npstat

nurse practitioners
supporting teams
averting transfers

*Central East LHIN's Nurse Practitioner LTC Outreach Team*

# The NPSTAT Model supports the Central East LHIN's LTC Homes, staff, residents and their families by:

- **Helping to prevent avoidable transfers of residents to emergency departments (EDs) through outreach Nurse Practitioners (NPs) who travel to the LTC home**
- **Providing LTCH residents with timely, same-day access to assessments, diagnoses and treatments for acute and episodic conditions and injuries (antibiotics for infections, IV therapies, suturing lacerations, hypodermoclysis, post-fall assessments, G-Tube re-insertions, pain, etc.)**
- **Enhancing residents' quality of care, satisfaction, and wait times through better coordination of ED transfers and enhanced communication between NPs, EMS staff, LTC staff, and ED providers when transfers are appropriate**
- **Supporting LTC residents, families and care providers in managing acute behavioural changes and end-of-Life issues**
- **Strengthening comprehensive health care provision in LTC homes by promoting continuity of care through interprofessional practice, collaboration, resident follow-up and monitoring between NPs, LTCH administrators, staff and physicians, CCAC and nursing agencies, equipment suppliers, hospital/ED staff, pharmacies, and diagnostic services in the community**
- **Supporting the changing role of LTC homes and staff by helping to build capacity and skills to help manage more acutely-ill residents**