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Attending Nurse Practitioners in Long-Term Care Homes Evaluation

Fearon, D¹, Saskin, R², Ishiguro, L¹, and Graves, E²

¹ICES

²ICES Central

Introduction

In 2014, the Ontario Ministry of Health and Long-Term Care (MOHLTC) announced funding for 75 nurse practitioners (NPs) over three years in long-term care (LTC) homes. This evaluation was approved by ICES' Applied Health Research Question (AHRQ) team, a portfolio which answers questions from stakeholders having impact on healthcare policy.

of future funding opportunities. In summary, the results will inform policies to strengthen care of LTC homes and improve the quality of care of residents.

Objectives and Approach

The purpose of this project is to evaluate the impact of the first thirty NPs hired. Changes will be evaluated using key outcome measures of resident care (e.g., early hospital discharge, emergency room bed days) identified through a literature review conducted by the MOHLTC. LTC home residents were identified using all individuals with claims in OHIP during the 2016-17 fiscal year with a location of a LTC home. LTC homes with a hired NP were considered to be cases and all other LTC homes were considered to be controls.

Results

For part one of this evaluation, case and control LTC homes were stratified by bed size, Case Mix Index, rurality and Local Health Integration Network. Hospitalization records and emergency visits (from Discharge Abstract Database and National Ambulatory Care Reporting System) were determined for LTCH residents 6 months before and after the NP hire date of October 1, 2016. Overall, the rate of hospital admissions (per 100 residents) increased by 3.44% (8.51% to 11.94%) following the NP hire date; whereas, the rate of hospital admissions increased by 2.29% (6.55% to 8.83%) among controls. Following the NP hire date, the rate of emergency department visits also increased by 3.15% among cases (16.62% to 19.77%) in comparison to a 2.31% increase among controls (12.55% to 14.86%).

Conclusion/Implications

The findings from this evaluation will inform further implementation strategies of the NP program and guide decision-making

