

## **P31 - REASONS & OUTCOMES FOR LONG TERM CARE TRANSFERS TO HOSPITAL: A RETROSPECTIVE REVIEW (STUDENT POSTER)**

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**Brief Description of Research or Project:** A retrospective chart review was carried out at two acute care hospitals in Hamilton, Ontario. All patient charts for admissions from long-term care (LTCF) to a HHS hospital during 4 non-consecutive months in 2011 were retrieved. We looked at patient demographics, length of stay, reason for transfer, admission diagnosis, interventions provided in-hospital, adverse events, and end-of-life preferences to understand the local factors contributing to transitions of care and examine the reasons and outcomes for patients transferred. 3 critical areas were identified which will help focus future studies to evaluate and implement interventions aimed at reducing preventable LTCF transfers. **Why is this research important to profile at the Research Day 2014?** Long term care facility (LTCF) residents are a vulnerable population at high risk for transfer and admission to acute care hospitals. Hospitalization of LTC residents, though often necessary, has been shown to decrease their overall functional status due to complications unrelated to the admission diagnosis. Hospitalizations may result in an increased risk for falls, delirium, infections, and an overall increase in mortality. During our study we identified critical areas that appear to be major contributors to the unnecessary transfer of patients from LTCFs to emergency departments. These included 1) Significant gaps in the training and of LTCF staff in preventing, identifying, and treating uncomplicated medical problems, 2) Inconsistent availability of MD support for prompt clinical assessments and decision making in LTCFs, and 3) Inadequate advanced-care planning, documentation, and incorporation into clinical care plans. Each of these critical areas deserves careful consideration, as they represent a complex interaction between patients and their families, MD and non-MD healthcare providers, and the healthcare system as a whole. Patient transitions of care from LTCFs to EDs are often caused by problems that could potentially be treated on-site rather than in hospital. The urgency and importance of this problem is highlighted by the high rate of transfers, as well as adverse events associated with hospitalizations in this population, and inadequate advance directive documentation.