nurse practitioners
supporting teams
averting transfers

MH-LHIN's Nurse Practitioner LTC Rapid Response Team

Presented by

Lori Brown

RN(EC), NP-PHC

NPSTAT Program Coordinator – Nurse Practitioner

"Working the Bugs out of LTC"

Peel Public Health

April 28, 2011

- Transferring elderly long-term care residents to hospital can have negative effects on both the healthcare system and the seniors themselves.
- Unnecessary movement of seniors to hospital means that much-needed beds are not available for other patients, and it can also put the seniors at risk of adverse events such as serious infections, drug reactions, and skin breakdown due to long waits on an emergency room gurney – all of which have the potential for serious or fatal complications.
- Residents also suffer from "transfer distress", characterized by disorientation, confusion, rapid deterioration in their condition, and co-morbidity.
- Often, the residents never regain their previous levels of functioning and quality of life.

What's our NPSTAT mandate?

- ❑Provision of acute episodic outreach care to MH LHIN's 27 LTC Homes (4136 beds)
- ❑Averting & preventing unnecessary ED transfers of LTCH residents.
- ❑Helping facilitate earlier hospital discharges and decreased hospital length of stay (LOS).
- ❑Acting as LTCH resource for discharged residents with higher acuity and complexity.
- ❑Building capacity in LTCH nursing staff.

npstat nurse practitioners supporting teams averting transfers

MH-LHIN's Nurse Practitioner LTC Rapid Response Team

NPSTAT Program

- 9NPs
  - 5 Full-time NPs
  - 3 Part-time NPs
  - 1 Co-ordinator
- NP Availability
  - 9 am – 9 pm   Monday to Friday
  - 9 am – 5 pm   Saturday & Sunday
- Access : Blackberry (phone/email)
- NPSTAT office located at The Wenleigh LTC
- Administrative Supports
  - 1 PT Program Assistant at CVH > 1:00 - 4:30 pm daily
  - CVH infrastructure (Finance, Payroll, IT, Library services etc.)

Common Conditions & Procedures

- Respiratory
  - Pneumonia, aspiration pneumonia
  - Influenza and respiratory viruses
  - AECOPD
  - Asthma exacerbations
- Genitourinary
  - UTIs
  - Trouble-shooting indwelling catheters
  - Urinary retention
  - Pelvic Exams (vaginal bleeding, vaginitis, masses)
- Dermatological
  - Cellulitis, abscesses, paronychia, bullous phemphigoid, tinea, candidiasis, Herpes Zoster
  - Cancerous lesions
  - Wound care consultation, dressings, and sharp debridement (Stage 3 & 4 Pressure Ulcers)

Common Conditions & Procedures

- Trauma
  - Fall-related Injuries
  - Post Fall Assessments
- Falls
  - Post Fall Assessments
  - Fall-related injuries (bleeding, lacerations, fractures, 24-hr head injury protocol)
  - Suturing & stapling

npstat nurse practitioners supporting teams averting transfers
MH-LHIN's Nurse Practitioner LTC Rapid Response Team

Common Conditions & Procedures

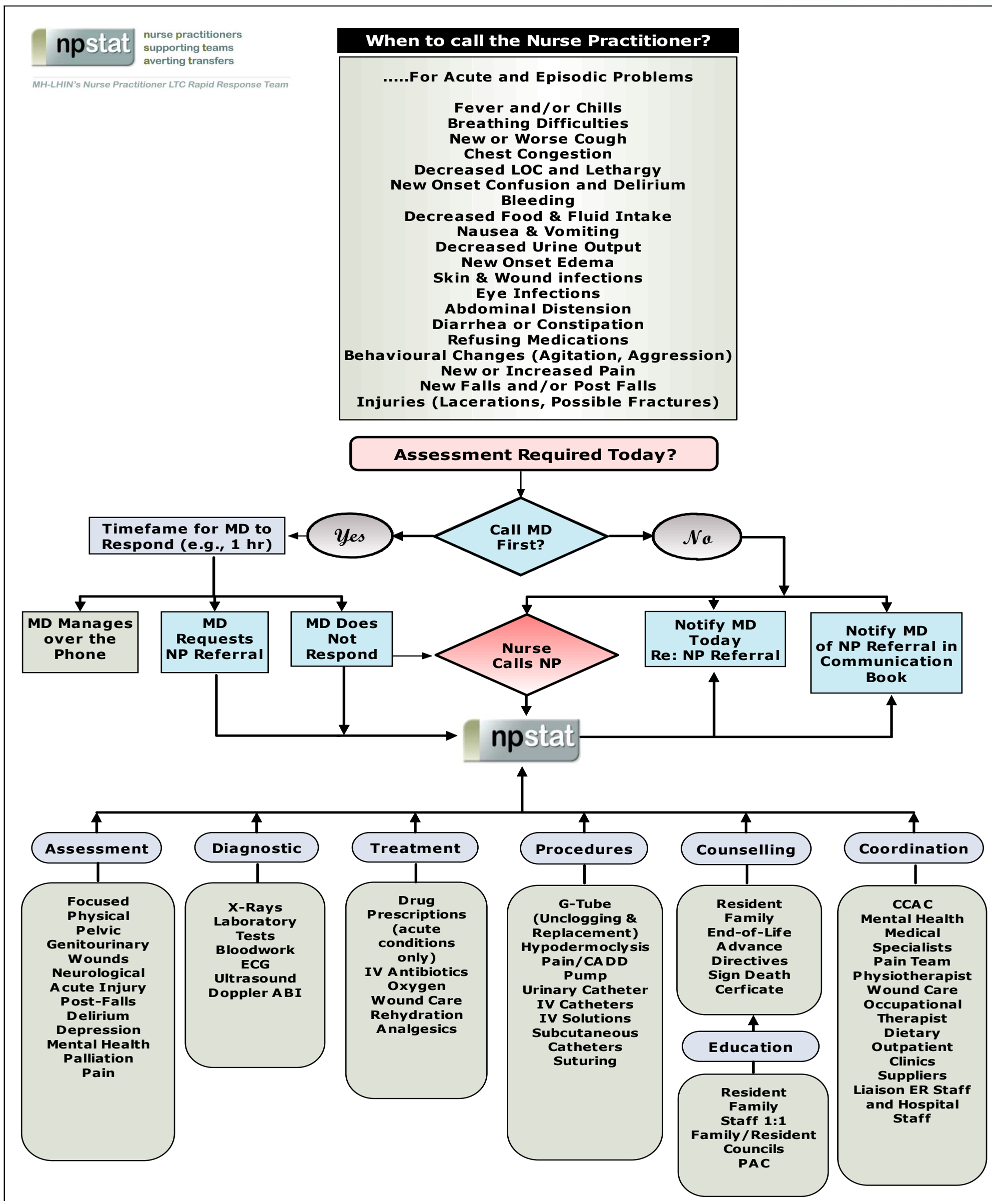
- Metabolic/ Dehydration
  - Dehydration (Hypodermoclysis & IV Rehydration)
  - Electrolyte disturbances
  - Edema (peripheral, congestive)
  - Fever of unknown origin
- Mental/Behavioural Changes
  - Decreased LOC
  - New-onset confusion & delirium
  - Aggression, combativeness, agitation, anxiety
  - Changed patterns of food and fluid intake

Common Conditions & Procedures

- Palliative care
  - Advance Directives
  - CADD pumps and Opioids
  - Certification of Death (Form 16)
- Gastrointestinal
  - Acute Abdomen
  - Gastroenteritis, N&V
  - Constipation (Rectal examinations & disempactions)
  - Dietary Consultation and supplementation
  - G-Tube replacements

Common Conditions & Procedures

- HEENT
  - Ophthalmologic infections
  - Ear infections, removal of foreign bodies, cerumen impaction and syringing
- Counseling & Education
  - Family Meetings
  - Family Council Meetings
  - Professional Advisory Meetings
  - Staff & Family Education


npstat
nurse practitioners
supporting teams
averting transfers
MH-LHIN's Nurse Practitioner LTC Rapid Response Team
When to call the Nurse Practitioner?
.....For Acute and Episodic Problems
Fever and/or Chills
Breathing Difficulties
New or Worse Cough
Chest Congestion
Decreased LOC and Lethargy
New Onset Confusion and Delirium
Bleeding
Decreased Food & Fluid Intake
Nausea & Vomiting
Decreased Urine Output
New Onset Edema
Skin & Wound infections
Eye Infections
Abdominal Distension
Diarrhea or Constipation
Refusing Medications
Behavioural Changes (Agitation, Aggression)
New or Increased Pain
New Falls and/or Post Falls
Injuries (Lacerations, Possible Fractures)
Assessment Required Today?
Call MD First?
Yes
No
Timefame for MD to Respond (e.g., 1 hr)
MD Manages over the Phone
MD Requests NP Referral
MD Does Not Respond
Nurse Calls NP
Notify MD Today Re: NP Referral
Notify MD of NP Referral in Communication Book
npstat
Assessment
Diagnostic
Treatment
Procedures
Counselling
Coordination
Focused
Physical
Pelvic
Genitourinary
Wounds
Neurological
Acute Injury
Post-Falls
Delirium
Depression
Mental Health
Palliation
Pain
X-Rays
Laboratory Tests
Bloodwork
ECG
Ultrasound
Doppler ABI
Drug Prescriptions (acute conditions only)
IV Antibiotics
Oxygen
Wound Care
Rehydration
Analgesics
G-Tube (Unclogging & Replacement)
Hypodermoclysis
Pain/CADD Pump
Urinary Catheter
IV Catheters
IV Solutions
Subcutaneous Catheters
Suturing
Resident
Family
End-of-Life
Advance Directives
Sign Death Cerficate
Education
Resident
Family
Staff 1:1
Family/Resident Councils
PAC
CCAC
Mental Health
Medical Specialists
Pain Team
Physiotherapist
Wound Care
Occupational Therapist
Dietary
Outpatient Clinics
Suppliers
Liaison ER Staff and Hospital Staff

Summary Reports

January 2010 to September 2010

All encounters – 2221

Urgent – 119

Acute – 1746

Non-acute – 210

Palliation – 76

Follow-up & telephone - 70

Total acute & urgent = 1865

An average 93.6% averted transfers for acute and urgent cases

NPSTAT Statistics: Oct 2010-March 2011

- Transfers from LTC to hospital have greatly reduced for causes related to infection
- NP visits often related to infections including UTI, respiratory (pneumonia, A/E COPD etc), skin and subsequent dehydration

Outbreaks and Infections in LTC

- NPSTAT working with PH to address issues related to outbreaks and infections
- C-diff continues to be a concern by LTC
- NPSTAT working with physician partners to develop a standardized approach for asymptomatic bacteriuria

What's in it for ED staff?

Decreased Wait times for Residents!

- Heads up
  - NPSTAT alerts ED NPs & GEM nurses prior to transferring resident
  - Joint coordination of transfers and follow-up
  - ED staff alert NPSTAT about avoidable transfers that need to be followed up with LTCH staff (education)
- Creative, informal pathways to bypass ED (e.g., reinsertion of G-Tubes, diagnostic imaging)
- Changes in "Advance Directives": NPs present an option to ED transfers > care provided in LTCH

npstat
nurse practitioners
supporting teams
averting transfers

MH-LHIN's Nurse Practitioner LTC Rapid Response Team

What's in it for Hospitals?

Improved Seamless Care!

- ❑ Improved communication b/t Hospital & LTC sectors
- ❑ Improved admission process
  - NP has access to in-patient charts, care plans, reports, tests
  - NP updates LTCH staff on prognosis - any significant change
  - ❑ Improved discharge planning
  - NP acts as resource to LTCH staff > complex discharges
  - NP helps to facilitate early discharges > decreased LOS
  - NP role in the repatriation of hospital patients to LTC
- ❑ Increased continuity of care for admitted LTCH residents
- ❑ Improved efficiency/reporting between LTCH and hospital transfers

Collaboration with MH CCAC

- NP connects with CCAC services/supplies for a variety of needs including swallowing assessments, hypodermoclysis/IV hydration, IV antibiotics etc
- NP will assist the LTCHs to navigate for these services/supplies and fill out the MHCCAC "Request for Services Form" noting "NPSTAT" in top left hand corner
- NP working with CCAC for complex issues in discharge planning from hospital to LTC

Myth: First-Dose Antibiotics must be done in Hospital

- Transfer distress on residents
- Increased risk for deterioration in hospital
- Decreased coordination of care
- Increased risk for medication errors and changes in prescribed plan of care
- Unnecessary transfer to hospital?

Repatriation

Enhanced role supported by MH LHIN funding December 2010:

- Aversion of unnecessary transfers to hospital.
- Decrease LOS days for LTC residents admitted to hospital.
- Decrease LOS days for ALC-LTC patients.

ALC-LTC

- Collaboration with hospital discharge planners to assist with resolution of potential barriers- NP meets weekly at each hospital site as well as supports individual cases with discharge planners.
- increase capacity of LTCH/staff to develop competency for new treatment protocols.
- Facilitate communication between hospitalists and attending physicians in LTC.

Facilitate transfer of residents admitted to ED/hospital back to LTCH

- Enhance communication to LTC physician, DOC and staff re updated diagnoses/plan of care.
- Capacity building for LTCH/staff for new procedures and treatment plans.
- Timely NP reassessment and monitoring upon discharge to LTCH.

Additional NP Coverage on Weekends- Starting February 2011

- Two NPs available across the LHIN on Saturdays 9am to 5pm.
- One NP available Sundays 9am-5pm.

NP Support to RESTORE Programs in 2 LTCHs

- Collaboration with discharge planners to assess potential clients while in hospital.
- NP works directly in Restore for 3hrs/week for early identification, intervention and prevention of adverse health outcomes.
- NP also available for acute, episodic care weekdays 9am to 5pm.

npstat
nurse practitioners
supporting teams
averting transfers

MH-LHIN's Nurse Practitioner LTC Rapid Response Team

Repatriation NP Role

- Attend JDOs at each site weekly
- Available to discharge planners and hospital staff (MDs, NPs, GEM) daily to trouble-shoot issues and provide assistance
- Connecting with DOCs to address their concerns and issues
- Communication link between hospital and LTCH
- Timely communication with CCAC & MH LHIN

System-wide Innovation

- Clinical issues in LTC- development of best practices/protocols i.e. Warfarin, UTI, CHF, etc.
- Procedural issues in LTC- i.e. addressing medication reconciliation issues upon discharge from hospital (to decrease LOS).
- Worked closely with MH CCAC to dissolve the myth of first dose antibiotics having to be administered in hospital.

System-wide Innovation

- Repatriation issues-addressing barriers for timely discharge back to LTC.
- Development of a DOC Committee to address clinical issues/best practices, strategies for innovation and enhancement of communication between hospital and LTC.

System-wide Innovation

- ❑Access to timely diagnostics - liaise with community providers for ad-hoc blood work and imaging to minimize transfers to hospital.
- ❑Enhance communication between hospital and LTC- development of Discharge Envelope process containing relevant information from all 3 hospital sites to return with resident.

Enhanced Communication

- Close working relationship with MH LHIN, MH CCAC, Public Health and community partners for timely resolution of barriers and opportunities.
- Developed an email-serve connecting all LTCH physicians, NPs and DOCs to address issues, provide timely updates and opportunities for feedback.

NPSTAT Program Strengths & Challenges

- NP seen as a team member in LTC
- Relationship building to ask "why?/why not?" and work collaboratively with community partners for change.
- Developing mutually defined data concepts /parameters to yield statistically significant findings for data reporting.
- Enhance our capabilities for data analysis that accurately reports our program outcomes and to yield a real-time snap-shot of indicators/trends.

nurse practitioners
supporting teams
averting transfers

MH-LHIN's Nurse Practitioner LTC Rapid Response Team

Conclusion

- NPSTAT is contributing to system wide integration and innovation with community partners
- NPSTAT is developing evidence-based approaches to common acute health outcomes (i.e UTI, asymptomatic bacteriuria)
- NPSTAT wants to acknowledge that our success is based on a foundation of having strong partnerships with LTC, MH LHIN and its community partners