How do NPs contribute to avoidance of Emergency Department (ED) transfers of Long Terms Care Home (LTCH) residents and if the resident is hospitalized, how does the NP ensure a safe and efficient transfer back to LTCH

This can be accomplished in the following ways:

- Collaborate with Physicians in LTCHs & ED, to respond, assess and treat LTCH residents with acute exacerbations to avoid ED visits whenever appropriate

- NPs work closely with hospital/LTC Case Managers and LTC homes to develop a plan for discharge that decreases unnecessary length of stays in hospital and supports care delivery in LTC

- Support successful transitions by providing services that potentially reduce readmissions to hospital

- Identify opportunities for system improvement to enhance the continuum of long term health care

For more information on the NP/NLOT, please contact the South East CCAC Long Term Care Admissions team at 310-CCAC

Adapted from the “npstat” initiative in MHLHIN
Nurse Practitioners in Long Term Care

What is a Nurse Practitioner

A Nurse Practitioner (NP) is a nurse with advanced university education who works both independently and in collaboration with other health professionals to provide clients with quality health care services. NPs take care of the physical, emotional, mental and social aspects of their clients’ health needs.

What does a Nurse Practitioner do:

- Perform comprehensive and focused physical assessments
- Diagnose illness and injuries
- Order and interpret diagnostic test
- Provide counseling and education
- Provide treatment
- Refer clients to other health care professionals and specialist as necessary
- Prescribe medication
- Manage chronic diseases
- Collaborate with physicians as necessary

Transferring residents of LTCH to a hospital can affect their health and the health care system

- It increases the risk of health problems such as serious infections, drug reactions and skin breakdown, all of which have the potential for serious complications
- The elderly also suffer from “transfer distress” (rapid deterioration of their condition) and often, never regain their previous levels of functioning and quality of life
- Unnecessary transfers and extended length of stay in hospital means that much needed beds in hospital are not available for other patients

This is an innovative change in the philosophy of elder care to deliver health care services away from costly inpatient acute care facilities to skilled long term care settings.

Nurse Practitioners (NPs) in LTCH work closely with interdisciplinary teams, to support resident’s acute care needs. The goal is to avoid ED transfers, so LTC residents can remain in their familiar surroundings while receiving needed treatment administered by familiar staff.

This includes:

- Provision of focused health assessments, diagnoses and treatment plan
- Order medications, diagnostic testing and other therapeutic interventions
- Provide monitoring of acute and episodic health problems
- Collaborate with members of the interdisciplinary team members with respect to the resident’s health issue
- Communicate clinical findings with attending physicians, nursing staff, residents and families
- Identify and embrace the opportunity for capacity building in the Long term care setting