

EMERGENCY DEPARTMENT NURSE PRACTITIONER OUTREACH



Editor's Summary: In *Emergency Department Nurse Practitioner Outreach*, the Ottawa Hospital has a Nurse practitioner providing coverage to three nursing homes five days a week. Before a decision is made to send a patient to an emergency department, the nurse practitioner will see the patient in the Long Term Care Home. The nurse practitioner is supported by 10 covering Emergency Physicians who have also assisted in the development of clinical pathways and protocols. The Nurse Practitioner also has advanced skills and access to point of care lab tests. For an individual in long term care, most often an elderly individual or an individual with severe disabilities, this prevents what can be a very traumatic experience. To get a sense of the success of this initiative, over the past 11 months, the nurse practitioner saw 169 patients and was able to avert approximately 60% of these patients from an emergency department visit. Of the 40% that went to the emergency department more than 60% were admitted to hospital, supporting that referral to the hospital was the appropriate action for these cases. An independent emergency physician was asked to review all charts and determined that there were no unexpected deaths, confirming the safety of the initiative.

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Purpose:	Emergency Department (ED) overcrowding has an adverse effect on patient satisfaction and safety. This project was designed to improve the integration between the community and hospital through and ED Nurse Practitioner (NP) Outreach service to long term care (LTC) facilities.
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Resources:	Operating \$: ___\$170,000_____ FTEs: ___1_____
Source of resource:	<input type="checkbox"/> <i>In kind</i> contributions from the organization <input type="checkbox"/> Dedicated internal funding <input checked="" type="checkbox"/> External funding (example grant, Ministry etc.)
Population group:	Patients in LTC facilities who would normally be transferred to an ED for acute care.
Patient flow entry and end points:	Patient is seen in the LTC facility by a NP rather than being automatically transferred to an ED. The NP, in consultation with an ED physician, provides as much care as possible within the LTC facility and the patient is only transferred to the ED if medically necessary.
Description/ approach:	<p>The project was implemented in 3 LTC facilities with a total of 733 beds. One NP provided coverage for 8 hours per day, 5 days per week. Ten TOH ED physicians (EPs) shared coverage to provide medical oversight and backup to the NP and developed clinical pathways for the program. Referrals were made directly to the NP from the LTC for clinical problems. The Nurse Practitioner has advanced knowledge and decision-making skills in assessment, diagnosis, and health care management and has the authority to independently perform additional controlled acts. The project used point of care lab testing by the NP to measure hemoglobin, coagulation status, electrolytes, kidney function, acid base status and cardiac markers. These lab results were available to the Nurse Practitioner and EPs within minutes.</p> <p>All care plans formulated by the NP were shared with the patient's physician at the LTC facility to ensure agreement with the course of action.</p>
Tools and tactics:	<ol style="list-style-type: none"> 1. A list of conditions that the NP could/could not initiate treatment for. 2. Nine clinical pathways.
Measurement approach:	Frequency of ED transfers for all patients referred.
Impact/ evaluation:	The NP saw a total of 169 patients over 11 months. A decision to not transfer the patient to the ED was made in 101 patients (~60%). The remaining 40% were transferred to the ED and were admitted to hospital more often (60 % of known cases) than returning to the facility. 3 patients had their advanced directive changed to comfort measures only, subsequent to discussion between NP, LTC physician and patient's family. An independent EP reviewed all charts and determined that there were no unexpected deaths.
Observation/ Discussion:	This project has resulted in a reduction of transfers to the ED, ambulance visits and promotes provision of care in the most appropriate setting.
Critical success factors/ lessons:	A NP with experience and skills in acute care, physician consultation, point of care lab testing, close collaboration between the hospital and LTC facility.
Limiting factors:	Stable and permanent funding is required to be able to recruit and retain Nurse Practitioners.