



Providing the Right Care at the Right Time by the Right Provider - Nurse Practitioners in LTC

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At Mackenzie Health Long Term Care (MHLTC), our aim is to make sure residents receive the right care in a timely fashion and prevent needless trips to the emergency department (ED) and/or admission to the hospital. We have a large number of residents with complex health issues and, we have a hospital in the building next door. This caused problems because transfers were occurring far too often.

MHLTC hired me as the Nurse Practitioner (NP), director of care of clinical services as a way to prevent this. The role aligns with their mission statement, "To be the best of the best in health care and senior living." I took this job prepared with over 25 years of practice and skills in caring for older people. Supporting me is a full-time administrative director of care.

The role is part of the "Action Plan for Health Care" to ensure seniors receive the right care, at the right time, in the right place (Ontario's Action Plan for HealthCare, 2013). Many older persons require long-term care (LTC) due to dementia, complex medical conditions, end stage renal disease or end-of-life. Younger clients need LTC because of a progressive degenerative disease, brain injury, or advanced mental illness.

I provide health care to the residents at MHLTC through a holistic lens based on best practice. I assess, treat, support and teach to this diverse group and their families.

My tasks involves being aware of program gaps and to obtain funding from the ministry. As the NP, I use research skills to collect, assess, and share the outcome data so changes to the role can be made. I consider how socio-political factors affect programs and I use the funding wisely.

As a leader, the NP/DOC has to make changes, support the LTC residents and their families' rights, and promote the NP role. In addition, it includes working with other interdisciplinary team members within and outside MLHTC.

Our team and I involved Sue Bailey, our LTC best practice coordinator, to complete gap analysis for continence, pressure injuries and falls. We joined many LTC best practices program webinars. The knowledge acquired helped us with care planning.

The result of the joint effort between the acute care hospital and MHLTC is evident in the results of a 45 per cent decrease in transfers to acute care. By adding a NP, it allowed us to increase our number of complex residents to 30 receiving hemodialysis, 17 with G-tubes and to have room for 10-15 residents receiving end-of-life care. This outcome affects residents and health care as a whole. Now, residents are receiving timely access to care while remaining at MHLTC. This results in better use of the funding.

The NP role in our LTC home faced a few hurdles. I work diligently to raise knowledge about the value of the role and I deal with tough views and bias about NP's.



In closing, we must learn new cost-saving methods to promote wellness and improve access to quality healthcare. At MHLTC, we believe more NP positions in LTC homes will achieve this. Leaders of MHLTC and acute care, along with the interdisciplinary team members are pleased with the outcome of the NP/DOC role. The residents and their families are happy to have health care support on a daily basis and prevent needless transfers to ED. An NP in a LTC home is a wise move.

-About Mackenzie Health Long-Term Care-

Mackenzie Health Long-Term Care is a 168 bed non-profit Central LHIN home in Richmond Hill, Ontario. MHLTC is an affiliate of Mackenzie Health Hospital and managed by Universal Care, Inc.