

## Role of the Nurse-Led Outreach Team (NLOT) in the Central LHIN (CLHIN)

The NLOT is a team of expert nurses who provide time sensitive clinical services to residents in Long-Term Care Homes (LTCHs). The NLOT mandate includes: (1) providing urgent care in LTCHs to avert preventable Emergency Department transfers, (2) building capacity in LTCHs among front line staff to detect and manage acute changes of residents' conditions, and (3) facilitating direct access to ambulatory care services without an ED admission as well as rapid ED admissions when needed. Each LTCH has a designated NLOT nurse who can be contacted during identified business hours for urgent clinical concerns.

The CLHIN NLOT is strategically located at three hubs: (1) Mackenzie Health-Markham Stouffville (NP Model), (2) Southlake-Stevenson Memorial (NP Model), and (3) Humber River Hospital-North York General Hospital (HRH-NYGH) Hub (NP/RN model).

The NLOT utilizes a primary care model with an upstream approach. NLOT nurses manage complex medical issues for residents in LTCHs as well as identify and manage acute changes in residents' condition early to successfully prevent avoidable ED transfers. NLOT clinicians work within their full scope of practice as part of the interprofessional circle of care to deliver person-centered care.



**The NLOT team collaborates with LTCHs and their partnering hospitals to provide the right care, at the right place, at the right time, and by the right provider.**

Urgent Care	Capacity Building	Planned Ambulatory Access and Repatriation Management
<ul style="list-style-type: none"> <li>• Rapid response to urgent clinical concerns (e.g. COPD, Acute Respiratory Infections, CHF, palliative care support)</li> <li>• Order diagnostic tests</li> <li>• Prescription of (non)pharmacological treatments</li> <li>• Telephone consultations and coaching</li> <li>• Tele-consult during outbreaks</li> <li>• OTN consultation</li> <li>• Identify and manage acute changes in residents' conditions</li> <li>• Support end-of-life care</li> <li>• Work with hospital specialists to facilitate the management of complex LTCH residents (infectious disease, geriatrics, dermatology)</li> <li>• Support IV therapy</li> </ul>	<ul style="list-style-type: none"> <li>• Build LTCH staff confidence in skills and complex health procedures</li> <li>• Provide focused, specialized, formal, and informal education to LTCH staff, residents and families</li> <li>• Falls prevention and management</li> <li>• Clinical mentoring and coaching for clinical skills in complex health situations</li> <li>• Head to Toe assessment</li> <li>• Cardiovascular assessment (e.g. CHF)</li> <li>• Respiratory Assessment (e.g. COPD, pneumonia)</li> <li>• GU assessment (e.g. UTI)</li> <li>• GI assessment (e.g. GIB, C-Diff)</li> <li>• MSK assessment (e.g. bone/soft tissue injuries)</li> <li>• Neurological assessment (e.g. Head injury,CVA)</li> <li>• Critical thinking</li> <li>• Dehydration</li> <li>• End-of-life care</li> <li>• Weekly rounds in LTC</li> </ul>	<ul style="list-style-type: none"> <li>• Referrals to specialists or specialized services</li> <li>• Sustainable discharge planning from hospital back to the LTC for residents with complex health conditions</li> <li>• Follow-up post-hospital-discharge to enhance continuity of care</li> <li>• Facilitate seamless, timely inter-organizational information exchange</li> <li>• Work closely and collaboratively with and facilitate engagement between LTC homes and Geriatric Emergency Management nurses (GEM)</li> <li>• Facilitate timely access to outpatient clinics (e.g. blood transfusions, interventional radiology for feeding or nephrostomy tubes, etc.)</li> </ul>

The Regional Geriatric Program of Toronto (RGP) supports the CLHIN NLOT with coordination across organizations, centralized data collection and analytics, and quality improvement initiatives. With the RGP's support, the CLHIN NLOT functions as a single team working across hubs and LTCHs. This closer coordination has led to consistent sharing of best practices, capacity building, trouble-shooting, and system analysis of clinical activity.