Advanced Practice Nurses and Attending Physicians: A Collaboration to Improve Quality of Care in the Nursing Home

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Over the past decade, in a number of countries, there has been a marked increase in the activities of advanced practice nurses (also known as nurse practitioners and clinical nurse specialists) in the long-term care setting. More than 20% of residents in nursing homes in the United States receive some of their care from advanced practice nurses (APNs).1 The introduction of such advanced practice roles have been advocated in many countries and where this is progressing, inter- and intraprofessional practice boundaries are becoming increasingly blurred. In the United Kingdom, current attention is on the preparation that will equip nurses to provide an advanced level of practice rather than on the establishment of APNs. The recent Department of Health (UK) position statement2 usefully explains universal features of nurses working at an advanced level in that they use critical thinking, complex reasoning, reflection and analysis to inform their assessments, clinical judgments, and decisions. Such advanced practitioners act as nurse leaders and have the capability to improve the quality of patient care and manage complex health care situations.

The following discussion reviews evidence surrounding the contributions of the APN within the long-term care setting. This editorial will focus on clinical care aspects involving the APNs, and briefly look at the international debates concerning education preparation for such roles, with highlights of an innovative pathway developed by the United Kingdom.

In the United States, most APNs work in collaborative practice with one or more physicians. Guidelines for the collaborative relationship between physicians and APNs in long-term care facilities were recently published in the Journal.3 Advanced practice nurses can specialize in their education and training. Their educational tracks may prepare them to work as nurse practitioners or as clinical nurse specialists.

Clinical nurse specialists may be used in educational roles, or as consultants on special projects, such as fall prevention or restraint reduction. They may work for an outside agency or insurance company as a case manager. Other APNs (both nurse practitioners and clinical nurse specialists) may be found working in collaboration with specialists, such as geropsychiatrists, cardiologists, oncologists, and physicians specializing in wound care management. The average APN makes 12 to 18 visits a day, with mental health APNs making a smaller number.1

The literature on the effectiveness of APNs in the long-term setting is nascent.4 The early studies focused around the Evercare model, which found a decrease in mortality and borderline decrease in preventable hospitalizations.5 Schnelle et al6 found that residents had more medically appropriate visits from providers and this led to reduced hospitalizations and a reduction in functional decline. Satisfaction of residents and families increase when APNs are involved in care. Staff confidence is increased when APNs are involved in the care of residents.7 A review of the available studies by Bakerjian4 consistently found a decrease in hospitalizations with either a decrease or no change in mortality. Involvement of APNs in care did not appear to increase the overall cost, mainly because of the decrease in hospitalizations. A study in Canada reported that 96% of physicians and 79% of APNs were satisfied with the collaboration.8 Another study suggested that APNs are effective in maintaining not only physician satisfaction, but also family and residents satisfaction.9 There is a projected increased need for APNs in long-term care.

ADVANCED PRACTICE NURSES AND TRANSITIONS OF CARE

As has been documented in the Journal, transitions of care represent an area fraught with problems.10–15 The ready availability of an APN on site to assess the resident before transfer is obviously a reason for the decrease in transfers to hospital. The APN can also communicate directly with the emergency department, smoothing transitions to hospital. On return from hospital, the APN is in an ideal position to smooth the transition back to the nursing home and obtain missing information from the transferring facility.
ADVANCED DIRECTIVES AND END-OF-LIFE CARE

Advanced directives are often poorly discussed when entering the nursing home. Communication regarding these not only involves the resident and family but also certified nurse aides and other nursing staff.26–32 Delirium is particularly difficult to recognize and often requires repeated visits and in-depth discussion with the staff.33–39 Similarly recognizing mild cognitive impairment requires formal testing with a screening test such as the VA-St. Louis University Mental Status examination.40,41 The diagnosis of depression requires tools such as the Cornell Depression Index in persons with dementia and the Geriatric Depression Scale.42,43 Behavior modification and psychological support are time consuming and can be often more efficaciously carried out by the APN. The APN can also encourage and help the nursing home to develop an exercise program for the management of behavioral disturbances.44–46

FRAILTY AND FALLS

Frailty, which occurs before disability, is often relatively easy to recognize.47–53 However, its management requires an in-depth assessment with extensive discussions with multiple team members including the dietitian to institute a high-protein diet,54,55 the pharmacist to reduce Polypharmacy,56–60 and the physical and occupational therapists to determine an appropriate therapy program.

Frail persons are at increased risk of falling. The APN can play a key role in developing a fall-prevention and injury-prevention program for nursing home residents.61–64 Appropriate assessment of vision can be a key in this regard.55,66 Involvement in the falls team assessing each new fall is an essential role of the APN. Making sure that the resident is on a minimum of vitamin D and assessing the need for bisphosphonates and the appropriate amount of calcium and timing of its delivery can play a major role in preventing hip fracture.67–75

NUTRITION

Careful assessment of nutrition in nursing homes is a key to enhancing the quality of life of the residents.76–79 Weight loss is a key indicator of potentially poor outcomes.80–83 Risk for future weight loss and overall nutritional risk can be determined by the Simplified Nutritional Assessment Questionnaire,84 and the Mini Nutritional Assessment.85 Determination of whether the causes of weight loss are attributable to cachexia86–89 or to a more easily reversible cause of weight loss90–92 is key to the outcome of the resident. Appropriate mouth care can greatly improve nutrition and decrease aspiration pneumonia.93,94 This often requires intensive certified nurse aide education.95 Again, this is an area where the APN’s background enhances their ability to improve the quality of life of the resident.

CONTINUOUS QUALITY IMPROVEMENT

The long-term care APN plays a key role in recognizing early “system” failures and then assists the facility in finding resolution. APNs also assist in staff education by providing inservices or 1:1 teaching with regard to patient care. The role of the APN in improving quality of care in the nursing home cannot be understated.96–98 The APN plays a key role at the monthly quality improvement meetings.99 As a member of the interdisciplinary team, the APN can often address a variety of issues that are difficult for the physician to address. APNs can play a key role leading culture change in the nursing home.100–103

ROLE PREPARATION: INTERNATIONAL PERSPECTIVES

With the rapid development of nursing homes throughout the developing world and a shortage of physicians trained in nursing home care, there is clearly an increasing role for nurses working at an advanced level of practice and accumulating evidence of the added value of APNs.104,105 Internationally, the need to define and distinguish between specific roles and levels of practice is recognized, prompting nationally agreed standards and competency statements.1 An ongoing debate is how to prepare nurses for advanced practice, the Royal College of Nursing (UK) recommends post registration degree-level preparation. In tandem with the provision of appropriate educational development programs, it is essential that advanced practice succession planning strategies are introduced. In the United Kingdom, a national framework has been piloted as an educational solution to succession planning. The innovative flexible learning pathway includes a Development Needs Assessment Tool to monitor the acquisition of advanced practice knowledge and confidence. In an independent evaluation, pathway completion was found to be effective and this framework offers a potentially sustainable approach.110

For many countries, the rapid development of nurses equipped to deliver advanced level practice, including APNs, will determine the ability to provide evidence-informed safe practice within nursing homes. Different models of physician-APN collaboration will need to be developed appropriate to the culture and needs of different countries.

CONCLUSION

The Journal first focused on the emergence of APNs in 2001 with an article by Stefanacci100 entitled, “Will nurse practitioners replace physicians as attendings in long-term
In 2004, Bonner et al. explored the different models of APN/physician collaborative care that were clearly beginning to evolve. As shown by the AMDA position paper, these collaborations are now clearly established, although there remain a number of controversies around the supervisory relationships.

The addition of the APN to the long-term care scene has been an extraordinarily positive one. APNs have enhanced the quality of care in nursing homes. Most importantly, they have greatly increased the level of communication with physicians. There remains a need to fine tune the models of APN practice that exist at present. There is a need to develop more wide-ranging research to demonstrate the value of nurse practitioners to nursing homes, such as was done with studies demonstrating that facilities with a certified medical director have better quality outcomes. AMDA is proud of the relationship it has developed with APNs and welcomes their participation in the society and in the annual meeting.

REFERENCES


