

NPSTAT

Nurse Practitioners Supporting Teams Averting Transfers **Central East LHIN' NP LTC Outreach Program**

TERMS OF REFERENCE

(Approved by the NPSTAT Steering Committee, October 20, 2010)

Background

On May 30th 2008 the Ministry of Health and Long-Term Care (MOHLTC) announced a comprehensive \$109 million strategy to reduce Emergency Department (ED) wait times inside and outside the hospital. As part of this strategy, a \$4.25 million investment was made to create 14 nurse-led long-term care outreach teams across the Province. The Central East LHIN received funding for one team to serve its Northeast cluster.

The Central East LHIN funded two additional outreach teams to cover its vast geographic area: one Nurse Practitioner (NP) team to serve the Scarborough area and one NP team to serve the Durham area. The Scarborough team is based out of The Scarborough Hospital (hospital-based/urban model), and the Northeast team is based through the Central East CCAC (community-based/rural model) which also covers east Durham. The Durham team includes both NP Outreach and a NP-led clinic – The Village Health Centre - located at the Village of Taunton Mills. The clinic focuses on serving frail seniors who live at home and who do not have a primary health care provider. The NP-led LTC outreach teams are collectively referred to as **NPSTAT**: “*Nurse Practitioners Supporting Teams Averting Transfers*”.

The NPSTAT program was developed in the Central East LHIN to address the health risk of transferring frail elderly to emergency departments for visits which could be avoided if treated in the long-term care home. Reducing avoidable hospital visits and admissions will improve the health profile and health care experience of long-term care home residents, while maintaining or reducing the cost of providing appropriate care.

NPSTAT's Nurse Practitioners provide services to LTCHs across the Central East LHIN. NPs travel daily to see LTCH residents whenever acute, episodic illnesses and injuries arise requiring immediate assessment, diagnosis, treatment and intervention at the bedside. The purpose is to prevent avoidable emergency department transfers and hospitalization of these LTCH residents. In those cases when LTCH residents are hospitalized, NPSTAT can help facilitate earlier discharges of these residents back to their LTCHs; hence, decreasing hospital length of stay (LOS), enhancing continuity of care and communication between acute and LTC sectors, and providing support and resources to LTCH staff to help manage repatriated LTCH residents.

Engaged Communities.
Healthy Communities.

Purpose

The purpose of the NPSTAT program:

1. To help reduce avoidable ED transfers of LTCH residents with acute, episodic illnesses and injuries who do not require hospital-based care, and to help support the return of hospitalized residents back to their Long-Term Care Home.
2. To provide primary health care services to frail seniors 70+ years of age who live in the Durham area and who do not have a primary health care provider (NP or MD)

Goals

1. To help reduce avoidable ED visits from partner LTCHs and the Village Health Centre by 50% on March 31, 2011
2. To help reduce the number of Hospital/Alternate Level of Care (ALC) days for residents in partner LTCHs by 25% on March 31, 2012
3. To provide primary health care services to unattached frail residents of Durham
4. To help build capacity, knowledge and skills of LTCH staff

Functions

1. To provide expert clinical NP services in LTCHs.
2. To help build capacity and skills of LTCH staff who provide direct care to LTCH residents.
3. To help disseminate knowledge to patients, residents and their families about disease processes and prevention when appropriate.

Accountability Framework– see Appendix A

(A) Steering Committee

The NPSTAT Steering Committee provides oversight to the NPSTAT program and the NP Clinical Director. The Steering Committee will be accountable to the Central East LHIN as per the Accountability Framework (Appendix A).

The NPSTAT Steering Committee will be responsible for:

- Providing oversight to the NPSTAT program
- Providing updates on the NPSTAT program to the Central East LHIN upon request
- Identifying and supporting strategic alignment with related programs such as comprehensive community geriatric assessment/GAIN, Hospital to Home, restorative/convalescent care and senior-friendly hospital programs – Geriatric Emergency Management program, Home First, etc.
- Designing an evaluation framework in partnership with the NP Clinical Director and monitoring the success of the program based on the framework
- Identifying, assessing and prioritizing the needs and gaps in the community for potential expansion of the program
- Providing advice to the LHIN on overcoming barriers to change or implementation – i.e., Provincial policies and/or funding, factors impeding integration between organizations or across communities
- Developing communications as required in partnership with the NP Clinical Director to Central East LHIN stakeholders and the broader community
- Enabling exchange of knowledge and sharing of best practices amongst Central East and Provincial stakeholders

Composition

The NPSTAT Steering Committee will be comprised of one (1) senior representative from each of the host health service providers (CECCAC, The Village of Taunton Mills and The Scarborough Hospital), the NP Clinical Director, a senior representative from the Central East LHIN (ad hoc), a Medical Advisor and Director(s) of Care affiliated with a long-term care home .

Meetings

Meetings will be held on the third Wednesday of every other month from 12:30-2:30 at the Central East LHIN offices, or at the call of the Chair.

Leadership

The NP Clinical Director for the Central East LHIN will chair the NPSTAT Steering Committee meetings. Quorum¹ of the NPSTAT Steering Committee will consist of 50% of its membership.

¹ Quorum is the minimum number of NPSTAT Steering Committee members required for a valid meeting. Members are considered present when participating in person or by telephone/video conference. Chairpersons are included in 50% calculation.

Decision-Making

The NPSTAT Steering Committee will adopt a consensus² model of decision-making for recommendations/advice. As such, deliberations of the NPSTAT Steering Committee will seek to build consensus on the most acceptable advice/direction considering the best interests of NPSTAT program. Where consensus cannot be reached, the NPSTAT Steering Committee will present a summary of the deliberations to Central East LHIN staff.

(B) Health Service Providers

Central East Community Care Access Centre, The Scarborough Hospital, the Village of Taunton Mills (“the HSPs”) are responsible for fulfilling the terms of their funding agreement with the Central East LHIN.

HSPs will fulfill much of their accountability jointly through the NPSTAT Steering Committee and will be responsible for staffing and supporting the Steering Committee.

HSPs are responsible for all aspects of employment oversight for the staff hired under the terms of their funding agreement, including staff recruitment.

(C) Nurse Practitioner Clinical Director³

The NP Clinical Director will be responsible for:

- Providing NPSTAT program leadership and direction
- Providing NPSTAT project management
- Providing clinical advice to the program
- Chairing NPSTAT Steering Committee meetings
- Identifying linkages and alignments between stakeholders and other LHINs for the purposes of collaboration and the sharing of best practices
- Identifying and providing capacity-building opportunities
- Identifying partner LTCHs
- Developing an evaluation framework
- Developing data collection methodology and design
- Providing advice about, and supporting, NP recruitment
- Developing a communication strategy including regular communication on NPSTAT implementation processes to the NPSTAT Steering Committee and relevant stakeholders
- Supervising program/administrative support staff

² Consensus is defined as general or widespread agreement among all the members of a group.

³ The NP Clinical Director is responsible for other programs in the Central East LHIN (e.g., GEM)

(D) Nurse Practitioners

The NPs will be responsible for:

- Providing expert health care services to residents of partner LTCHs
- Contributing to the knowledge base, growth and advancement of the NPSTAT team
- Increasing the expertise of LTCH staff through capacity building activities
- Collecting, tracking, and reviewing essential data as directed by the NPSTAT program
- Contributing to program planning when requested
- Identifying opportunities and linkages that will help advance the goals of the NPSTAT program
- Developing and maintaining interprofessional relationships with LTCH staff and management
- Functioning as a fully-committed team member by supporting the goals and direction of the program

(E) Program Support Staff

Program Support Staff will be responsible for:

- Contributing to the knowledge base, growth and advancement of the NPSTAT team
- Collecting, tracking, and reviewing essential data as directed by the NPSTAT program
- Contributing to program planning when requested
- Identifying opportunities and linkages that will help advance the goals of the NPSTAT program
- Functioning as a fully-committed team member by supporting the goals and direction of the program
- Providing support to the NP Clinical Director and NPSTAT program