

A Better Way to Care for Long Term Care Residents in Times of Medical Urgency

Improving Acute Care for Long-term Care Residents

The Problem

Many residents of long term care (LTC) transferred to emergency departments (ED) for investigation and treatment of acute changes in health experience long lengths-of-stay, and are exposed to unnecessary risks.

This initiative aims to care for LTC residents in times of medical urgency more appropriately, and by reducing unnecessary risks associated with transfers to ED. Transfers to ED are associated with increased risk of hospital-acquired infections, falls, delirium, and functional decline.



Background and Expected Outcomes

This is a 3 year initiative funded by Alberta Innovates and Alberta Health Services. Its main goal is to reduce the number of transfers from LTC facilities to the ED. There are also a number of secondary outcomes expected from this intervention:

- Change the rate of admissions of LTC residents to hospital
- More LTC residents will be cared for in their LTC sites, with the support of Mobile Integrated Healthcare (MIH) (previously known as community paramedicine) when needed
- Improve the outcome and quality of life of residents of LTC in times of medical urgency by detecting issues sooner and managing them at the LTC site if possible, instead of transferring them to the ED
- Improve communication between the LTC site and the ED when a transfer to the ED is required

The Proposed Solution

- A centralized and standardized LTC-ED care and referral pathway is being implemented with support from RAAPID (Referral, Access, Advice, Placement, Information and Destination) and MIH
- RAAPID will arrange conversation between the LTC site and the ED (and with MIH if possible) for discussion about the best plan of care for the LTC resident, and to facilitate direct communication between relevant physicians if transfer to ED is appropriate
- If appropriate and able, the MIH will support treatment of the medical concern at the LTC site
- Two tools from Interventions to Reduce Acute Care Transfers (INTERACT®) will help support LTC staff (i.e. Health Care Aids and nurses) with detecting, communicating and addressing acute changes in residents' health sooner



The Plan

Between September 2019 and September 2021, 4-5 Calgary-zone LTC sites will be supported every 3 months to implement this LTC-ED pathway and the INTERACT® tools, eventually recruiting 40 LTC facilities to participate in this initiative. Beginning in early 2021, 9 LTC sites in Central Zone will also be included.

Project Communications and to Learn More

- Improving Acute Care for Long Term Care Residents Project Podcast: [Listen now](#)
- Dementia Connections Article: [Read here](#)
- Study Protocol paper: [Read here](#)
- Digital Stories
 - Perspective of family: [Enter the Chaos – Wayne's Story - YouTube](#)
 - Perspective of healthcare provider: [A New, Old Way – MJ's Story - YouTube](#)