

# Nurse Practitioner Role Primary Health Care: Nurse-Led Outreach Team Our Response to COVID-19

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# Objectives

1. Describe the Nurse Practitioner (NP) role in the Nurse-Led Outreach Teams for improving access to primary health care in long-term care homes in Ontario.
2. Provide examples of the NP role and outcomes in response to health/health service needs resulting from the COVID-19 pandemic:
  - Clinical
  - Leadership
  - Education
  - Research



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# NP Role in Ontario & Canada

Masters degree required from a NP specific graduate education program

## Autonomous and expanded scope of practice

- diagnose and treat illnesses
- order and interpret tests
- prescribe medications
- perform procedures
- admit and discharge from hospital

## Work in a variety of settings

- community, long-term care (nursing homes), hospital inpatients, outpatient/ambulatory care, public health



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# Nurse Led Outreach Team (NLOT)

Since 2008, 18 teams established across 14 health regions to provide clinical support to long-term care homes

Provides integrated nursing and primary health care services to:

- Avoid transfers to emergency department
- Prevent hospital admissions
- Reduce hospital length of stay

Team may have all registered nurses, all NPs, or registered nurses and NPs

The Waterloo Wellington NLOT has 1 NP and 3 registered nurses

The NP is also the Coordinator and Clinical Lead for the team



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# COVID-19 Pandemic & LTC

Residents in long-term care homes require complex care associated with frailty, multiple chronic conditions, and mental health conditions

73% of all COVID-19 deaths in Canada have occurred in long-term care homes affecting residents and staff

Many homes were unprepared for the pandemic

During this pandemic, NLOT team expanded their roles and responsibilities to provide additional supports and resources

(National Institute on Aging (NIA), 2021; (Canadian Institute for Health Information (CIHI), 2020)

# NP Role: Clinical Care

Provision of primary care in long-term care

Coordinate, manage, and facilitate care for residents (in person and remotely)

Provide ongoing response to changes in health and needs related to COVID-19

Lead and coordinate the Nurse Led Outreach Team



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# NP Role: Leadership

Implemented innovative approaches to care delivery such as virtual care

Improved and supported clinical practice

- developed policies, tools and resources (e.g., flow sheets, order sets)

Promoted health system integration (e.g., access to specialists) to improve care

Advocated at the government level for additional NPs and expansion of the Nurse-Led Outreach Teams

# NP Role: Education

Led development of webinars to educate long-term care and retirement home staff

- Infection control and prevention practices
- Emergency department diversion practices
- Goals of care
- Physical assessment

Provided education to support homes in outbreak to prevent the spread of infection, manage COVID infections, and prevent hospital transfers

Educated staff and system level partners about new practices to support residents in their care setting (e.g., care pathways)

Increased care capacity through staff education



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# NP Role: Research

Co-lead for virtual care quality improvement initiative in response to COVID-19

Innovated practice change to support the use of virtual care models

- Developed program including toolkit and resources
- Developed flowsheets, guidelines and algorithms
- Provided webinars, training and support

Participating in the following research studies:

- NP In LTC during COVID-19
- COVID-19 Immunity and Vaccine Study



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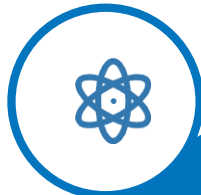
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# Integration of NP Role Dimensions



Building Nursing Staff Capacity



Implementing Best Practices & Innovation



Optimizing Resident-Centred Care

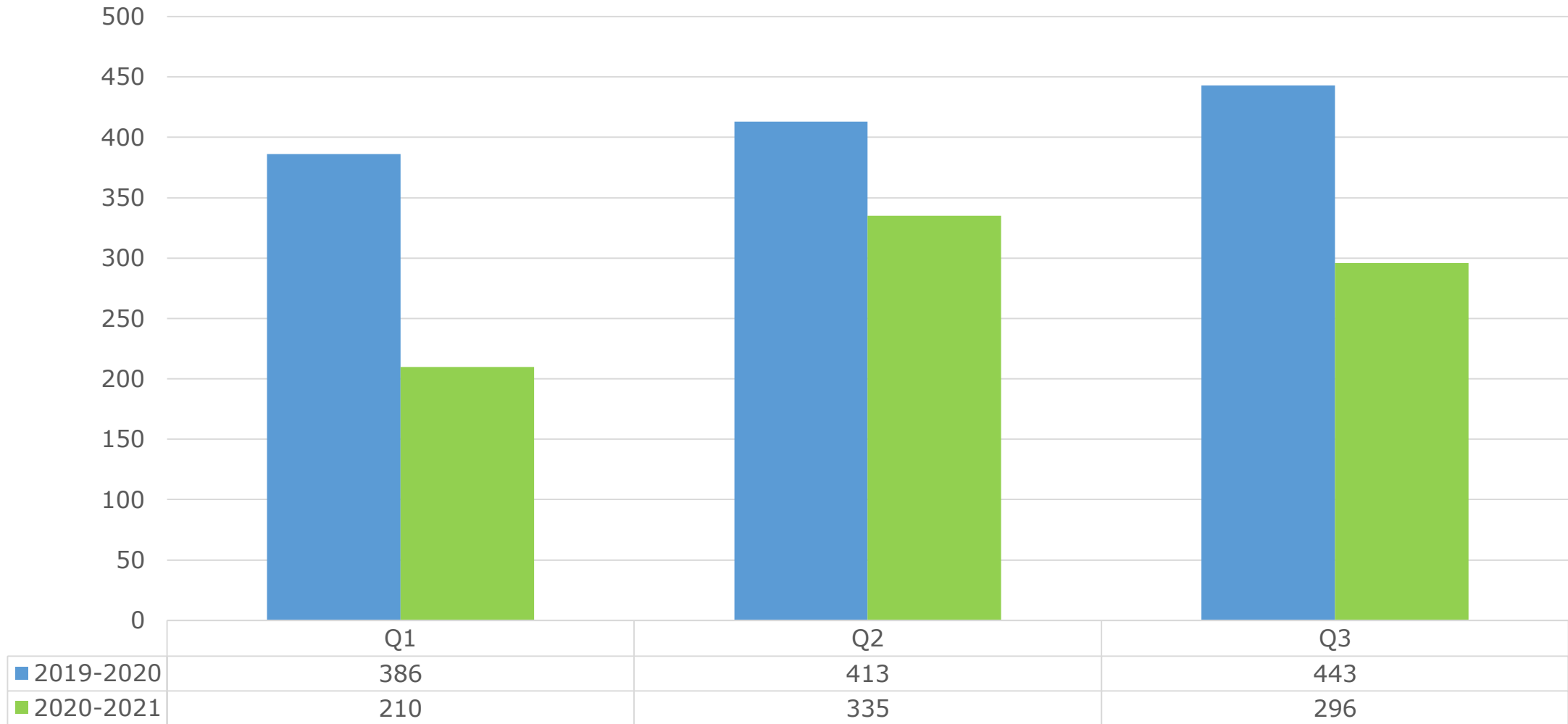


Reducing ED Transfers



# Outcomes: Emergency Department Transfer

## Long-Term Care Home Emergency Department Transfers



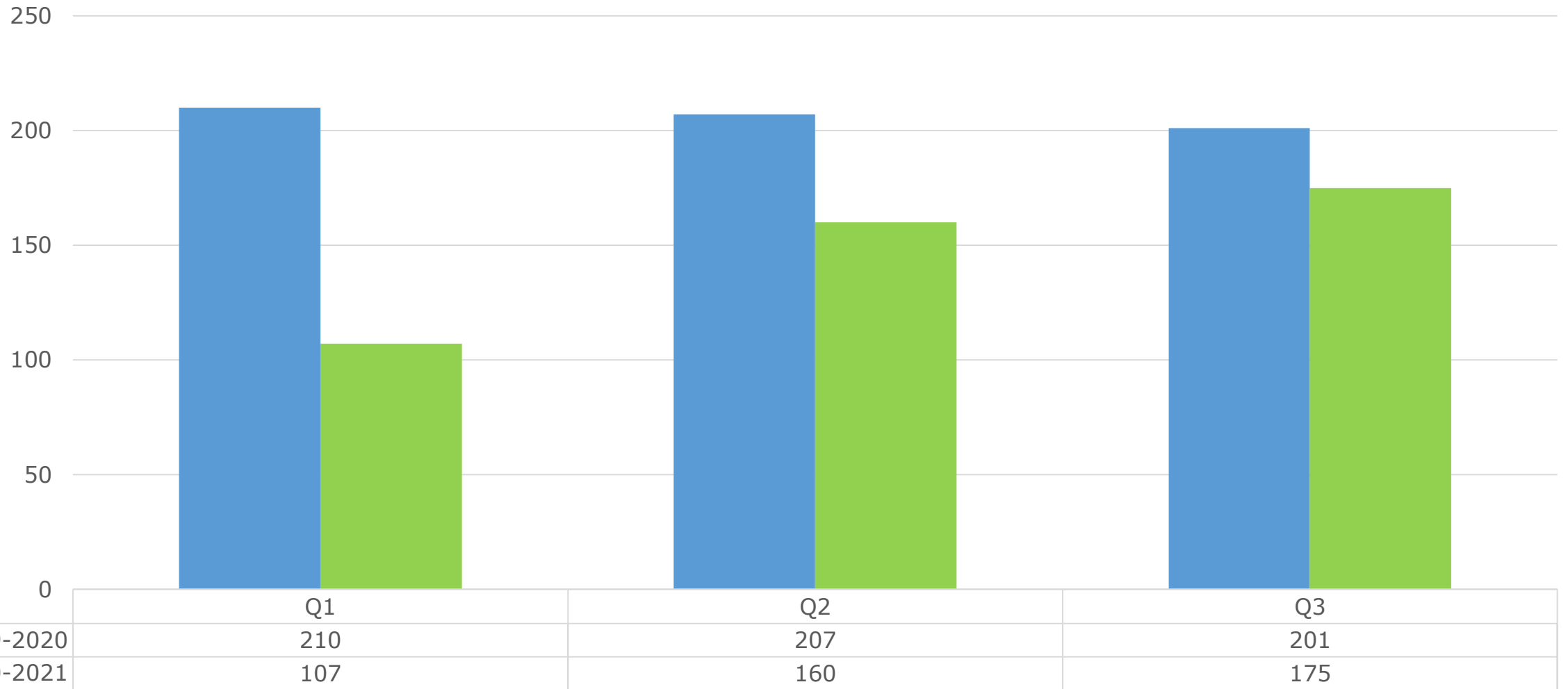
Q1 reduced by 45.6%

Q2 reduced by 19%

Q3 reduced by 33.2%

# Outcomes: Hospital Admission

## Long-Term Care Home Hospital Admissions



Q1 reduced by 49%

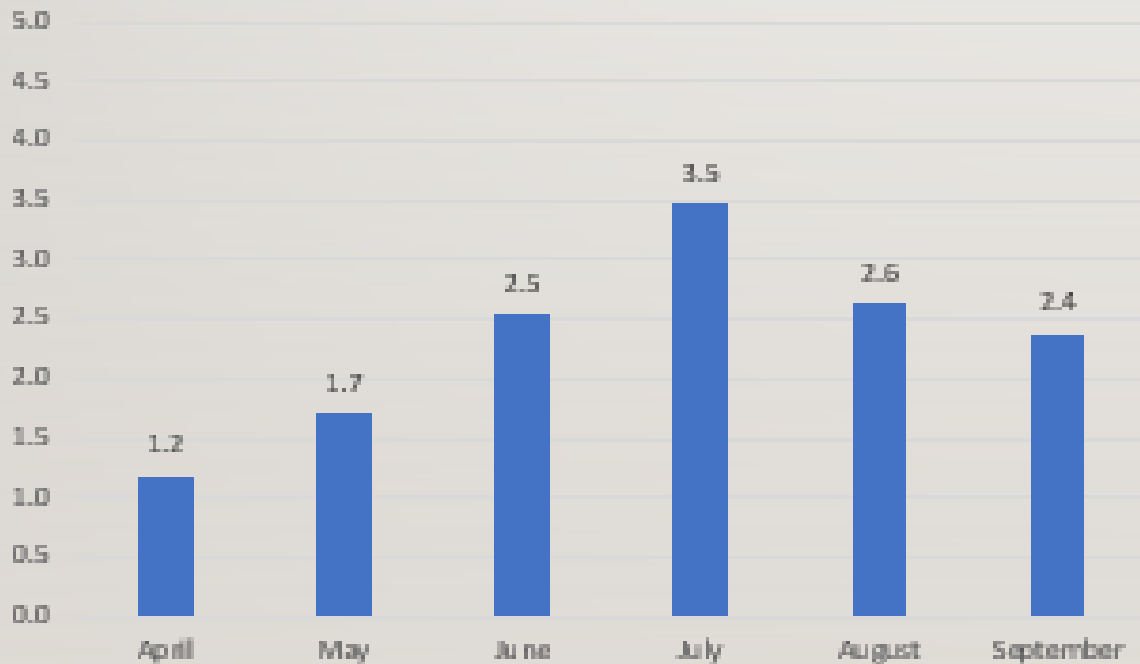
Q2 reduced by 22.7%

Q3 reduced by 12.9%

# Virtual Care Study Results

## RATE OF ED VISITS PER 100 BEDS LTC PDSA VS CONTROLS, APRIL - SEPTEMBER

Rate of ED Visits per 100 Beds Q1&2 in LTC PDSA Homes, by Month (n=1179)



Rate of ED Visits per 100 beds Q1&2 in Control Homes, by Month (n=2838 beds)



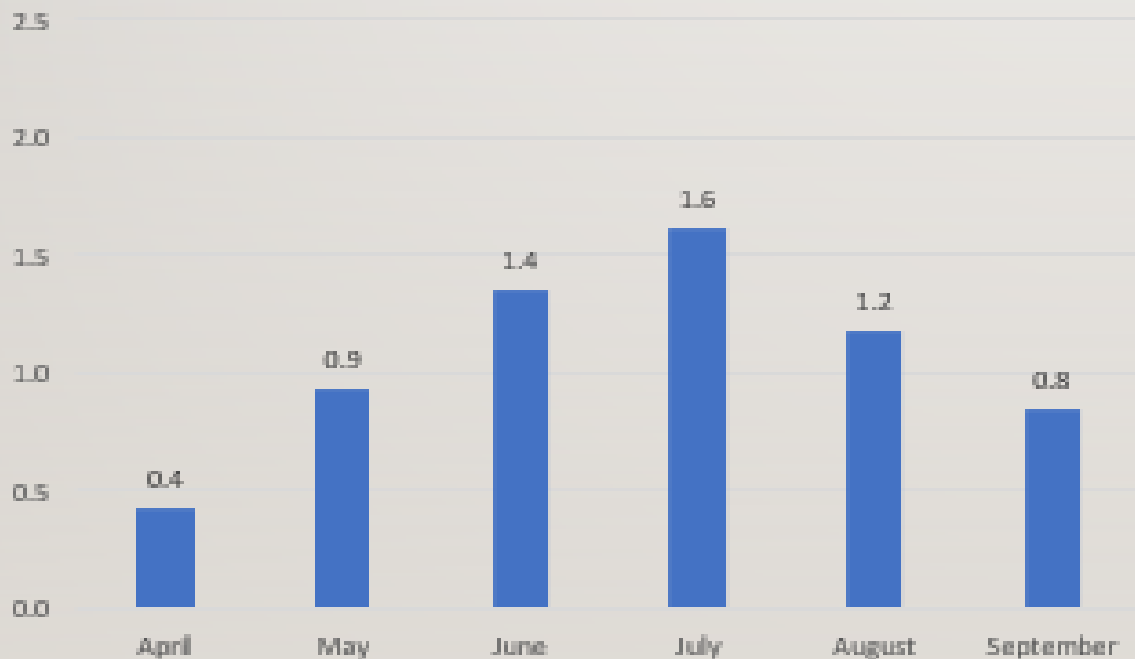
Source: Government of Ontario, Health Analytics Branch, LTCHomes.net QIP Data

# Virtual Care Study Results

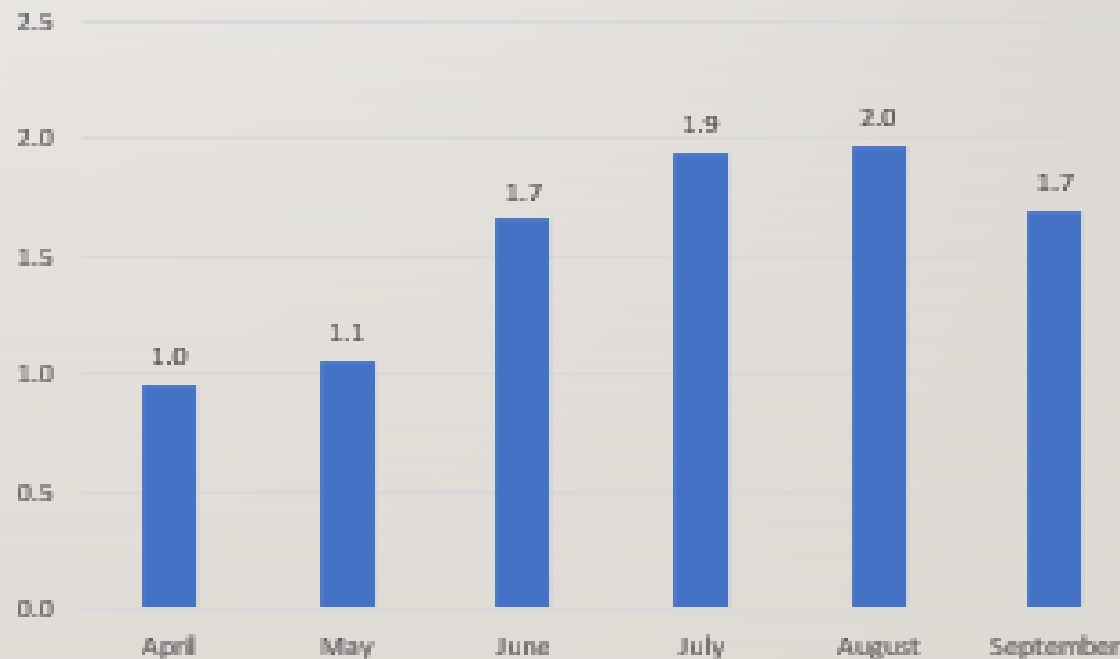
## RATE OF HOSPITALIZATIONS PER 100 BEDS

LTC PDSA VS CONTROL, APRIL - SEPTEMBER

Rate of Hospitalizations per 100 Beds in LTC PDSA Homes by Month (n=1179)



Rate of Hospitalizations per 100 beds Q1&2 in Control Homes, by Month (n=2838 beds)



Source: Government of Ontario, Health Analytics Branch, LTCHomes.net QIP Data

# Summary: Impact of NP Role in the NLOT

Was essential for providing timely access to care and innovating practice change in long-term care homes in response to COVID-19

- improved infection control practices
- supported staff to implement best COVID-19 practices
- worked with families to provide timely information
- supported delivery of primary care within the long-term care home
- Improved end of life care

Improved care coordination and management through systems integration of long-term care home and hospital care providers

Led to avoidance of unnecessary transfers to the emergency department and hospital admissions



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