Nurse Practitioners in Long Term Care

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Objectives

- Who are nurse practitioners?
- What is their model of practice?
- What are their achievements?
- What are their challenges?
Who are Nurse Practitioners?
Nurse Practitioners

• Registered Nurses
• Hold a Master degree & nursing experience
• Treat the whole person
  – Nursing model of body, mind & spirit
• Bring together the medical knowledge
  – To diagnose & treat illnesses
  – With the values & skills of nursing
Nurse Practitioners

- 80% of time is allotted to direct patient care
  - physical and mental health
  - evaluates how people’s illness affects their lives and their family’s lives
  - offer ways to help people lead a healthy life
  - teach people how to manage chronic illness
  - in PCH, counsel residents and family on what it means to have a terminal illness
  - manage terminal illness & end of life care
Nurse Practitioners

- Work autonomously within the scope of practice
- Conduct admitting and biannual history & physicals
- Diagnose & manage episodic & chronic diseases
- Consult other practitioners and specialties as needed
- Order laboratory tests & other diagnostics
- Prescribe medications; including controlled drugs
- Perform minor procedures
- Admit & treat patients at hospital
Nurse Practitioners

• Leaders
• Consultants
• Educators
• Researchers
• Team members
  – who work together
  – do not replace other health care providers
  – not physician extenders
NPs in LTC

• Promoters of Evidence-Based Practice
  – Research-based care
  – Knowledge translation to staff and family
  – Coaches/Mentors
  – Change agents

• Experts in Communication
  – Care conferences
  – Special family conferences
  – Communication with out-of-town family
NPs in LTC

• Experts in BPSD Management
  – Find meaning behind behaviour
  – Use appropriate therapy to manage behaviour
  – Antipsychotics only as last resort

• Experts in End of Life Care
  – Advance discussion of goals of care
    – At admission, care conference, any change in status
  – Risk/benefit analysis of interventions
  – Avoidance of terminal hospitalization/futile care
NPs in LTC

• Collaborative Care
  – Nursing staff
  – Health care aids
  – Rehabilitation/Occupational Therapy
  – Dietician & SLP
  – Recreation
  – Physiotherapy
  – Respiratory Therapy
  – Resident & Family
What is their Model of Practice?
Model of Practice

• First model in Manitoba
  – 2007 at Lions PCC
  – 3 NPs at six PCHs

• Primary care provider
  – Admitting/attending practitioner
  – On site M-F for 8 hours
  – 140 case load

• NP-MD consultation model
  – Medical director
    • On call after hours

• The strong model of advanced practice
The Strong Model

• Direct comprehensive care (80%)
  – Attendance at interdisciplinary team meetings & care conferences
• Support of systems (5%)
  – Development of evidence-based clinical policies & protocols
• Education (5%)
  – In service to PCH staff, U of M guest lectures, mentoring NP students
• Research (5%)
  – Knowledge translation, Research, professional affiliation with MCNHR
• Publication & Professional Leadership (5%)
  – Publication of articles & presentation at conferences
  – Involvement in committees
    • NPNAC, WRHA PCH pharmacy advisory council, WRHA ethics, NP tool kit
What are their Achievements?
Achievements

• Reduction in chemical restraints
• Reduction in polypharmacy
• Reduction in drug cost per bed
• Reduction in acute care utilization
• Improvement in quality of care/life
• Provision of high quality end of life care
• Improvement in satisfaction of care
• Save health care dollars/resources
Prevalence of Antipsychotic Usage: Region vs. NPs’: 2007-2013

Prevalence of AP use is 75%(Man) 82% (Can) less for NPs’
Prevalence of Daily Physical Restraints: Region vs. NPs’: 2009-2013

Prevalence of physical restraints use is 82% less for NPs’
Prevalence of Behavioral Symptoms: Region vs. NPs’: 2009-2013

[Bar chart showing the prevalence of behavioral symptoms by Region and NPs from 2009 to 2013.]
Usage of Other Drugs & Polypharmacy

- Decreased use of BZDs
  - 2% vs. 12%
- Increased use of antidepressants
  - 19-60% vs. 42%
- Increased use of analgesics
  - 71% vs. 26%
- Increased use of laxatives
  - 73% vs. 50%
- Less use of polypharmacy
  - Deprescribing practice
  - Achieved polypharmacy target
    - < 20 % residents
      - 9% residents
Drug cost/resident/month: Region vs. NPs’: 2010-2013

Annual drug cost savings $ 105,444
Mrs. Smith: 2010

- 76 yrs old, admitted from a psychiatric unit
- Hx: CAD, MI, DM2, HTN, CHF, chronic paranoia, GERD, dementia, falls, dizziness
- Psychotropics: Olanazepine 20 mg, Risperidone 3 mg & Lorazepam 1.5 mg
  - On 11 medications
- Uses walker and w/c for distances
- Flat affect, orofacial/hand tremors & unsteady gait
- MMSE: 16/30
- Under public trustee
- HgA1c: 10.2 & weight: 80 kg, BP: 100/48
Mrs. Smith: 2014

- Celebrated her 80th birthday
- No psychotropics since 2011
- Only 7 medications
- Walks independently, no dizziness, no falls/tremors
- MMSE: 26/30, pleasant, no paranoia
- HgA1C: 6.5, weight: 64 kg, BP: 130/60
- Enjoy playing cards & setting up the dinning room
- companion for many residents
- No hospital transfers since admission
Mrs. Smith’s Personal Story
Hospital Utilization: 2006-2013

- 82% ↓ hospital transfers
- 75% ↓ hospital admissions
- 86% ↓ ER visits (<24hr)
- Annual savings: $18,500
Number of Hospital Days: 2006-2013

83 % ↓ hospital days  

Annual health care $$ saving: $ 167,000
Quality End of Life Care

• Place of death
  – Hospital death decreased by 93%
    • 98% death at PCH
    • 69.9% (Manitoba)
    • 35-77% (Canada)

• Goals of care
  – 99.9% DNR
  – 31% comfort care
  – 50% Medical care with DNH
Mortality: 2006-2013

4% ↓ in mortality over 7 years
Messages From LTC NPs’

- Polypharmacy cannot be regarded as someone else’s problem
- There must be the courage to end a drug treatment
- It should never be assumed that once a drug is started the drug should never be discontinued
- Antipsychotics should only be used as a last resort in BPSD
- Try to know all the 9 drugs, before prescribing the 10th drug
- Don’t let unnecessary prescriptions affect quality of life
What are their Challenges?
Challenges

• Mental Health Act
  – Unable to do competency assessments
  – Unable to change ACP for residents under Public Trustee

• Vital Statistics Act
  – Unable to certify death

• Federal government documents
  – Unable to sign pension plan, disability tax & passport documents

• Third party agency
  – Department of Veteran Affairs
Mrs. Brown

- Long hospital admission; awaiting placement
- Long history chronic back pain
- Overuse of antipsychotics instead of analgesic
- "Behaviour issues"
- No scheduled analgesic in hospital
- Discontinued antipsychotics & treated pain
- "Behaviour issues" resolved and socializes well
Nurse practitioners’ team is able...

- To provide evidence based high quality care
- To improve quality of life
- To achieve quality dementia care with least restraints
- To improve satisfaction of care
- To save health care resources
- To prove nursing homes are the place of care & site of death for frail elderly
Thank you!!!

• “Coming together is a beginning
  Keeping together is progress
  Working together is success”

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