Reducing ED Transfers: when chronic ⟶ acute

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What's the scope of the problem?

39

Number of PCH Homes under LTC Pogram

~6600

Number of Beds/Residents

3972

Number of Ambulance transfers to ED annually

66%

Percent discharged or deceased

Based on EDIS data for 2014-15, similar rates to 2012-13.

What are the most common reasons for ED transfers?

Up/Low Extremity injury/pain

Shortness of breath

Altered level of consciousness

Head injury

Abdominal or Chest pain

What is the current process at PCH when dealing with acute issue

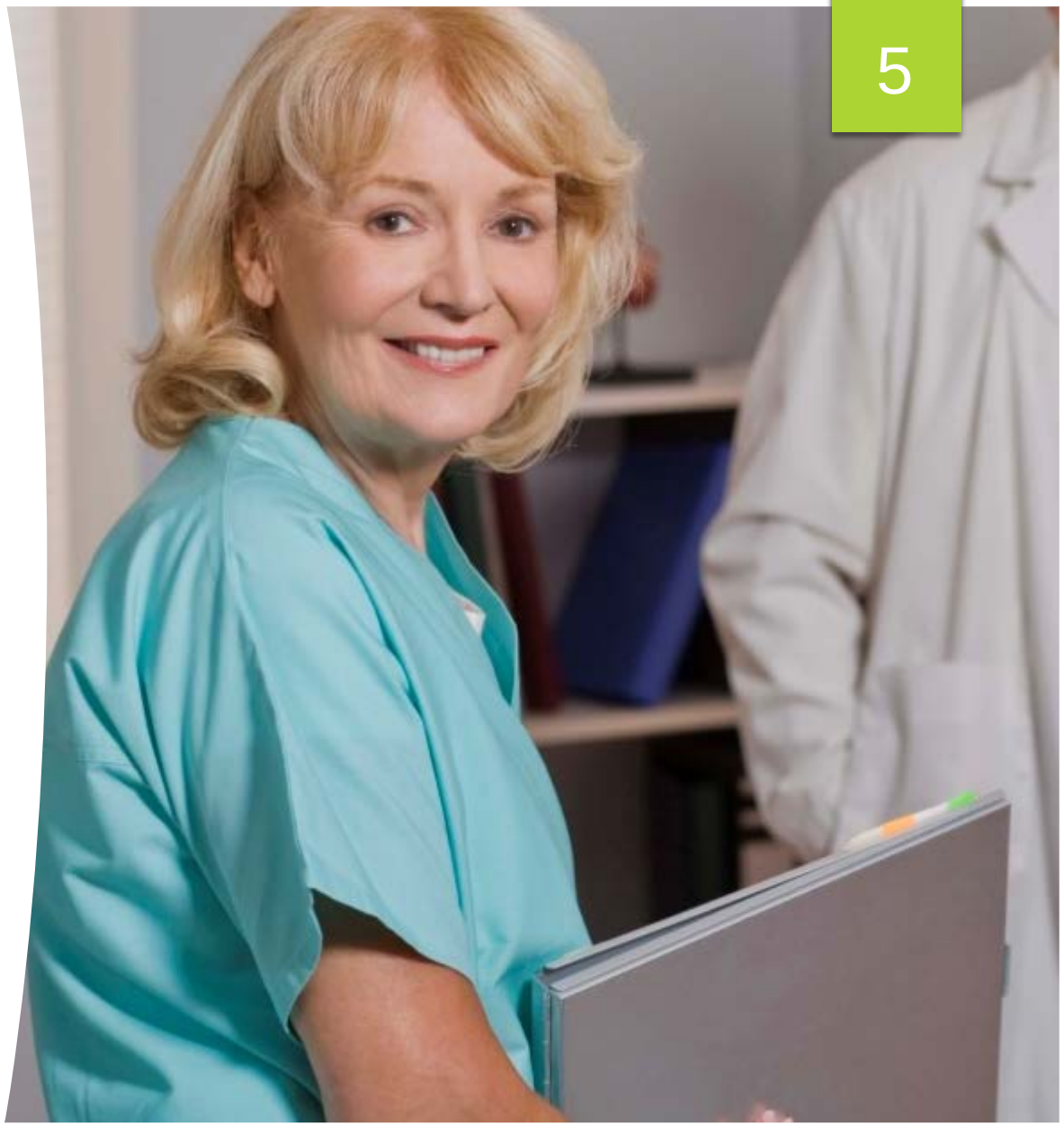
Call the doctor!

When in doubt,

Ship them out!

We rely heavily on nurses to assess, transmit info, and in decision-making

- Does your home have a process for dealing with nurse to physician calls?
- Can a nurse send out without calling you?
- How can you improve this process?



When calling a Physician/NP algorithm

Resident is ill or Requests to see physician/NP

Assessment by RN/LPN:
- VSS- temp, HR, BP, O2sats, Gluc if indicated, LOC (Glasgow scale) if indicated
- Changes in behavior?, allergies, ACP level
- Systems review as needed. Review prior events, diagnosis, mgmt
- Review medications, pain mgmt strategies
- Consult another nurse to review concerns if necessary

Decision

Call Physician/NP:
- ☑ Complete MD/NP communication form/fax
- ☑ Call attending MD/NP if weekday until 1700h
- ☑ Call On-Call MD/NP after hours weekdays/weekends
- ☑ Fax Form to respective MD office immediately.

Wait for weekly MD/NP visit, in consultation with resident and family.
- ☑ Place on MD/NP TO DO list.

If calling Physician/NP on call:
- Tell them your name, unit, phone # (if leaving message), & nature of concern using assessment notes
- Remain accessible for the return call and/or let house responsible nurse know.
- Inform unit staff you are expecting a return call

Implementation:
- Receive MD/NP order & implement
- Notify resident and family of result
- Reassess resident frequently for progress
- Transfer resident if needed

TRANSFER STAT (if unable to reach MD/NP) when:
- Decreased LOC
- Respiratory distress
- Obvious fracture or uncontrolled seizure
- Other urgent situation as assessed by RN

Notify receiving Emergency Department
Notify attending or on-call MD/NP (Fax Form)
Do not transfer if Comfort Care ACP C

If unable to reach on-call MD/NP:
- ☑ Call attending MD/NP for unit.
- ☑ If unable to reach attending MD/NP, call Medical Director
- ☑ If unable to reach Med Director, call administration on call

How to decrease ED transfers?

The low hanging fruit…

MD/NP – take the call!

Nurse – make the call!

MD/NP – can you see resident soon?

MD/NP – can you manage in PCH?

INNOVATION:

What else can we do?

Manage at home

Can acute issues be managed in the PCH?

R/A ACP

Good place to start as often has been progress of chronic illness. Family want your guidance.

PCH Assessment Team

Who can resist a person in a cape?

Managing acute issues at home

Lower leg injury:

- Clinical assessment
- Pain management
- Outpt imaging
- Communicate with ED and Ortho prn

SOB:

- Clinical assessment
- O2, inhalers, diuretics?
- End-stage v. reversible
- Communicate with ED

Head injury:

- Clinical assessment
- Δ LOC?
- Laceration?
- CT now or next day?

Abd/Chest pain:

- Clinical assessment
- Pain management #1
- Outpt imaging/lab
- In home treatment?

Reassessing ACP level:

Why is this so dang important?

Acute process may be progress of chronic.

?end-stage

?prognosis

?how aggressive does POA want to be

People should die at home.

- We are experts at end-of life care
- Familiar, caring, peaceful

Transfers kill people.

- Aggravates dementia
- Progressive decline
- Hospitals are germy
- Beds cause sores in hospital
- The forgotten people

Families want our advice.

- Be open
- Be available
- Should the first call be family rather than 911?

PCH Urgent Assessment Team

a dream in the making

Medical Personnel is who available on regular shift basis to all PCHs

- Skilled in clinical assessment & BPSD
- Performs minor procedures
- Can start IV Abx, SC lines

When MD/NP is not able:

- See/Tx in home
- Organizes lab/imaging
- Outpt mgmt goal
- Reduce transfer-to-ED burden

Liaison between PCH/ED

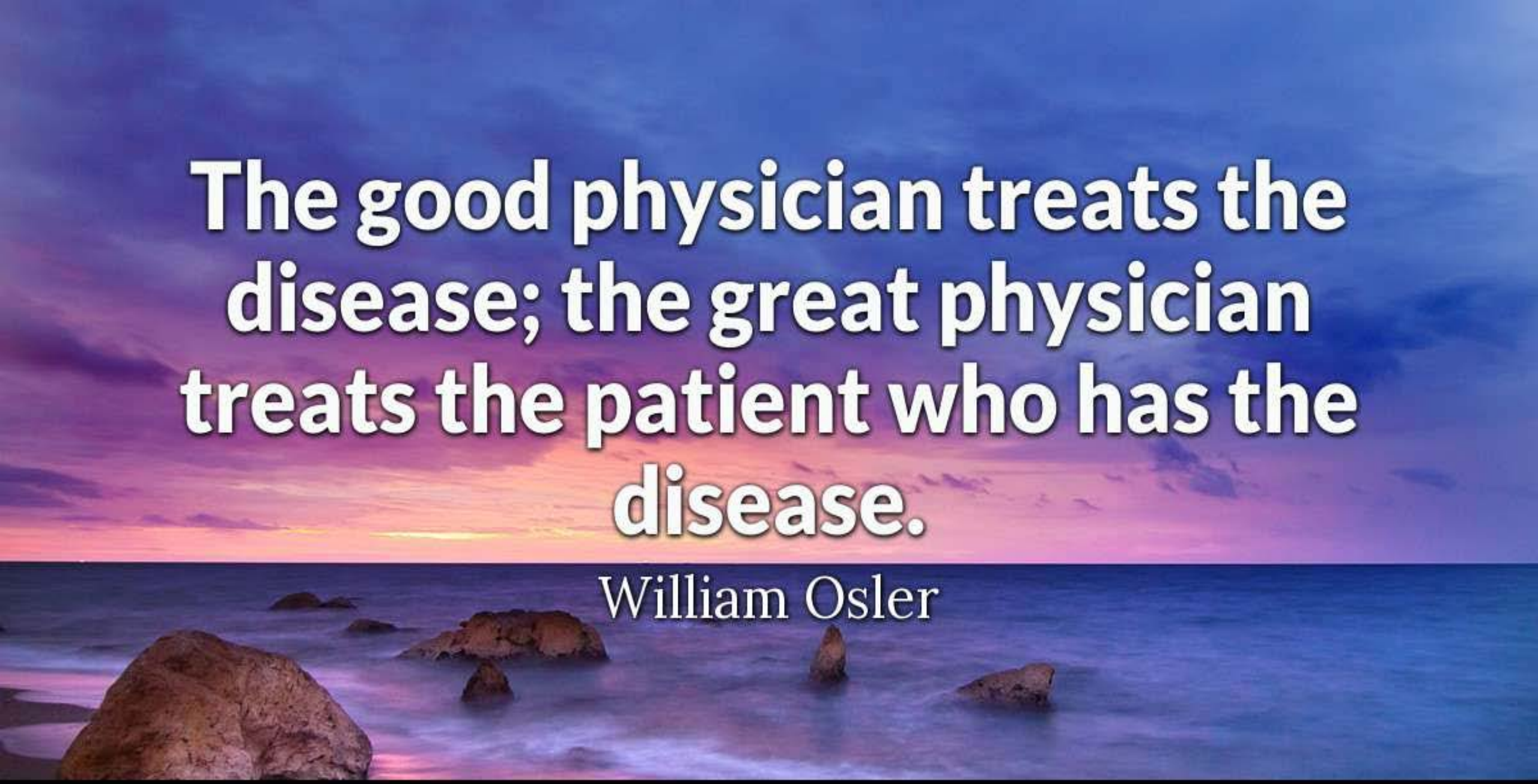
- Contact with attending MD/NP
- Orders/plan with nurses
- Contact with ED when transfer required

Why?

- Better for resident
- Timely assessment
- Less system cost

What can you do in your home?

- Nothing occurs without planning.
- What are your common transfers?
- Analyse transfers & outcomes – can you strategize a way to keep them?
- Innovation takes time and effort


The good physician treats the disease; the great physician treats the patient who has the disease.
William Osler
BrainyQuote