LETTER TO THE EDITOR

Collaboration and the Physician/Advanced Practice Nurse Team

To the Editor:

The recent editorial titled “Advanced Practice Nurses and Attending Physicians: A Collaboration to Improve Quality Care in the Nursing Home,”1 highlighted several aspects of nursing home care involving the advanced practice nurse (APN). We would like to make some general comments with respect to this area and then finish with some more specific points addressed to the editorial and clinical care.

We support the American Medical Directors Association’s (AMDA’s) position on the APN as part of a physician-led collaborative team to provide care for our complex frail elders or the medically complex younger individuals living in our long-term care communities. A recent Perspective article in the New England Journal of Medicine entitled “Broadening the Scope of Nursing Practice”2 notes evidence from many studies that an APN can, in protocol-driven care settings, provide primary care services such as wellness and prevention, management of uncomplicated acute illness, and management of chronic diseases, such as diabetes, at least as safely and effectively as physicians. It is rare, however, to find patients in long-term care facilities who will meet these criteria.

Seniors who reside in our long-term care facilities are usually living there because of complex medical needs that prevent independent living in the community. Although our patients may have a chronic disease, it is often complicated and frequently associated with multiple other active comorbid physical and psychosocial conditions that also require management. Although wellness and prevention are often not priorities for many of these residents, palliation and end-of-life issues often take precedence. Often a practitioner will need to manage acute exacerbations of the chronic disease that may occur before the decision for palliation is made by the resident.

These points are made to emphasize the need for a collaboration of health care professionals in the care of our nursing home residents. The physician/APN dyad works particularly well with a focus on the management of acute and chronic illness within an environment that is resource constrained and heavily regulated. In their editorial, Philpot et al1 highlight the benefits of the APN in facilitating care transitions when the APN is available on site. The APN, however, should not be considered as a substitute for the physician in this context. This is a role that can be fulfilled by a physician actively working with other relevant professionals at each site of care to ensure timely and accurate communication and appropriate follow-up. The medical director of the facility can also facilitate such transitions in the facility through the development and implementation of policies and procedures for the nursing home with the facility interdisciplinary team that address appropriate communications and transfer of pertinent patient care information. These keys to effective transitions through good communication between transferring entities were described in the 2010 AMDA House of Delegates–approved white paper.3

Philpot and colleagues also address the role of the APN in working with the facility to develop a falls program. The editorial stated that “involvement in the falls team assessing each new fall is an essential role of the APN.”4 In this discussion of falls, the role of the medical director in the falls evaluation process needs to be highlighted. Falls are multifactorial. It is essential for all the interdisciplinary team members to be involved. F Tag 323,4 which addresses accidents in the nursing facility, discusses the need for the medical director of the facility to be involved in developing and implementing resident care policies and procedures. This is a perfect opportunity for collaboration of health care professionals and the interdisciplinary team to evaluate the root cause of either individual falls or as part of a quality assessment of all falls in a facility.

When an APN is actively involved in the monitoring and evaluation of systems within a home, he or she plays an important role in the quality assessment and assurance process within the home. The medical director, of course, is one of the key members of the facility quality assurance and assessment (QA&A) committee. Federal regulation requires that a physician participate in the facility QA&A meeting quarterly. Because regulation states that the medical director is responsible for coordination of medical care in the facility, the QA&A meeting is one vehicle to maintain this oversight. In the AMDA Core Curriculum, 5 hours are dedicated to educate medical directors about quality assessment and assurance and their role in the process.

We share the belief that APNs provide value to the quality of care our residents receive in a long-term care facility, but wish to highlight the role of collaboration of the disciplines to improve and maintain this high quality of care and quality of life for those elders. Having involved APNs, attending physicians, and medical directors in a facility presents opportunities for improved clinical assessments, care process evaluation, and delivery and education of staff and families. To reiterate the editorial’s summary, AMDA is proud of the relationship it has developed with APNs and welcomes their participation in the society as well as their continued collaboration to improve and maintain a high quality of care for our residents.

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REFERENCES


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