Nurse practitioners bring big savings to long-term care facilities in Quebec
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The study is the first to look at cost savings resulting from their work in decreasing adverse events.

**Pilot project: a success**

Nurse practitioner roles were introduced in the United States and some provinces in Canada in the 1960s. However, their history is fairly recent in Quebec, due to differences in regulatory laws in the province. Up until early 2019, the diagnosis of a health condition needed to be made by a physician. Those laws are now under revision.

In 2015, Quebec implemented nurse practitioner roles in six long-term care facilities as a pilot project. Nurse practitioners are trained at the graduate level with a specialty certificate in primary care. Working in partnership with physicians and an interprofessional team, they assess residents' condition, adjust medications, order and interpret diagnostic tests, and provide ongoing chronic illness care.

"Put together, our research shows that close collaboration between nurse practitioners, physicians, and the rest of the healthcare team, helps all team members play their role more effectively," says Kilpatrick, who is also a researcher at the Centre de recherche de l'Hôpital Maisonneuve-Rosemont, part of the CIUSSS de l'Est-de-l'Île-de-Montréal.

The researchers note that sixteen percent of the world's population, 1.5 billion people, will be 65 years or older by 2050. Because countries must respond to increasing needs of this population, innovative approaches are needed to improve long-term care services.

"Nurse practitioners are part of the solution to meet the growing needs for quality long-term care. They play a key role in ensuring high quality care for residents in long-term care and reduce costs," says co-author Eric Tchouaket, a professor at the

Countries worldwide face challenges meeting the growing needs for long-term care services because of high costs. A study led by researchers from McGill University and Université du Québec en Outaouais shows that introducing nurse practitioners can significantly reduce costs and improve patient safety.

According to the study, published in *Nursing Outlook*, cost savings for on-site nurse practitioner care for adverse events were between 1.9 and 3.2 million dollars across the six sites, including the reduction of nursing administration time for medications. Once introduced, nurse practitioners managed patients' medications and adverse events including falls, pressure ulcers, and short-term transfers to the hospital.

"Internationally, most studies have focused on quality and safety in long-term care. Little is known about the economic impacts of the care provided to patients by nurse practitioners, particularly in Quebec, where the roles are still new," says co-author Kelley Kilpatrick, an associate professor at the Ingram School of Nursing at McGill University.
Department of Nursing at Université du Québec en Outaouais.

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