

NURSING MATTERS: ELECTION PRIORITIES 2018



What is your party's plan for a comprehensive, long-term seniors care strategy?

How do you intend to implement this plan to maximize efficiency, given the multitude of organizations currently managing seniors care in New Brunswick?

Recommendations

EXPANDED HOME care services to allow seniors to stay at home longer, including:

- A safe-at-home policy;
- Seniors/patients' appropriate and timely registered nursing assessments and interventions supported by the full health care team;
- Coordination and oversight of care provided by a primary nurse to ensure timely and seamless access to care providers; and
- Education and support for all

members of the team, including unpaid caregivers, and standard competencies for personal support workers/care aides.

VARIATIONS IN nursing home staffing based on resident needs evaluated by RAI-LTCF data should be made on a home-to-home basis and include care hours set above minimum thresholds identified by research evidence:

- Minimum threshold for total nursing and personal care staffing of 4.1 hours-per-resident day (hprd)
- Minimum threshold for direct care registered nursing of 0.75 hprd

ENSURE BETTER coordination, communication, and collaboration between sectors and settings to avoid costly (in human, as well as financial terms) complications, including the provision of adequate care/beds/providers in all sectors, with special attention paid to times of transition (e.g., transfers, discharge, admission). Team practices are particularly useful for chronic conditions and seniors.

NURSE PRACTITIONERS (NPs) possess the expertise to manage the chronic and acute conditions that are prevalent among LTC residents such as diabetes, hypertension and other cardiovascular diseases.¹

Rationale

DESPITE A growing population of seniors, New Brunswick only spends less than 5% of total public health care spending on homecare.

CONTINUITY OF care is known to reduce the risk of adverse events and contribute to the delivery of safe care in the home, as well as enhancing the comfort and confidence of home care recipients.²

NURSE-LED MODELS of care are most effective and equally or less costly than usual physician-led care.³

A STUDY by the Centers for Medicare and Medicaid Services looking at nursing homes with the greatest number of significant deficiencies took the position that 4.1 total hprd, of which 0.75 hprd were RN hours, were necessary to prevent harm or jeopardy to residents.⁴

RAISING RN thresholds of care to 0.8 hprd has been found to improve resident functioning.⁵

REDUCTION IN hospitalization among residents admitted to nursing home from hospital is associated with higher RN staffing.⁶

A 2013 comprehensive literature review of advanced practice nurses (NPs and clinical nurse specialists) in LTC revealed that they improve or reduce decline in health status indicators like depression, urinary incontinence, pressure ulcers, aggressive behavior, loss of affect in cognitively impaired residents, restraint use, psychoactive drug use, serious fall-related injuries, ambulation, and family member satisfaction.¹

¹ Donald, F., Martin-Misener, R., Carter, N., Donald, E.E., Kaasalainen, S., Wickson-Griffiths, A., Lloyd, M., AkhtarDanesh, N., DiCenso, A. (2013). A systematic review of the effectiveness of advanced practice nurses in long-term care. *J Adv Nurs*. Oct;69(10):2148-61.

² Blais, R. et al. (2013). Assessing adverse events among home care clients in three Canadian provinces using chart review. *BMC Quality and Safety*, 0, 1-9. doi: 10.1136/bmjqs-2013-002039

³ Browne, G., Birch, S., & Thabane, L. (2012). *Better Care: An Analysis of Nursing and Healthcare System Outcomes*. Ottawa: Canadian Health Services Research Foundation. P. 27.

⁴ Kramer, A.M. and Fish, R. "The Relationship Between Nurse Staffing Levels and the Quality of Nursing Home Care." In *Appropriateness of Minimum Nurse Staffing Ratios in Nursing Homes*. Report to Congress, Phase 2 Final, Section 2. Washington, D.C., U.S. Department of Health and Human Services, Health Care Financing Administration, 2001. As cited in Harrington, C. et al., (2015). *Technical Guide to the CalQualityCare.org Ratings: Nursing Facilities* (p.6).

⁵ Dorr, D.A., Horn, S.D., Smout, R.J. (2005.) *Journal of the American Geriatrics Society*;53(5) 840-845.

⁶ Decker, F. (2008). The relationship of nursing staff to the hospitalization of nursing home residents. *Research in Nursing & Health*, 31, 238-251.