Long-Term Care Survey Alert

QUALITY OF CARE: A 3-Prong Plan Can Expedite Care for Emergent Conditions

Before you phone the doctor about a patient, make sure to do this.

Ensuring residents receive timely care can be difficult when you have to wait for busy attending physicians to return your calls or deal with on-call doctors who don't know the residents. A few key strategies can, however, keep the treatment ball rolling and residents out of the emergency department and hospital.

Strategy No. 1: Develop symptom assessment protocols for nurses to gather data before calling the doctor about a resident. Nurse practitioner **Clare Hendrick** has developed 22 such protocols to help a nurse at the LPN level collect the right information to guide the doctor's decision-making (see one of the forms on page 14). The nurse uses the forms to gather information before calling the doctor, says Hendrick, principal of ProTime in San Clemente, Calif. The nurse then puts the completed form on the resident's chart to remind the physician that something had happened in between visits. The protocols address issues ranging from falls to pressure ulcers, delirium/change in mental status to behavioral symptoms, UTI, and more.

Facilities can work with medical directors who get input from attendings to develop assessments for various conditions where the nurse gathers certain data before calling the physician, advises **Steven Levenson, MD, CMD,** in Baltimore, Md.

2. Tap nurse practitioners to provide care onsite. "The nurse practitioner can assess the resident, order and interpret the lab tests, prescribe treatment, and then talk to the doctor," says Hendrick. Or the NP "may talk to the doctor before ordering treatment. But it's all one-stop care," she adds. And "that's so vital with the elderly -- especially for identifying and treating infection, as it can turn into septicemia, which is often an admitting hospital diagnosis."

Having the NP on the case also helps address where delays in obtaining physician orders often occur, which is in the hand off from one shift to the next. For example, someone forgets to pass along to staff on the incoming shift that a resident had an issue and the doctor hasn't called back about it, Hendrick notes.

3. Develop physician preference profiles. Hendrick used to help nurse practitioners practicing in nursing homes develop a "preferred initial treatment regimen" for each physician. Some physicians, for example, "wanted a CBC and chest X-ray before ordering antibiotics," she says. The NP can then refer to the preferred initial treatment regimen when ordering resident care.