NURSE PRACTITIONERS IN LONG-TERM CARE
UNDERSTANDING INTEGRATION

Practice Patterns of Nurse Practitioners in Canadian Long-Term Care Residential Settings: Results of a National Mixed Methods Study

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Background

- Intersection of age, chronic disease & dementia → unprecedented need for residential care provided in nursing homes (Conference Board of Canada, 2011).
- 1,626 NPs in Canada in 2008 (CIHI, 2010)
- Most in primary & acute care settings
- Introduced in LTC in ON in 2000

Research Questions

- **What are the roles and practice patterns of NPs in LTC settings in Canada?**
- What are the perceptions of NPs and stakeholders regarding current and ideal integration of NPs in Canadian LTC settings?
- What individual, organizational, and system factors influence the integration and job satisfaction of NPs in Canadian LTC settings?

Methods

- Sequential two-phase mixed-methods
  - **Phase 1**: National cross-sectional survey of NPs in LTC and their administrators and directors of care (DOCs)
  - **Phase 2**: Case studies from Western (1), Central (2) and Eastern (1) Canada

Phase 1 Surveys

- Collected information about: demographic characteristics of LTC settings, role definition, job satisfaction, practice pattern & role integration
- NP response rate 82% (n=37/48)
  - NPs in LTC over 75% of time: 23/26 (88.5%)
- Administrator response rate 82% (n=90/108)
  - administrators of NPs working over 75% of time: 62/72 (86%)

Phase II Case Study

- Individual interview and focus group discussions with: NPs, managers, healthcare providers, physicians, family members and residents (n=150 participants)
- Document analysis
- Field observation

Description of Case Study Sites

Characteristics	Case 1	Case 2	Case 3	Case 4
Funding Model	For-profit	Not-for-profit	For-profit	Not-for-profit
Source of Funding	Government	Mixed government/ LTC setting	LTC setting	Mixed government/ LTC setting
Setting/Location	Rural/ suburban	Urban	Suburban	Urban
Number of Sites	Multiple	Single	Single	Single
Bed Capacity	400+	200+	200+	200+
Proportion of Residents for whom NP provides care	100%	100%	100%	25-35%
Main Reason (s) NP Introduced*	↑Quality of care	↑Quality of care Physician support	Physician support	↑Accessibility ↑Quality of care

Number of NPs FT in LTC by Region

Western region (n=6)
Central region (n=11)
Eastern region (n=6)
No NPs

NP Demographics (N=23)

Characteristics	Respondents n(%)
Female	23 (100%)
Age	
25-34	1 (4%)
35-44	8 (35%)
45-54	8 (35%)
55 and over	6 (26%)
Highest Level of Education	
Diploma	2 (9%)
Baccalaureate	12 (52%)
Masters	9 (39%)

Practice Models: LTC Only

- **Full time-** 1 NP in single / multiple homes
- **Full-time-** multiple NPs in multiple homes
- **Part time-** single / multiple homes
- **NP response team-** provide specific services to large number of homes e.g. manage residents with acute illness to avoid ED transfers, manage challenging behaviors, wound care, staff education
- **Majority** of time as DOC in LTC, minority as NP

Practice Models: Mixed Settings

- Majority of time spent in primary care with some dedicated to LTC
- Majority of time in LTC, minority of time in hospital
- Majority of time in LTC, minority in community

- NP hired by physician to make at least weekly to LTC sites

Practice Setting Characteristics (N=23)

Characteristics	Respondents
Number of Settings NP Practices	
Single home	14 (61%)
Multiple homes	9 (39%)
Geographic Location	
Urban or suburban	17 (74%)
Rural or remote	4 (17%)
Both urban or suburban and rural and remote	2 (9%)
Funding Model	
Not-for-profit setting(s)	15 (65.2%)
For-profit	5 (21.7%)
Both not-for-profit and for-profit settings	3 (13.1%)

Roles & Practice Patterns

- Adapted from the Evercare Nurse Practitioner Role and Activity Scale (Abdallah, 2005)
  - 108 items, 6 sub-scales

Activity	Never	Once every 3 months	Once a month	Once a week	3-4 times a week	Once a day
Collaborate with nursing staff						

10 Most Frequently Performed Activities

1	Incorporate nursing knowledge into clinical decisions & orders
2	Collaborate with registered nurses
3	Collaborate with licensed / registered practical nurses
4	Build rapport with residents, families, & staff
5	Encourage families, residents, & staff to ask questions
6	Write orders e.g. lab tests, medications, consults
7	Assess resident when concerns brought to my attention by staff
8	Conduct physical assessment
9	Management of chronic and acute illnesses
10	Provide cost efficient care to residents

Most Common Resident Conditions for which NPs Provided Care

	Conditions	Examples
1	Chronic conditions	Cardiac (CHF, CAD, HTN) Diabetes Respiratory
2	Infections	Pneumonia, Urinary Tract
3	Mental health	Depression, Dementia
4	Integumentary	Wound care

Case Study: Reasons to Contact the NP

Reason	Case 1	Case 2	Case 3	Case 4
	(n=41)	(n=19)	(n=20)	(n=24)
Education/mentoring & coaching	**34 (82.9%)**	**11 (57.9%)**	**10 (50.0%)**	**15 (62.5%)**
Episodic care for minor acute resident illness/injury	**29 (70.7%)**	**11 (57.9%)**	**13 (65.0%)**	**13 (54.2%)**
Management and monitoring of resident chronic conditions	**29 (70.7%)**	**14 (73.7%)**	**16 (80.0%)**	**17 (70.8%)**
Management and monitoring of mental health concerns	**24 (58.5%)**	**12 (63.2%)**	**13 (65.0%)**	**13 (54.2%)**
Medication review	**23 (56.1%)**	**12 (63.2%)**	**11 (55.0%)**	**13 (54.2%)**
Palliative care	**29 (70.7%)**	**11 (57.9%)**	**12 (60.0%)**	10 (41.7%)

Case Study: Reasons to Contact the NP

Reason	Case 1	Case 2	Case 3	Case 4
	(n=41)	(n=19)	(n=20)	(n=24)
Wound care management	**30 (73.2%)**	2 (10.5%)	9 (45.0%)	6 (25.0%)
Quarterly resident care planning	8 (19.5%)	3 (15.8%)	7 (35.0%)	**24 (100%)**
Admission assessment	12 (29.3%)	**11 (57.9%)**	9 (45.0%)	10 (41.7%)
Annual assessment	11 (26.8%)	6 (31.6%)	9 (45.0%)	2 (8.3%)
Wellness/ health promotion	13 (31.7%)	3 (15.8%)	6 (30.0%)	2 (8.3%)
Policy/ procedure development	14 (34.1%)	5 (26.3%)	5 (25.0%)	11 (45.8%)
Committee work	14 (34.1%)	5 (26.3%)	6 (30.0%)	9 (37.5%)

Perceived Outcomes of NP Role in LTC

- **Improved**
  - quality & continuity of care for residents
  - accessibility
  - support for families
  - knowledge & confidence of nursing staff
  - organizational capacity to care for complex residents
  - coordination across levels of care
- **Reduced** ED transfers
- **Benefits** for physicians

Quote from Administrator

“We definitely wouldn't be able to accept or admit some residents that we do. We are able to take residents with higher care needs because she's here… Say it's a complex open area or something like that, we are able to take those people because she's here and she can educate our staff. So therefore we can meet their needs.”

Conclusion

- Mix of primary care and capacity building activities that NPs perform contributes to enabling LTC organizations to meet the challenges associated with an aging population
- Number of NPs in LTC is small but growing

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Final report available at: http://www.ryerson.ca/apnltc/pdf/FinalReport.pdf