



The Role and Responsibility of Nurse Practitioners in ALFs

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Nurse practitioners (NP) can be a valuable resource for assisted living facilities (ALFs) through their ability to enhance both the nursing and medical care available to residents. The multifunctional role of the nurse practitioner acting as part registered nurse (RN), part care manager, and part primary care provider can make ALFs more attractive to potential residents and enable these individuals to stay in a facility longer. In recent years, favorable legislation and documented positive outcomes related to the involvement of NPs (including a reduction in hospitalizations and improved management of chronic care^{1,2,3}) have facilitated the increased presence of these professionals in AL and other settings.

Expanding Role

The role of NPs has been expanding since the 1970s when these professionals first were introduced into nursing facilities to improve access to medical services and augment the role of attending physicians.⁴ In the late '80s, fee-for-service medical groups began using NPs to provide collaborative primary care in facilities, including the provision of acute episodic care as well as chronic care management. The Omnibus Budget Reconciliation Act of 1987 (OBRA '87) allowed NPs to substitute for some physician NF visits with reimbursement from Medicare. Later, the 1997 Balanced Budget Act allowed for NPs to bill Medicare independently for their services and expanded their sites of service.

Currently, Medicare reimburses NPs for services at 85% of the physician's allowable fee. NPs



applying for a Medicare number must meet the practice requirements of the state, have national certification, and possess a Master's degree. It is up to each state to determine legal scope of work.

Why This Multifunctional Role?

Part of the reason for using NPs in this multifunctional role is the lack

of available registered nurses. Another issue is the NP's ability to leverage their time in a facility by serving both roles. In Maryland, for example, a registered nurse is referred to as a "Delegating Nurse" who oversees the clinical activities within an ALF. The Maryland Board of Nursing offers a 16-hour training program for the assisted living RN.

This course covers, but is not limited to, such topics as:

- Principles of case management
- Principles of adult education (how to teach the adult learner)
- Legal/ethical issues of teaching/delegating
- Requirements when delegating nursing function
- Requirements for delegating medication administration
- How to teach the medication administration program in assisted living

This nurse is required to visit the facility every 45 days. His or her duties during these visits include:

- Environmental assessment to ensure that the living area is safe and appropriate for each resident
- Head-to-toe physical assessment
- Record review to ensure that each resident is receiving necessary medical care and to determine if there have been any recent medical appointments or medication changes

All findings should be documented and residents' health care providers notified of any changes or significant findings.

Other activities for the RN's visits include:

- Observing and assessing medication storage. Are medications stored appropriately? Are narcotics locked/double locked as required by state laws? Medications must be labeled appropriately with the resident's name, directions, and expiration date; and there must not be any loose or expired medications
 - Review of residents' Medication Administration Record (MAR)
 - Ensuring that medication assistants are knowledgeable on administering all meds and evaluating that drugs are given in a safe and appropriate manner.
- The state of Maryland requires that caregivers in assisted living

complete a medication assistant training program. This consists of 20 hours of classroom training, along with simulated laboratory demonstrations and demonstration of administration in an ALF.

NPs and ALF Practice Models

By combining the role of a RN and NP, this highly skilled member of the interdisciplinary care team can spend a great deal of time in the ALF. There are several practice models that allow this to happen, including a fee-for-service (FFS) model where the NP bills directly to



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Medicare for his or her services and managed care models such as United Healthcare's EverCare program where NPs employed by a managed care company provide primary care services as paid employees. Perhaps the most successful model from the facilities' standpoint is one in which the NP is a facility employee who is utilized in both FFS and managed care roles but who supports the ALF as his or her primary role.

Most of these models place the NP as part of the interdisciplinary care team where they function in collaboration with a physician. These collaborative practice agreements are

best developed through a clear understanding of the roles, skills, and knowledge of each individual.

Collaboration through this team model should be viewed as an opportunity to enhance professional relationships as well as provide protection against malpractice. The collaborative practice agreement can provide the structure for a solid, positive working relationship that is capable of improving resident outcomes.⁵

The presence of these practitioners on the interdisciplinary care team is especially critical at a time of decreasing RN availability and the increasing need for RN services in ALFs. NPs have established their value in assisted living and other settings, and it is clear that they have carved a lasting niche that presents opportunities for enhanced quality care and the best utilization of physician time.

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