CARE RESIDENTS WANT AND CAN BENEFIT FROM: QUALITY IMPROVEMENT PROJECT REMOVING LEVEL OF CARE (LOC) FORMS & MINIMIZING INAPPROPRIATE TRANSFER TO HOSPITAL FROM LTC

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Brief Description of Research or Project: This presentation reports on findings of an Ethics Quality Improvement Project conducted through hospital/LTC collaboration. The project focused on "Level of Care" (LOC) forms: forms that are pivotal in the decision making that precedes many transfers from LTC to hospital. Because these forms are frequently used in ways that are both ethically and legally flawed they contribute to transfers and care that can be both non-beneficial and unwanted. During this project participating LTC homes stopped using LOC forms for residents who were thought to be at risk of being transferred to hospital, and possibly dying there as well. The LOC form was replaced with both a person – the Community Ethicist – and a new decision making process that aimed to reduce errors related to such things as consent, capacity, and substitute decision making. The Community Ethicist became integrated into the participating LTC homes – meeting with residents to discuss their wishes, taking part in care conferences, and working closely with LTC staff to obtain feedback for project improvement. The new process helped to ensure that decision making was in line with the requirements of the Health Care Consent Act. The overall purpose of changing practice was to improve resident/patient care and system efficiency by promoting transfers from LTC to hospital that were both wanted and beneficial to the resident. In this presentation, we will summarize our strategy and the evidence of culture change we have found in LTC facilities, in the hospital, and in the transitions between the two. **Why is this research important to profile at the Research Day 2014?** We believe that LTC administrators, staff, and physicians, hospital administrators, ED physicians, hospitalists, community health care professionals, and LHINs from across Ontario would be interested in this systems improvement project that has essentially been able to decrease the number of long-term care residents being transferred to hospital EDs, while also improving quality of care for these residents. Our presentation will highlight how this LTC-hospital collaboration helps to ensure that the consent process and the patient/resident's wishes are drivers of care – in the long term care home, in the hospital, and between the two. The presentation will also discuss the significant practical and financial impact that this work can have for hospitals and LHINs. Minimizing errors in transitions between facilities in the health care system plays a crucial role in patient safety, quality care, and appropriate resource utilization. Our current system needs seamless, error-free transitions that promote care people want and can benefit from, and we believe that this is what this project can help to achieve. This work is part of William Osler Health System's e3 Strategy that focuses on ethical

issues that occur in transition of persons who are transferred to, moved through, and discharged from the hospital.