

RN Solutions in the Care of Older Adults

Long term care

Long term care is the last in a series of four profiles of emerging roles for nurses who work with older adults. Each of the stories follows “Mr. Smith and his wife” as they try and meet the multiple challenges of his complex care needs. In response to these challenges, we highlight innovative solutions that arise from nurses’ keen recognition of the gaps in care and their commitment to finding ways to address them.



ISSUE

Registered nurses are in the best position to provide the care older adults need. RNs can manage complex care and non-emergent health conditions on site, ensure person- and family-centred care, and reduce the costs of transfers to emergency departments or external care consultations.

Mr. Smith’s functional ability has progressively declined since his last hospital admission four years ago. His dementia has progressed to the point where his wife can no longer manage his care at home. For the past two months he has been living in a long-term care facility and, despite difficulty adjusting to his new surroundings, his behaviour over the past few days has been very unusual. He’s been exhibiting responsive behaviours such as crying, yelling and hitting staff. Nurses are concerned he may have delirium from a urinary tract infection. After a positive urine test, the nursing staff are ready to call an ambulance to transfer Mr. Smith to the emergency room for assessment and treatment.

If you were related to Mr. Smith, how would you expect his care to be managed in this situation?

Did you know . . .

We can now reasonably expect that a health-care expert could intervene to prevent Mr. Smith’s transfer to an emergency department.

RNs address gaps in long-term care

Exemplars of such practices exist in emerging nursing roles across the country. In these roles, specialized registered nurses collaboratively assess, consult and support the long-term care (LTC) home staff. Their roles include coordination, knowledge transfer and coaching.

Long-term care facts

- Dementia is not a normal part of aging (WHO-ADI, 2012).
- There were approximately 104,000 new dementia cases in Canada in 2008. By 2038, this number is expected rise to nearly 258,000 — about one new case every two minutes (ASC, 2010).
- In 2009-2010, almost one quarter of all seniors who were waiting for appropriate home or residential care while in an acute care bed had a diagnosis of dementia (CIHI, 2011).
- Canada is the only G7 country without a dementia care strategy (WHO-ADI, 2012).
- More than one in five seniors in Canada experience some type of bladder control problem. Yet, with the right treatment, these problems can almost always be cured or managed (PHAC, 2006).

Nurse-led long-term care outreach teams reducing emergency room visits

Nurse-led long-term care outreach teams (LTC-OT), coordinated by highly skilled RNs or advanced practice nurses, are now travelling to long-term care (LTC) homes to provide health assessment and treatments for people with complex care needs. While helping keep residents in their current LTC home, the approach builds effectiveness across the LTC facility itself, providing staff with additional capacity and support.

Advanced RNs and personal support workers complementing the outreach teams exemplify the LTC-OC program's core competencies as well as the compassion to work with older adults who have responsive behaviours. The teams can provide intravenous therapy, antibiotic management and oxygen administration, and they also respond to LTC home requests for assistance with residents who present with unmanageable behaviours. Launched in 2008 as part of the Ontario government's plans to reduce emergency room wait times, as of November 2010 there were 16 nurse-led LTC-OTs operating across the province (MOHLTC, 2009; OLTCA, 2010).

Responsive behaviours by patients are the number one difficulty care providers face. This challenging form of behaviour, which includes aggression, wandering, physical resistance or agitation, can be a response to something negative, frustrating or confusing in the patient's environment (ASO, 2011).

Mobile emergency nurses reduce ED transports by 83 per cent

Toronto's emergency mobile nursing services (EMNS) teams are bringing older adults in LTC facilities rapid access to emergency nursing interventions. The two EMNS teams (of

three nurses each) provide bedside clinical care and consult via telephone with nursing-home staff on the most common problems. When transfer to the emergency department (ED) is required, the teams can quickly link with the geriatric emergency nurse to help streamline access to specialty services like interventional radiology. The EMNS teams also assist with the complex coordination of care that is often required when patients are discharged from hospital to their LTC home.

In addition, the EMNS approach has improved the LTC nursing staff's capacity to recognize and manage acute changes of condition through nursing peer-to-peer consultation, shared learning, coaching and support. In 2010-2011, their interventions resulted in an 83 per cent decrease in the number of emergency department transfers (OLTCA, 2010). EMNS demonstrates how a team of RNs working at full scope of practice can drive system-wide change and improve care between health-care sectors for older adults (Bandurchin, McNally, & Ferguson-Paré, 2011).

RNs provide long-term care solutions

These new and emerging specialized nursing roles meet patient needs by filling a gap in the continuum of care. Such practices are increasingly becoming the means by which to avert negative patient impact, build capacity among nurses and reduce costs to the health-care system.

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