

Case study: Lakeridge Health

Lakeridge Health is one of the largest community hospitals Ontario and comprises four sites in Durham region [1]. Lakeridge's Whitby site is a specialty hospital that is the first NP-led hospital model of care in Ontario and Canada. [2].

➤ What does NP-led care look like?

NPs are the most responsible provider (MRP) for all inpatients at the Whitby hospital. The NP has primary responsibility and accountability for the care of the patient across the trajectory of hospital care [3] [4].

- Patient population: Complex continuing care, geriatric rehabilitation, and alternative level of care (ALC) patients
- CARE APN (Advanced Practice Nursing) model for NP role:
Clinical, Administration/leadership, Research and Education
- Interprofessional model (NP, RN, RPN, PT, OT, Pharmacy, Dietitian, Chaplain, SLP, MD, PSW); physician partner is available for consultation when needed

- Responsibilities upon admission include:
 - History, physical exam, diagnosis
 - Ordering diagnostics
 - Prescribing medications/treatments

- Ongoing responsibilities include:
 - Regular care monitoring, team and family meetings and goal planning
 - Documentation
 - On-call coverage considerations
 - Communication with clients, family and care team
 - Co-ordination of care
 - Referrals to specialists when required

- Responsibilities upon discharge include:
 - Dictation and signing of medical record
 - Linkages to care providers and services
 - Transfer of accountability and responsibility

➤ Outcomes

- 602 admissions and 555 discharges from July 2012 until December 2013
- Increased patient / family confidence in care
- Timely and effective comprehensive care
- Prompt response to changing clinical conditions
- Appropriate use of pharmaceuticals
- Increased staff/patient knowledge
- Improved practice at Lakeridge
- Increase community profile as experts - visibility, credibility and identification as care leaders

➤ How did they get there:

- 2011 hospital board enabled the current practice landscape. NPs were a solution to patient care and systems improvement. NP Michelle Acorn is the Lead NP and Professional Practice Leader.
- Support from senior leadership seen as key: CNE, CEO, PASS Program director
- Culture of support for full NP contributions based on previously established shared CARE model

➤ Challenges/limitations of the model of care

- Although the NP as MRP is well established in primary care through NP-led clinics, there is limited understanding of the NP as MRP in the hospital setting.
- There is currently a lack of research that fully explores the contributions of NP in this kind of setting as MRP for hospitalized populations in both community and academic hospitals.
- Remaining aspects of Bill 179 and barriers to practise exist, such as access to prescribing controlled drugs and substances or the *Mental Health Act and Restraint Act*.

➤ Quotations:

"Enabling, empowering and embracing NP full scope of practice contributions as the most responsible provider can be valuable across the continuum of a hospital experience."

NP care: "Bridging and synergizing ... to meet patient needs, especially complex senior care is a timely, safe and innovative care solution."

This is "not about trail-blazing... It is about improving access, delivering safe quality care and optimizing care accountabilities."

References

1. Lakeridge Health. *About Lakeridge Health*. 2015 [cited 2015 July 13]; Available from: https://www.lakeridgehealth.on.ca/en/aboutus/aboutlakeridgehealth.asp?_mid_=2034.
2. Acorn, M., *Personal communication July 15, 2015*. 2015.
3. Acorn, M., *Nurse Practitioners as Most Responsible Provider: Impact on Care for Seniors Admitted to an Ontario Hospital*. *International Journal of Nursing and Clinical Practice*, 2015. **2**(126).
4. Acorn, M., *NP Led Hospital: NP as MRP The Lakeridge NP Model of Care Experience*. 2014, Lakeridge Health.