

Rehabilitation & Reablement: Nurse Practitioner (R&R NP)

Summary

- The New Brunswick Extra-Mural Program (EMP) offers a service called Rehabilitation and Reablement (R&R). This in-home service provides vulnerable seniors with intensive, short-term care after a hospital admission or health issue. The goal is to restore their independence so they can remain at home.
- When an R&R patient has an urgent health issue, their medical needs are not always met promptly in the community. As a result, they often end up in the emergency room or readmitted to the hospital. This can strain both the healthcare system and the patient.
- To address this, EMP added a Nurse Practitioner (NP) to the interdisciplinary health care team in 2022. The NP supports R&R care providers in meeting R&R patient needs outside the hospital.
- This project assessed if the new NP-R&R care model:
 - helped EMP staff feel more confident and supported in their roles, and/or
 - increased other care providers' confidence in referring patients to R&R.
- Participant details:
 - EMP staff: Members of the EMP interdisciplinary team (e.g., physiotherapists, occupational therapists, rehabilitation assistants)
 - Surveys: 29 participants (19 from the Saint John (SJ)/Kennebecasis Valley region (KV), 10 from Edmundston);
 - Focus Group: 9 participants from SJ region.
 - Non-EMP service providers: Health care providers who are not employed by EMP but work closely with EMP and/or R&R clients in the hospital or the community (physicians, charge nurses, etc.)
 - Surveys: 17 participants from SJ region.

HSPP Focus Area

Using community approaches to address health inequalities

Project Start & End Date

May 2021 - March 2023

Organization/Agency

Department of Health/EMP

Location

Saint John (SJ)/Kennebecasis Valley (KV)

Indicator	Impact / Outcome / Result	Quote
Health Services Inequality (EMP Staff)	57% of EMP staff agreed or strongly agreed that they were satisfied with the addition of a NP to the R&R program.	"I think it's been a very positive addition to the team for R&R as well as for our clients. Our main goal is to help someone stay at home to rehabilitate at home and the nurse practitioner just makes it that much more effective, more efficient and it gives our clients better outcomes. And I don't see any negative to having them and I think it should be more widespread."
	Staff agreed that adding an NP addresses a significant gap in the previous care model and fills essential gaps in patient care.	"Sometimes when [R&R patients] don't have a family doc and there's something acute when I get in there, [the NP] has been able to help me navigate that system a little bit more efficiently."

Indicator	Impact / Outcome / Result	Quote
Health Services Inequality (EMP Staff)	The addition of an NP did not improve EMP staff's confidence in their roles/ability to serve R&R patients.	"I would just say no, I mean I think extramural in general does a good job of, you know, all the staff does a good job of making sure that our clients have the right amount of care. So I think it hasn't really impacted it. It hasn't caused any change to that, I don't think."

Health Services Inequality (Non-EMP Staff)	<ul style="list-style-type: none"> • Non-EMP service providers felt confident that EMP could provide quality support but only moderately confident that support is timely. The integration of the NP into the EMP team did not meaningfully change this confidence. • Knowledge and understanding of the R&R program varied among non-EMP participants, which suggests that EMP's processes and service options are not being adequately communicated to external care partners. Further education for external care partners may be necessary. • Most non-EMP service providers (83%) indicated that the number of hospital patients they discharged to the R&R program had not increased in the last six months (i.e., since the implementation of NP-R&R). 	
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Methods and Comparison

- EMP staff and non-EMP service providers at three R&R units completed a pre-test survey one month before the NP care model was launched.
 - Two of the EMP units planned to add an NP (SJ and KV); one did not (Edmundston). However, only one NP was hired.
- Six months after the integration of the NP into the EMP care team, a post-test survey was administered to EMP staff and non-EMP service providers at the three R&R units.
- Focus groups were conducted with EMP staff in SJ nine months after the NP-R&R model launched.
- Due to the small sample size of participants, comparative statistical analyses between the intervention sites (SJ/KV) and the comparison site (Edmundston) were not conducted.
- No primary care providers (PCPs) were successfully recruited to participate in the study.

Conclusions and Lessons Learned

- The NP-R&R care model could help address New Brunswick health care system challenges and allow more seniors to age in place.
- The NP performed tasks that could impact whether a patient remains at home, such as:
 - providing medical advice and direction on patient cases,
 - liaising with primary care providers and specialists,
 - ordering and interpreting medical tests,
 - serving as a temporary PCP for patients without one in the community, and more.
 - Note: Prior to the addition of the EMP NP, people without a PCP were unable to access R&R services.
- By doing these tasks, the R&R NP:
 - enhanced medical support/direction in home health care management,
 - provided R&R patients with access to medical care, and
 - added a new depth of medical knowledge to the EMP team.
- The number of referrals to R&R did not increase with the addition of the NP. This may be because non-EMP service providers thought the services available were limited and the waiting lists were long, as indicated in the survey data. Also, there is pressure to discharge patients from acute care quickly,

and the service providers expressed concern that EMP/R&R could not respond promptly.

- While the confidence of EMP staff did not meaningfully change pre- to post-intervention, they felt supported by the NP.
- Overall, EMP staff felt that having an NP as part of the interdisciplinary team could improve the quality and effectiveness of EMP-provided community-based care. Providing care that diverts patients from emergency rooms has the potential to enhance the efficiency of the province's health care system.
- However, limited availability of experienced home support personnel is a barrier to providing R&R patients with quality community-based care.

Recommendations

- Hire additional Nurse Practitioners and expand their services to all EMP patients to enhance clinical support.
- Improve internal (e.g., EMP interdisciplinary team) and external (e.g., PCPs, non-EMP care providers) communication about the NP role and scope of practice.
- Review current R&R/EMP practices for (in)efficiencies.
- Pilot strategies to address the limited availability of experienced home support staff.

Next Steps

Two of the recommendations have been prioritized: (1) Expanding the NP services to all EMP patients and (2) improving communication about the NP role and scope of practice. To advance toward these goals, the following actions have been completed:

- Creation of a provincial EMP-NP clinical practice group.
- A pilot project to address the limited availability of home support staff ([Enhancing Timely Access to Personal Support Workers for Seniors Receiving Rehabilitation and Reablement Services](#)).

Upcoming actions include:

- Continued discussions with the province to advocate for province-wide NP EMP services.
 - EMP NPs are currently working in zones four, five, and six. The NP role was integrated into existing EMP policies and procedures, including the referral management process and current workload measurements.
 - Patient access to the EMP NP is managed by the EMP Care Coordination Center.
- Development of a long-term communication strategy to clarify the NP role to both internal and external teams.

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