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Utilization of Nurse Practitioners in Long-Term Care: Findings and Implications of a National Survey

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Objectives

The objective of this study was to determine the national practice patterns of nurse practitioners (NPs) providing care in long-term care (LTC) facilities, including the number and characteristics of LTC facilities that use NPs for any portion of care to residents, NP activities, and employment arrangements between NPs, physicians, and facilities.

Design

Mailed survey.

Participants

Participants included all physicians who are members of the American Medical Directors Association (AMDA).

Measurement

The survey instrument was constructed to obtain information in the following six domains: (1) the number of LTC facilities that have NPs involved in providing care; (2) the number of NPs engaged in care at these facilities; (3) the types of employment/financial arrangements between NPs and LTC facilities; (4) the types of services provided by the NPs; (5) the effectiveness of the NPs as perceived by the medical directors; and (6) the perceived future demand for NPs in LTC.

Results

Of a total of 870 respondents (response rate 19%), 546 respondents (63%) reported the involvement of NPs in the care of residents in their facilities. In total, respondents identified 1160 NPs involved in care, with a median of two NPs per responding facility (range, 1–10). Respondents reported that NPs make sick/urgent resident visits (96%), provide preventive care to long-stay residents (88%), and perform alternating required regulatory 30/60 (88%), hospice care (80%), and wound care (78%). Significant variations in practice patterns were found between NPs employed by a LTC facility (19% of respondents) as compared with those NPs employed in other arrangements. Large majorities of medical directors stated that NPs are particularly effective in maintaining physician satisfaction (90%), resident satisfaction (87%), and family satisfaction (85%). An additional 34% of the respondents projected an increased need for NPs in nursing homes in the future.

Conclusion


NPs involved in LTC are more likely to be involved in the care of residents in the nations larger (>100-bed) LTC facilities. The substantial number and types of services provided by these NPs, coupled with the high resident, family, and physician satisfaction with their services, suggests the need for educational, policy, and reimbursement strategies to encourage the further involvement of NPs in the care of residents in nursing homes.

Keywords: [Nurse practitioner](#) , [long-term care facilities](#) , [medical director](#)

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