a wellness clinic.

To launch this project and ensure its sustainability, Leah needed to get funding and plan the business properly. The letter she had received from a colleague shared information regarding organizations from which she might be able to get support for her project like Delegation of the European Commission, Canada Fund for Local Initiatives, Japan's Grant Assistance for Grassroots Human Security Projects, Philippines-Australia Community Assistance Program, New Zealand's International Aid and Development Agency, United Nations Development Programme-Global Environment Facility, and Dienst voor Internationale Samenwerking aan Ontwikkelings Projecten (DISOP) Philippines.¹ Leah knew that she needed to prepare an effective business plan that would get the approval of a sponsoring institution for the much needed funding. However, she knew that for this project to be effective, she had to surmount several challenges.

The culture of self-health management in the Philippines was heavily centered on a curative or treatment approach. People usually went to the hospital for a consultation because of a specific complaint. In addition, services that could be legally rendered were limited and doctors generally had a monopoly on patients. Those who were already sick, but would greatly benefit from the clinic's health management and rehabilitation programs, came mainly from the marginalized sector.

Leah asked herself: "How can I make the nurse-led clinic program a success? What edge does the nurse-led clinic have over other healthcare institutions in the country? What are the areas that have to be strengthened? How can I effectively make use of the resources at my disposal and the current situation? What challenges do I have to prepare for?" Leah only had three days left before the deadline for some of the funding applications. The clock was ticking and Leah had to ensure that her plan was sensible and feasible enough to warrant support by philanthropic institutions.

The Hurly-Burly Status Quo

Improved health outcomes had been observed with the utilization of nurse-led clinics. In a nurse-led heart failure clinic, there were fewer deaths and admissions among patients who consulted nurse-led clinics compared to those who received care at a traditional institution.² Based on the services and outcomes provided, nurse-led clinics were seen as holistic clinics providing an effective alternative to ambulatory healthcare delivery.³

Nurse-led clinics could have different set ups depending on the focus and specialization of the nurse. For Leah's wellness nurse-led clinic, service offerings would be focused on health education, health promotion, health management, and rehabilitation. A common feature shared by most nurse-led clinics was that nurses had their own caseloads and patients consulted them at a specified time just as they would in a doctor's clinic. Assessment of a patient's condition, planning of appropriate care for the patient, teaching and advising on the delivery of treatment, monitoring of the patient's health status, and management of medications were some of the services provided.⁴

Many of the successful nurse-led clinics established in the United States, Canada, and United Kingdom provided medication management services, which included the adjustment of prescribed medications by an advanced practice nurse.⁵ In the Philippines, however, nurses were not legally allowed to prescribe medications. So the main focus of care was on health education with the aim of improving the self-health management capabilities of patients.⁶ Through nurse-led clinics, comprehensive health education and close monitoring of patients' conditions could be done more efficiently.

Tug of War with Doctors

Waiting time for consultation was also reduced in nurse-led clinics. In a radiotherapy outpatient review in the United Kingdom, it was found that there was decreased waiting time and increased consultation time in nurse-led clinics.⁷ When it came time to care for specific diseases, like bronchiectasis, nurse-led clinics provided care that was as effective as a doctor-led clinic.⁸

Employment and Oversupply

As of October 2014, there were around 200,000 unemployed nurses in the Philippines according to the Alliance of Health Workers (AHW). Aside from this, some employed nurses were working without pay or below the minimum wage.⁹

Due to the dire situation nurses found themselves in, the AHW mounted a protest to petition the government to increase the wages of nurses and find solutions. According to Jossel Ebesate, president of AHW, some nurses in private institutions earned as little as 4,000-5,000 Php a month (86.62-108.27USDⁱ).¹⁰

Health Care Financing in the Philippines

In the Philippine Healthcare system, health financing came from four sources: national and local government, government and private insurance, out of pocket spending, and donors. Of these four sources, out of pocket spending constituted the biggest percentage of healthcare financing. Healthcare expenditures, especially in terms of medications, was much higher in the lower socioeconomic groups compared to those with higher socioeconomic status. As of 2009, the majority of hospitals in the country were privately owned, especially tertiary hospitals. These hospitals rendered more comprehensive and specialized care, compared to government-owned tertiary hospitals.¹¹

In terms of health service capability, as measured by bed capacity, the Philippines had 1.04 beds for every 1,000 people, which did not meet the World Health organization requirement of 20 per population of 10,000 (or 2 per 1,000 people).¹²

Jurisdiction (Gaps not Covered by Doctors)

Based on the constitution of the Philippines, specifically Republic Act 9173 Article IV Section 28, Filipino nurses were legally allowed to provide health education and consultation services.¹³

ⁱBased on a conversion rate of 1 Php = 0.021650 USD as of 14 Aug. 2015 from moneyconverter.com.

In terms of a doctor's clinic, a typical outpatient consultation for an ambulatory client would involve the patient consulting the doctor for a specific sign, symptom, or malady. He might either be prescribed certain medications or asked to undergo some laboratory tests or diagnostic procedures. Additional explanation for the tests requested or treatment regimen provided was also usually given by the doctor's assistant. Due to the long waiting times at the doctor's clinic, consultation was usually done as quickly as possible.

Lifestyle-Related Disorders in the Philippines

Health education was one of the most common interventions given for lifestyle-related disorders. The prevalence of lifestyle-related disorders in the Philippines had been increasing. Before, the leading causes of morbidity (sickness)¹⁴ and mortality (death)¹⁵ were mainly infectious in nature. For the past couple of years, several lifestyle-related disorders had been inching their way to the top of the list.

Curriculum of Nursing

The curriculum of a Bachelor of Science degree in nursing in the Philippines was regulated by the Commission on Higher Education and included only one course that trained student nurses in terms of administration. This course, Nursing Leadership and Management, had four units of lecture and three units of related learning experience.¹⁶ In terms of the nursing curriculum, the related learning experience (RLE) pertained to appropriate teaching-learning opportunities meant to enhance the students' competencies in varied healthcare settings. Usual sites of RLE's were clinics, schools, industrial establishments, outpatient clinics, and general and specialty hospitals.¹⁷ This translated to approximately 112 contact hours for the Nursing Leadership and Management course. The focus of this course was in ward or area management in a hospital. Leadership styles and staffing patterns were commonly discussed. However, general business and management courses were not typically included in the curriculum. Student nurses were usually not trained in finance, accounting, and other business concepts for entrepreneurship or for management of a nurse-led clinic.

Wellness Clinics

In the Philippines, there had been an increase in the number of wellness clinics over the past couple of years. Aside from this, people were using more health supplements without approved therapeutic claims due to their desire to defy aging and maintain their health. People also began using cleansing juices and diet delivery programs wherein personalized meals were delivered to individuals to help them lose weight or achieve a higher level of wellness.

This attitude toward health was reflected by the growth of the alternative medicine and fitness industries. In the Philippines, the term "wellness clinic" was used loosely to pertain to centers or establishments that provided any service or program that was designed to improve the health of an individual. This might range from a typical gym or fitness center to a comprehensive diagnostic program to screen for common diseases for certain age groups.

Need for Action

Considering all these things, Leah thought back again to the nurse-led clinic and the ways by which she could run a financially sustainable and socially acceptable clinic. She thought of how she could maximize the potential of the clinic, strengthen its weak areas, take advantage of the current tide, and prepare for contingencies. It was up to Leah to surmount these obstacles and come up with an effective, efficient, and plausible business plan to successfully revolutionize nursing practices and health-services offerings in the Philippines.

Endnotes

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