



OLTCA QUALITY- INTERACT

June 13, 1013



ED Transfers – What Do We Know?

- 1 in 4 long-term care residents to ED in 6 months
- 6.4% visited 2-3 times
- 25.4% potentially preventable
- 10.6% low acuity
- 12.9% saw MD prior to transfer

Gruneir, Bell, Bronskill, Schull, Anderson, and Rochon, 2010

ED Transfers – What Do We Know?

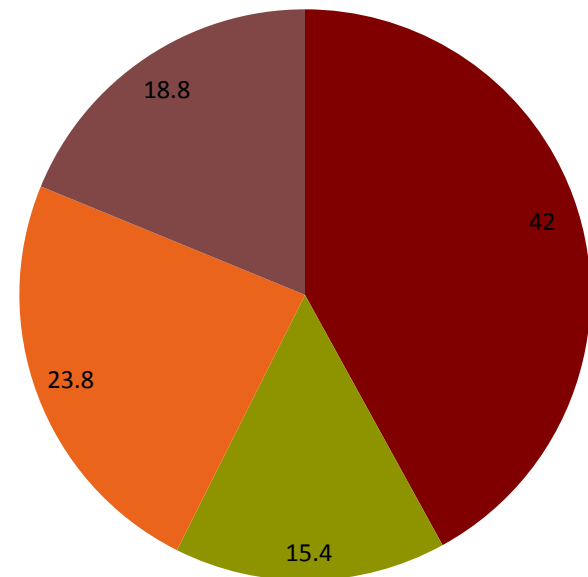
Why do they go?

- Falls – 18.7% of all transfers

Diagnoses:

- Pneumonia – 30.1 %
- UTI/Kidney – 20.3%
- CHF – 15.9%
- COPD – 10.1%
- Dehydration – 7.5%

When do they go?



■ Weekdays ■ Weekends ■ Weeknights ■ Weekend Nights

What's A Good Transfer?

- Potentially 13% inappropriate transfers

Finn et al, 2006

- Varied definition by LHINs

- Risk of return to ED (40% higher)

Gruneir et al, 2012

1 Criteria for assessing an emergency department presentation as "appropriate"

One or more of the following:

- Procedure unable to be performed in a nursing home
- Suitable observations unable to be provided
- History of trauma with suspected fracture
- No x-ray facilities available
- Requirement for plaster application
- Difficult IDC insertion
- PEG tube insertion
- Suspicion of cerebral event with decreasing consciousness
- Requirement for intravenous antibiotics
- Admission to hospital

IDC = indwelling catheter. PEG = percutaneous endoscopic gastrostomy. ◆

Building Capacity Around ACOC

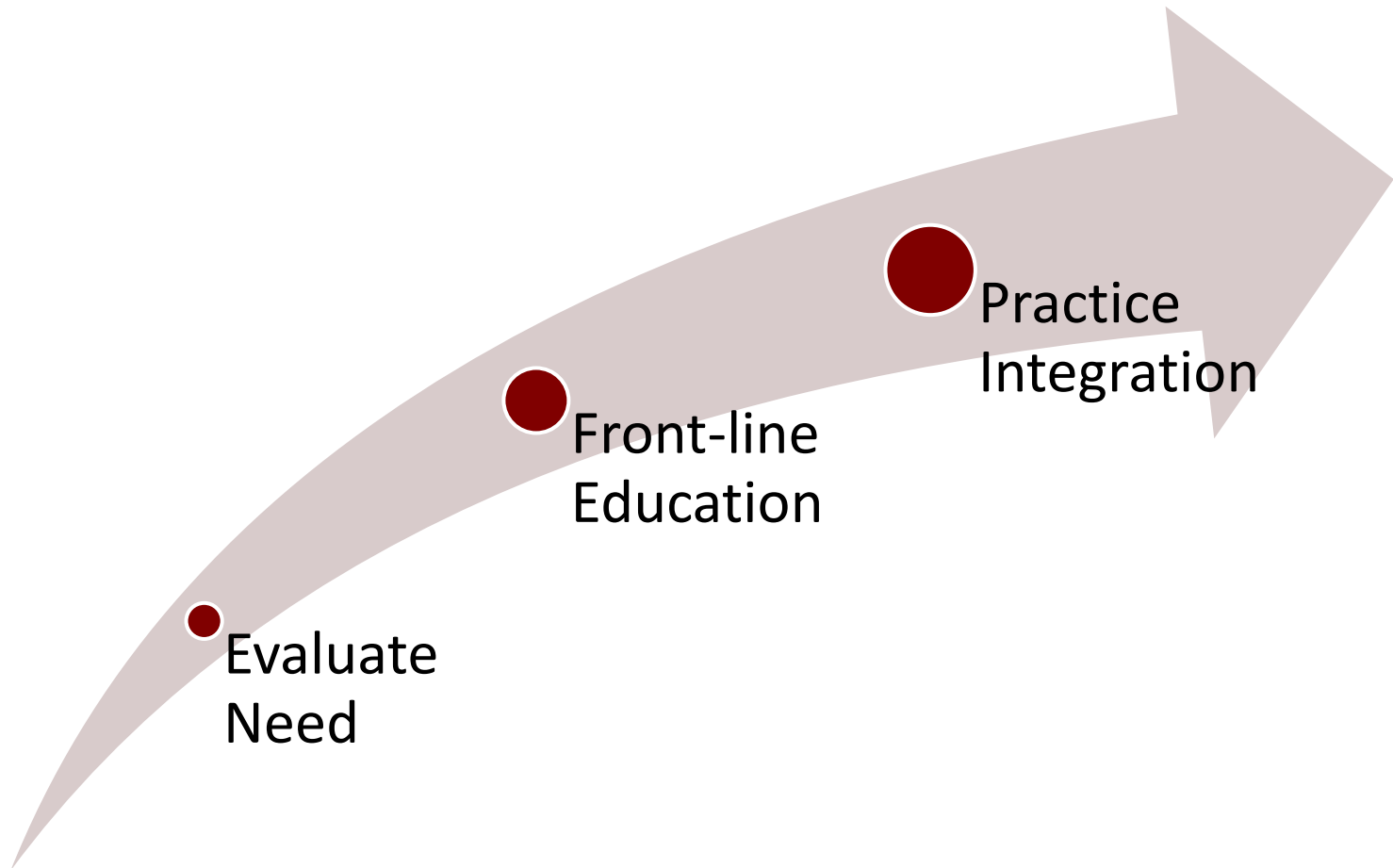
INTERACT

- Clinical tools
- Clinical pathways
- Culture change

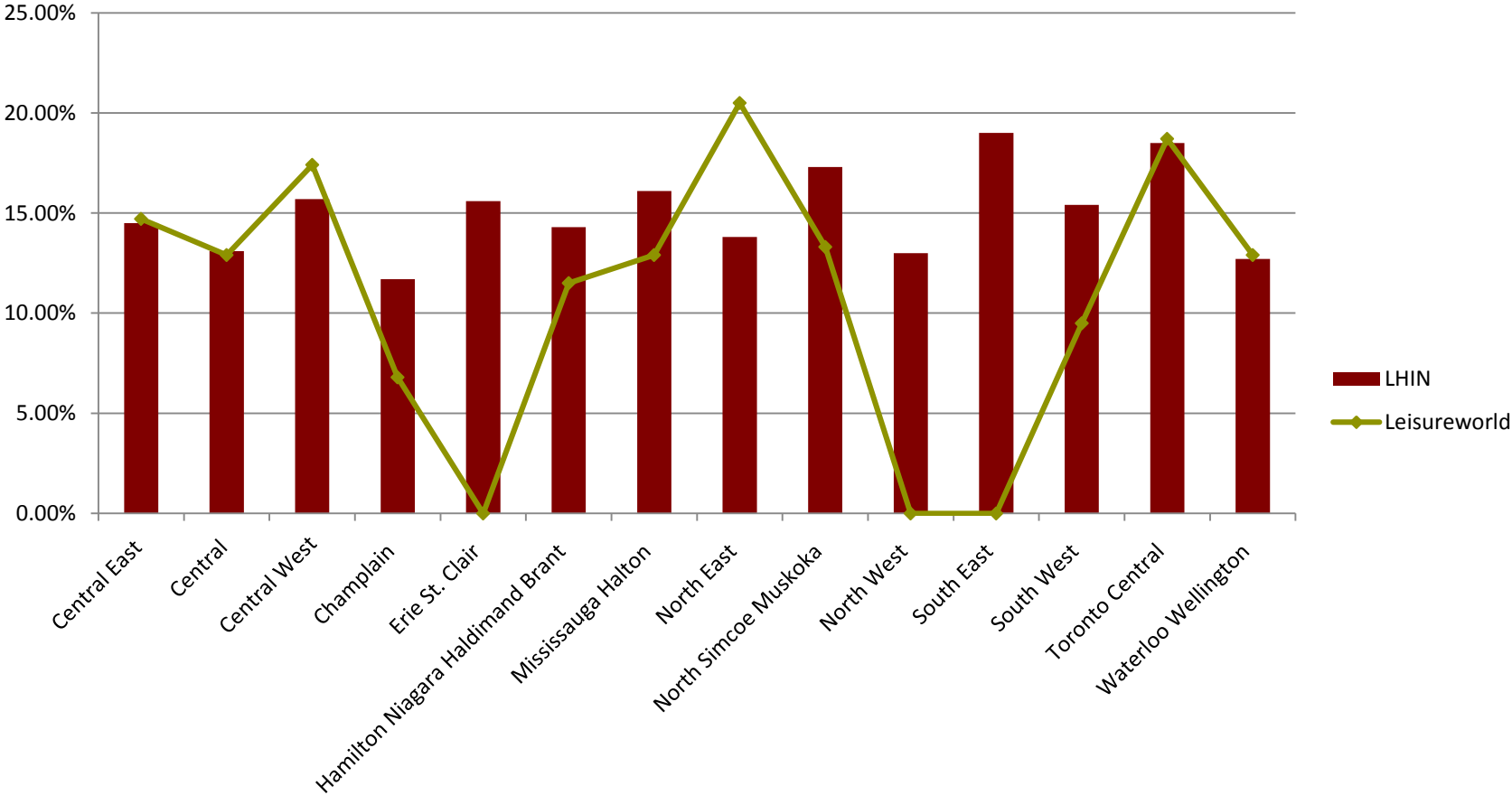
LEISUREWORLD ACOC

- Clinical update
- Focus on clinical management
- Off-site & in-home
- Collaborative team
- Clinical tools cannot replace critical thinking

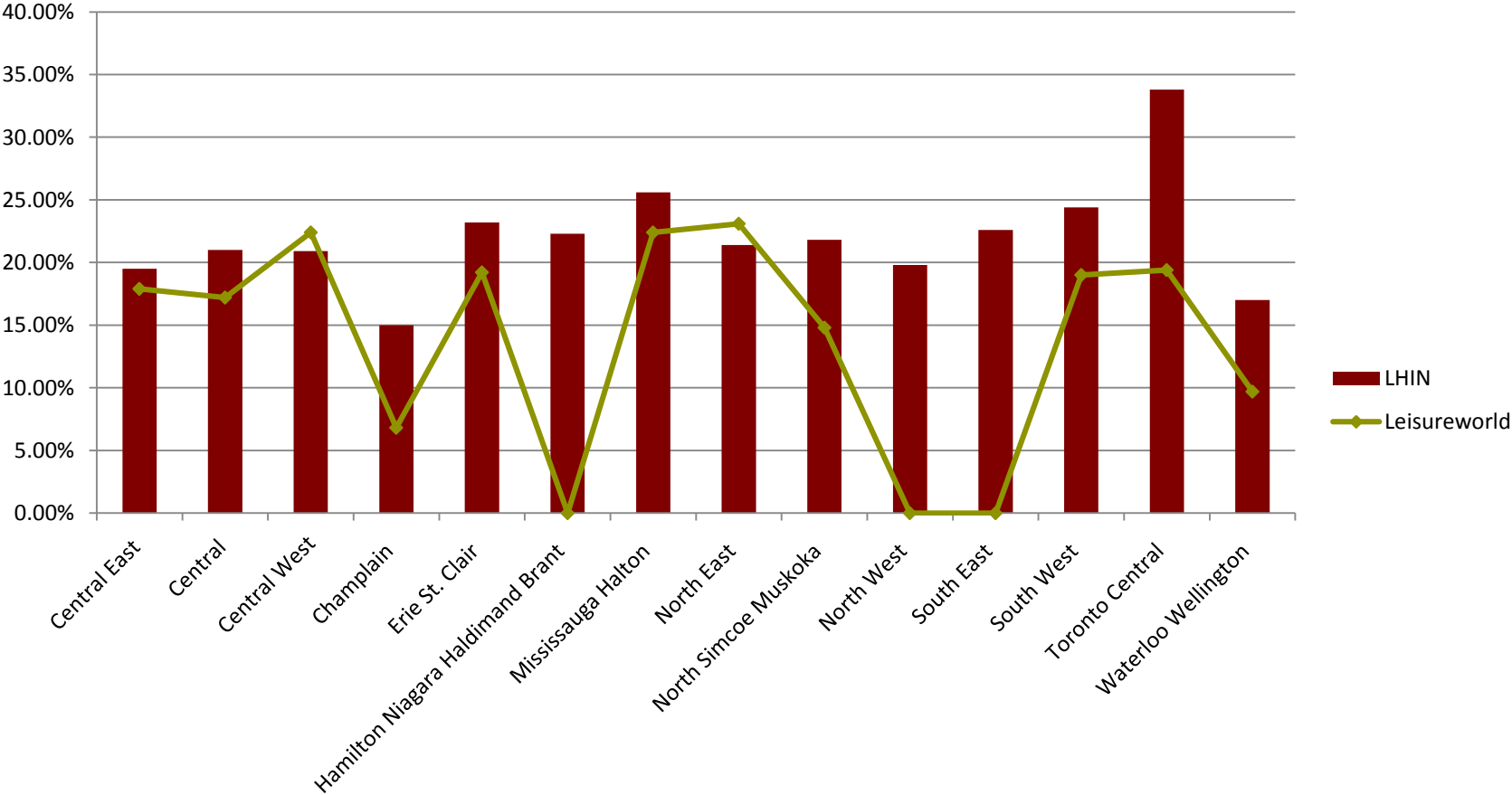
Leisureworld Plan



Need: At Least One ED Visit



Need: At Least One Hospital Stay





INTERACT Tools

STOP and WATCH -
Early Warning of Acute Change of Condition

Do any of these apply to your resident?
If yes, please tell your RPN/RN!

+

S	Seems different than usual
T	Talks or communicates less
O	Overall needs more help
P	Pain – new or worsening; Participated less in activities
a	Ate less
n	No bowel movement in 3 days; or diarrhea
d	Drank less
W	Weight change
A	Agitated or nervous more than usual
T	Tired, weak, confused, or drowsy
C	Change in skin color or condition
H	Help with walking, transferring, toileting more than usual

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SBAR Communication Form and Progress Note

Before Calling MD / NP / PA:

- Evaluate the Resident:** Complete relevant aspects of the SBAR form below
- Check Vital Signs:** BP, pulse, and/or apical heart rate, temperature, respiratory rate, oximetry, and finger stick glucose, if indicated
- Review Record:** Recent progress notes, labs, orders
- Review an INTERACT Care Path or Acute Change in Condition File Card,** if indicated
- Have Relevant Information Available when Reporting**
(i.e. medical record, vital signs, advance directives such as DNR and other care limiting orders, allergies, medication list)

SITUATION

The change in condition, symptoms, or signs I am calling about is/are _____

This started on ____/____/____ Since this started has it gotten: Worse Better Stayed the same

Things that make the condition or symptom **worse** are _____

Things that make the condition or symptom **better** are _____

This condition, symptom, or sign has occurred before: Yes No

Treatment for last episode *(if applicable)* _____

Other relevant information _____

BACKGROUND

Resident Description
This resident is in the NH for: Post-Acute Care Long-Term Care

Primary diagnoses _____

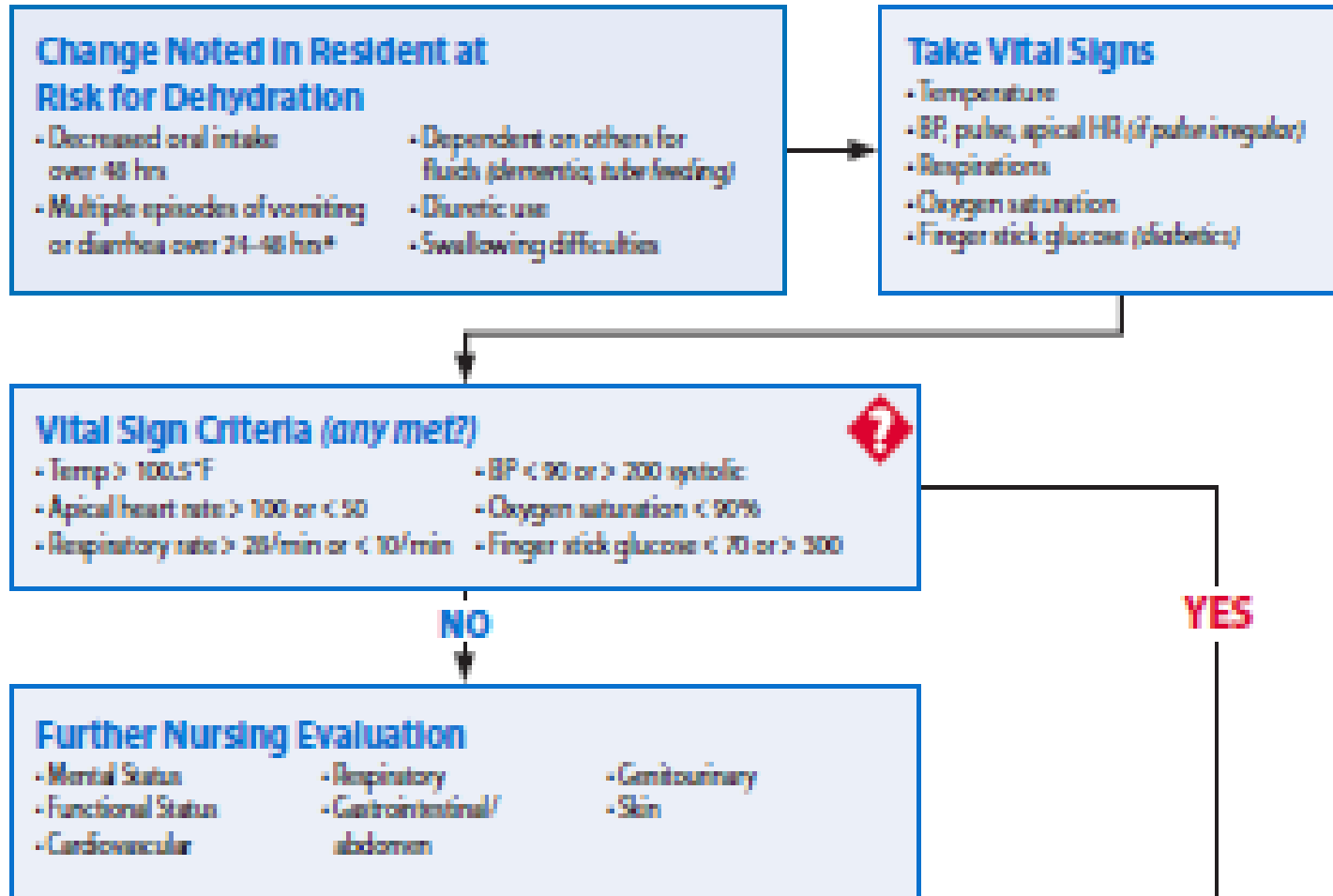
Other pertinent history *(e.g. medical diagnosis of CHF, DM, COPD)* _____

Medication Alerts
 Changes in the last week *(describe below)* Resident is on warfarin/coumadin: Result of last INR _____ Date ____/____/____

Allergies _____

Vital Signs

Still have to think!



If NEW get help from MD/NP

□ Red Flag Vitals

Systolic BP > 200 or < 90
Diastolic BP > 110 } Confirm manually

HR > 100 or < 50bpm - APICAL x 1min if irregular

Respirations > 28, < 10/minute

Temp > 38°C SpO₂ < 90% Pain 8-10

□ Red Flag Labs

Hgb < 80 Na < 125 or > 165 eGFR < 30

PLT < 50,000 K+ < 3.0 or > 6.0 Hct < 0.24

WBC > 14,000 BG < 3.0 or > 18.0

INR out of range or > 6.0

□ HEART, LUNGS & MIND:

SOB, Chest Pain, Change in cardiac rhythm

Worsening Cough, Wheezing, Crackles, Rhonchi

Persistent symptoms after 48hrs of antibiotic

↑ lethargy or fatigue

New confusion or agitation

Weakness or dizziness

□ SKIN & EXTREMITIES:

Falls with obvious injury/fracture

New laceration/bruising – needing attention

New rash

Wound not improving

Suspected cellulitis (red, warm, rash)

□ HEAD & NECK:

Bleeding from ear canal

Throat pain with dysphagia

Sudden loss of hearing/vision

Discharge from eye

□ GI & GU:

Abdominal pain

Constipation or Diarrhea >24hours

Dehydration

Vomiting x2 in 12 hours

Hematuria (blood in urine)

Tube problems (G tube, Foley, Nephrostomy)

Quick Triage


	Level 1	Level 2	Level 3	Level 4	Level 5
Airway	Partial or Total Obstruction	Patent	Patent	Patent	Patent
Breathing	Severe respiratory distress SpO2 <90%	Moderate respiratory distress SpO2 <92%	Mild respiratory distress SpO2 92-94%	No respiratory distress	No respiratory distress
Circulation	Severe hemodynamic compromise Uncontrolled bleeding	Moderate hemodynamic compromise	Mild hemodynamic compromise	No hemodynamic compromise	No hemodynamic compromise
LOC	GCS 3 - 9	GCS 10 – 13	GCS > 13	GCS > 13	GCS > 13
Pain – Central		Acute & Severe (8-10)	Chronic & Severe (8-10) Acute & Moderate (4-7)	Chronic & Moderate (4-7) Acute & Mild (< 4)	Chronic & Mild (< 4)
Pain – Peripheral			Acute & Severe (8-10)	Chronic & Severe (8-10) Acute & Moderate (4-7)	Chronic & Moderate (4-7) Acute & Mild (< 4)

Documentation: When they must go

1. Reason for transfer
2. Baseline cognitive function & communication
3. Vital signs at *time of complaint*
4. Advanced Directives - level of care/resuscitation status
5. Medications

Cwinn et al, 2009

Acute Care Transfer Document Checklist



Resident Name _____
Facility Name _____ Tel _____

Copies of Documents Sent with Resident (check all that apply)
Documents Recommended to Accompany Resident

- ____ Resident Transfer Form
- ____ Face Sheet
- ____ Current Medication List or Current MAR
- ____ SBAR and/or other Change in Condition Progress Note (*if completed*)
- ____ Advance Directives (*Durable Power of Attorney for Health Care, Living Will*)
- ____ Advance Care Orders (*POLST, MOLST, POST, others*)

Send These Documents *if Indicated*:

- ____ Most Recent History and Physical
- ____ Recent Hospital Discharge Summary
- ____ Recent MD/NP/PA and Specialist Orders
- ____ Flow Sheets (*e.g. diabetic, wound care*)
- ____ Relevant Lab Results (*from the last 1-3 months*)
- ____ Relevant X-Rays and other Diagnostic Test Results
- ____ Nursing Home Capabilities Checklist (*if not already at hospital*)

Emergency Department:
Please ensure that these documents are forwarded to the hospital unit if this resident is admitted. Thank you.

Amulance Driver Signature (*optional*) _____

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Next Steps



Completion and Review
of current

Integration of Tools
Reference Guides
Trainer Education



Spread and Support
Engagement off-site