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A Unique Practice Model for Nurse Practitioners in Long-Term Care Homes

The integration of Nurse Practitioners (NPs) in long-term care (LTC) homes is a relatively recent phenomenon in Canada. As such, little is known about the impact that different NP practice models have in the Canadian healthcare system. This study examined a unique practice model and its impact on LTC staff confidence, hospital admissions, and early hospital discharge.

In response to a request for proposals issued by the Ontario Ministry of Health and Long-Term Care for NP pilot projects in LTC, funding was received for one full time equivalent NP by a group of LTC homes in Hamilton, Ontario. These homes worked with other key stakeholders (hospitals, CCAC) to identify their shared goals for the NP role, namely:

- To provide comprehensive assessment and treatment for LTC residents with common and complex conditions;
- To assist in preventing unnecessary hospitalizations;
- To assist in promoting early discharge from hospital; and
- To increase LTC staff capacity related to the care of the frail elderly.

The group received additional funding from the Hamilton Emergency Services Network for a second NP. The two full time equivalent NPs utilized a consultative model to respond to the needs of 22 LTC homes serving 2900 residents.

LTC homes that were dealing with a challenging medical or behavioural issue contacted the NPs. The NPs would work collaboratively with physicians, nurses and other health care professionals to assess the issue and assist with care planning and collected information on their clinical activities over a one-year period. A questionnaire was then administered to the LTC homes' Directors of Care to assess the impact that the NPs had on preventing hospitalizations and building staff knowledge and skills in caring for the frail elderly.

The NPs had a total of 2315 clinical contacts, ranging from 2 to 292 contacts per home, with an average response time of 1.14 days. The most common reasons for referral were wounds, incontinence, falls, pain management, and delirium. Among the cases seen, 82% had stabilized, 12% resolved, 2% were transferred to hospital, 2% died, and 1% were transferred to another care provider. Hospitalization was avoided in 39-43% of cases. The NPs had a positive impact on improving staff confidence, but no effect on early hospital discharge.

Innovative NP practice models can have a positive impact on LTC residents, staff, and the health system. By enhancing staff skills and confidence, unnecessary transfers to hospital were reduced and residents were able to be cared for within the LTC home. Avoiding

unnecessary hospitalization is not only a preference of most residents, but is a more appropriate use hospital services. During times of limited human and financial resources, partnerships across LTC homes can be an efficient and effective use of resources.

For more information about the study contact Carrie A. McAiney, PhD, Assistant Professor, Dept. of Psychiatry & Behavioural Neurosciences, McMaster University at mcaineyc@mcmaster.ca The full article can be purchased through Wiley InterScience Publishers at <http://www3.interscience.wiley.com/journal/120088867/abstract> or can be accessed through the Seniors Health Research Transfer Network (SHRTN) Library Services at <https://www.ehealthontario.ca/portal/server.pt?open=512&objID=1485&mode=2> .

McAiney, C., Haughton, D., Jennings, J., Farr, D., Hillier, L., & Morden, P. (2008, June). A unique practice model for Nurse Practitioners in long-term care homes. *Journal of Advanced Nursing*, 62(5), 562-571. Retrieved April 16, 2009, from CINAHL database.