NURSE PRACTITIONERS IN LONG-TERM CARE

Nurse practitioners (NPs) are "registered nurses with additional educational preparation and experience who possess and demonstrate the competencies to autonomously diagnose, order and interpret diagnostic tests, prescribe pharmaceuticals and perform specific procedures within their legislated scope of practice" (Canadian Nurses Association [CNA], 2006, p. 19). The NP role is derived "from blending clinical diagnostic and therapeutic knowledge, skills and abilities within a nursing framework that emphasizes holism, health promotion and partnership with individuals and families, as well as communities" (Robinson Vollman & Martin-Misener, 2005, p. 2). "The education and experience of NPs uniquely positions them to function both independently and collaboratively in a variety of settings across the continuum of care" (CNA, 2009, p.1).

Caring for the elderly has become a major area of focus for NPs owing to the aging population and issues of chronic disease management. A significant portion of the NP caseload will likely consist of older adults given the projected increase in the population over the age of 65 (Auerhahn, Mezey, Stanley, & Wilson, 2012). Initial data from the Canadian Institute for Health Information's (CIHI) continuing-care reporting system indicates that more than 7 out of 10 residents in long-term care (LTC) settings have at least one chronic disease. Hypertension, among other cardiovascular diseases, is the most common condition (affecting 45 per cent of the data sample), with arthritis (29%) and diabetes (25%) following behind (CIHI, 2008). Canadian jurisdictions are recognizing the need to address the complex health needs of LTC residents and, as a result, are turning to NPs for a solution. In 2000, the Ontario Ministry of Health and Long-Term Care funded 20 full-time primary health care positions for NPs in LTC (Stolee & Hillier, 2002), with other provinces following this trend. Currently, 6.1 per cent of NPs in Canada are working in LTC facilities (CNA, 2013).

The NP role in LTC, as a member of the primary health care team, has been described as that of a clinician, collaborator, case manager, coordinator, counsellor, communicator and educator. In the clinician's role, NPs perform patient assessments and evaluations, physical examinations and chart reviews, while collaborating with facility staff and physicians. In the communicator role, NPs collaborate and coordinate care (with other providers), communicate with staff and families, and document treatment as required (McAiney et al., 2008). The focus of the NP role is health promotion as well as the treatment and management of common acute and chronic conditions (Donald et al., 2013).

BENEFITS OF NPS WORKING IN LTC

- NPs in LTC promote patient health outcomes, provide staff training and support, and reduce pressure on acute care services (Willging, 2004). Willging (2004) explains that enhanced health outcomes are possible, as NPs offer residents timely access to primary care and treatment, while performing comprehensive assessment and helping to manage chronic disease.
- The presence of NPs in LTC contributes to staff skill enhancement by means of education and interprofessional collaboration (Stolee, Hillier, Esbaugh, Griffiths, & Borrie, 2006; McAiney, 2008), and to the communication between residents and family members (Stolee et al., 2006). System-level benefits include a reduction in the need for acute care services due to fewer residents being transferred to emergency departments (Kane, Keckhafer, Flood, Bershadsky, & Siadaty, 2003; Klassen, Lamont, & Krishnan, 2009), fewer hospital admissions (McAiney et al., 2008) and lower treatment costs (Klassen, Lamont, & Krishnan, 2009).

QUALITY OF CARE

- There is strong evidence indicating the high standard and quality of care provided by NPs. In a systematic review of the literature on NPs in LTC, 11 studies show that NPs manage chronic diseases (hypertension, diabetes, depression, and congestive heart failure) either as well or better than physicians (Bakerjian, 2008).
- Pain management is a consistent challenge in long-term care facilities. Kaasalainen et al. (2010) explored how NP roles were able to improve pain management, both directly and indirectly. Having the necessary medical training to assess and detect early signs of pain, NPs can treat and manage pain better and earlier.
- In a study by Jenson, Fraser, Shankardass, Epstein, & Khera (2009), over 80 per cent of sample residents sent to an emergency department required treatment that was unavailable at the LTC facility. The authors' suggestion that NPs' presence helps to avoid unnecessary hospital visits is supported by the many studies that associate this presence at LTCs with reduced transfers to acute care services such as emergency departments (Bakerjian, 2008; Kane et al., 2003; Klassen, Lamont, & Krishnan 2009; McAiney et al., 2008).
- The study by McAiney et al. (2008), conducted across 22 LTC facilities in Ontario, showed that hospital admissions were prevented in 39 to 43 per cent of the cases where the NP role was used. The positive health outcomes reported are attributed to the NPs' ability to astutely assess acute conditions, deliver treatment in a timely way, manage medical conditions and enhance nursing staff-assessment knowledge and skills. These findings support Willging's (2004) study, which indicates that the NP presence improves the quality of patient outcomes through extensive case management skills, health-promotion activities and an enhanced availability of care.
- Similar findings in effective case management are reflected in a project based in the United Kingdom in which NPs led in the case management of LTC residents (Elener, Hayes, & Scott, 2008). This study shows additional benefits to patients' quality of care as part of health promotion recommendations given by NPs, including physical activity, smoking cessation and psychosocial support.
- Quality care is further reflected by indicators of patient satisfaction. Klassen, Lamont and Krishnan (2009) report that family satisfaction regarding residents' quality of care increased 24 per cent during NP implementation.
- A systematic review from Donald et al. (2013) reports an improved health status and quality of life for older adults in LTC; in addition, their families are more satisfied with the care residents receive.

INTERPROFESSIONAL COLLABORATION AND COMMUNICATION

- Stollee et al. (2006) suggest that NP's can a have a positive influence on the culture of nursing care in LTC, as well as enhance staff skills and promote staff confidence (McAiney et al., 2008; Kaaslalainen et al., 2010).
- In a study evaluating work environments in LTC facilities in Ontario, staff report that NP collaboration enhances staff skill levels through informal education, including bedside teaching and feedback (Stolee et al., 2006). Stolee et al. (2006) note particular improvements in assessment skills related to wound care, post-fall assessment and medication usage among 65.5 per cent of staff surveyed. McAiney et al. (2008) further report that NPs increase a staff's capacity to identify potential problems and to manage medical conditions and psychosocial issues.

- Communication and collaboration are other areas that appear to improve as we use NPs in LTC facilities. A cross-sectional study assessing the extent of satisfaction and collaboration between NPs and physicians in Ontario LTC facilities found high levels of ongoing NP-physician collaboration (85 and 86 per cent, respectively, as reported by NPs and physicians). The same study indicated that 96 per cent of physicians and 79 per cent of NPs were satisfied with their level of collaboration (Donald et al., 2009).
- The enhanced communication within LTC facilities is not limited to interprofessional roles, as NPs are also seen to have a positive impact on communication with residents and families. (Stolee et al., 2006).

COST-EFFECTIVENESS

- Quality patient care translates into system-level savings. As Willging (2004) asserts, LTC facilities have the potential to improve financial performance through reduced hospital admissions. In a systematic review, seven studies examining the costs of resident care associate NPs with reduced costs (Bakerjian, 2008). Specifically, when NPs are used in LTC facilities, fewer residents are transferred to emergency departments (Kane et al., 2003; Klassen, Lamont, & Krishnan, 2009), fewer are hospitalized (Bakerjian, 2008; Kane et al., 2003) and hospital stays are shorter (Kane et al., 2003). Each of these improvements reduces the need for acute care services.
- In the study by Klassen, Lamont, & Krishnan (2009), the authors attribute a 20 per cent reduction in emergency department transfers to "having the NP available on site to promptly assess acutely ill residents and adjust treatment plans accordingly" (p. 30).
- Other system-level benefits include reducing the cost of treatment. A recent study by the Winnipeg Regional Health Authority shows that having an NP present led to a 17 per cent reduction in overall drug costs and a concurrent decrease in polypharmacy (from 29% to 13%) among residents in the LTC under study (Klassen, Lamont, & Krishnan, 2009). Rocchicchioli, Sanford, & Caplinger (2007) also cite medication errors and polypharmacy as a reason to include NPs in older adult care.

FACILITATING NP IMPLEMENTATION IN LTC

- Priorities for facilitating a fuller implementation of NPs in LTC include gaining support from administrators and a commitment to (1) nursing leadership; (2) generating knowledge about the NP role and scope, including communicating this knowledge to LTC staff (Clare, 2010); (3) providing effective and efficient avenues for communication between NPs and facility staff, including physicians; and (4) establishing new patterns of interacting and relating among interdisciplinary staff within the facility (Stolee, et al., 2006).

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