

Position Statement

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Primary care in long-term care sites: Long-term care sites as appropriate clinical placements for primary care nurse practitioner students

Description:

Purpose and Significance

Some nurse practitioner programs view long-term care sites as “specialty practice” and do not allow their students to conduct primary care clinical hours in long-term care facilities. Family nurse practitioner programs who do not allow students to conduct any primary care clinical hours in long-term care facilities use the reasoning that the sites will not provide enough exposure to family practice and primary care populations. Adult-gerontology primary care nurse practitioner programs who limit the number of practicum hours allowed in long-term care settings support that diagnosis, treatment and management of elderly patients with complex medical conditions and social problems is a specialty.

The Gerontological Advanced Practice Nurses Association (GAPNA) has adopted this Position Statement document to support long-term care sites as appropriate primary care practicum placements for family nurse practitioner and adult-gerontology primary care nurse practitioner students.

GAPNA Position:

- Long-term care sites are an appropriate and important primary care clinical practicum site for family nurse practitioner and adult-gerontology primary care nurse practitioner students.
- Nurse practitioners are essential members of the healthcare team in long-term care settings and nurse practitioner students need to be trained as such.
- Nurse practitioners are integral to the provision of person-centered, safe, evidence-based care and better health care outcomes of older adults in long-term care settings.
- Primary care provided in long-term care settings by all clinicians, including nurse practitioners, can serve to increase the number of older adults provided with up-to-date



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clinical preventive services and management of acute and chronic diagnoses often encountered in primary care outpatient clinics

- Long-term care residents of long-term care facilities need and deserve primary care services from interprofessional clinicians that includes nurse practitioners.

Background:

What are long-term care settings?

Long-term care settings include a variety of locations: assisted living facilities, nursing homes, and skilled nursing facilities. Basic services provided in these settings include assistance with activities of daily living (ADLs: e.g. dressing, bathing, and toileting); instrumental activities of daily living (IADLs: e.g., managing medications, cooking, and cleaning); and health maintenance and promotion and disease prevention needs. According to the Centers for Disease Control and Prevention (CDC), long-term care services assist people in maintaining or improving an optimal level of physical functioning and quality of life, and can include help from other people and special equipment and assistive devices (2013). People staying in these long-term care locations are called “residents”. Adults receiving care in long-term care settings have a wide variety of health care needs, including assessment and management of acute and chronic conditions as well as preventive and routine care. These are the same elements of care provided in traditional ambulatory care settings, but due to the fact that residents often cannot travel to ambulatory care settings for appointments, their health care needs are managed in long-term care settings by health care providers based at or that come to the site to provide care. Additionally, a major focus of care provided in long-term care settings is continuity of care and integration of health care services (MedicineNet, 2018, para. 1).

Assisted Living (AL): Assisted living is for people who need help with daily care, but not as much help as a nursing home provides. Several “levels of care” are typically offered, with the higher levels usually costing more. In the more independent levels, residents live in their own apartments or room, and share common areas such as the dining room. Assistance available to assisted living residents include meals, personal care, help with medications, housekeeping, laundry, 24-hour supervision, and social and recreational activities (National Center for Assisted Living, 2019).

Nursing homes: Nursing homes focus more on medical care needs than assisted living facilities. Services offered include 24-hour supervision, meals, and assistance with functional activities, such as ADLs and IADLs. Nursing homes also offer rehabilitation services, including physical, occupation, and speech therapy. Some people receive short-term rehabilitation after being in the hospital. However, most nursing home residents live at the nursing home permanently due

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to ongoing physical or mental medical conditions that require constant care and supervision (National Institute on Aging, 2017-b, “Residential facilities, assisted living, and nursing homes”).

Skilled nursing facilities: Nursing homes which offer skilled care, such as offer rehabilitation services (physical, occupation, and speech therapy) are often called skilled nursing facilities (SNF). In addition to rehabilitation services, skilled nursing care includes specialized medical care needs such as feeding tubes, complex dressing changes, and intravenous medications and fluids. Skilled nursing care often occurs as a transition between a hospital stay and return to a person’s place of residence, and is intended when specific professional medical services or specialties are needed to help with recovery. Nursing care in skilled nursing facilities is usually provided by registered nurses (RNs) and licensed practical nurses (LPNs) (Medicare.gov, n.d.).

Primary care in long-term care settings

Primary care is a person’s main source of regular medical and overall health care, and includes health promotion, disease prevention, health maintenance, counseling, education, and diagnosis and treatment of acute and chronic conditions. Primary care occurs in a variety of health care settings. These settings include, but are not limited to, office, inpatient, critical care, long-term care, home care, and day care (American Academy of Family Physicians, n.d.-b, “Primary care”, para. 6; National Institute on Aging, 2017, para. 1).

Long-term care settings are one type of location where primary care occurs for older adults. The CDC supports health care being provided in the multiple long-term care settings described above (2013). The Health Resources & Services Administration (HRSA) Geriatrics Workforce Enhancement Program (GWEP), not only supports, but encourages integration of geriatrics with primary care to improve health outcomes for older adults, their families, and caregivers (HRSA, 2018; American Geriatrics Society, n.d.).

Care provided by nurse practitioners in long-term care settings

Long-term care settings report many benefits to care provided by advanced practice nurses. Nurse practitioners reduce hospitalizations and emergency room transfers of nursing home residents (Christian & Baker, 2009). Individuals in long-term care settings where nurse practitioners provide care have lower rates of depression, urinary incontinence, pressure ulcers/injuries, restraint use, and aggressive behaviors. Residents in long-term care settings also experience improvements in meeting personal goals and family members express more satisfaction with medical services. Advanced practice nurses are associated with improvements in measures of health status, behavioral and psychological symptoms of older adults including those with dementia living in long-term care settings, as well as family satisfaction (Donald et al., 2013).

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The nurse practitioner serves as an integral member of the healthcare team when managing conditions commonly encountered in long-term care and by older adults, especially in skilled nursing facilities (Stefanacci & Cusack, 2016). The population is aging and there is an urgent growing need for providers who can provide evidence-based, comprehensive care for these older adults. In 2015, there were 47.8 million adults age 65 and older, an increase of 1.6 million since 2014. By 2060, the population of people age 65 or older is expected to rise to 98.2 million (United States Census Bureau, 2018). The CDC also reports that less than 50% of adults aged 65 years or older are up-to-date on preventive services. With the rapid aging of the U.S. population, increasing the use of preventive services in adults aged 50 or older is a key public health strategy as well as an objective of Health People 2020 (Benson & Aldrich, 2012; CDC, 2017). Older adults also require care of multiple chronic conditions as well as injury and fall prevention, all of which are within the scope of primary care. Nurse practitioners help meet the rapidly growing need of providing primary care to older adults in all care settings.

Rationale for long-term care settings as primary care clinical locations for nurse practitioner students

As the population ages, the demand for long-term care services will expand, and more people will live longer with chronic conditions (Freundlich, 2014). Long-term care settings are places where primary care is delivered. Common chronic and acute health problems as well as health promotion are all health needs addressed in long-term care settings through primary care. GAPNA supports the position that family and adult-gerontology primary care nurse practitioner students may conduct primary care clinical rotations in long-term care settings. Both the Accreditation Council for Graduate Medical Education (ACGME) and American Academy of Family Physicians (AAFP) support primary care providers having clinical experiences in long-term care as part of their primary care rotations (ACGME, 2018, pp. 18; AAFP, n.d.-a, “Continuity and coordination of care long-term care facilities”, para. 1).

The population served by family nurse practitioners and adult-gerontology nurse practitioners is rapidly growing and aging, but health care for older adults continues to fall short in the areas of appropriate care and preventative services (CDC, 2017). “Meeting the health needs of this growing population is increasingly critical from both a public health and health care cost perspective” (Leos, Keitzman, & Wallace, 2012). A major location for healthcare of those served by nurse practitioners includes long-term care sites. There is also concern that ACGME and AAFP support medical resident clinical hours and the role of the family physician in long-term care settings, but there are no current recommendations or requirements for practicum time in long-term care settings for family or adult-gerontology primary care nurse practitioner students.

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Clinical practicum experiences enable students to transfer learning into practice and to develop clinical reasoning and critical thinking skills. Clinical practicums in long-term care settings provides students an important opportunity to transfer gerontological theory to practice (Mullenbach & Burggraf, 2012). Primary care nurse practitioner programs must meet educational requirements for clinical practicum hours. Primary care students in family and adult-gerontology primary care nurse practitioner programs are expected to complete a minimum of 500 supervised direct patient care clinical hours in the population-focused area of primary care (National Organization of Nurse Practitioner Faculties, 2016). Providing primary care services in the long-term care setting is crucial (1) to meet educational goals of preparing nurse practitioners to provide primary care for older adults across health care settings; and (2) for older adults to receive evidence-based, person-centered primary care.

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