P5 - "INTENTIONAL CONNECTIONS" - A NETWORK OF CONNECTIONSTO ESTABLISH CLINICAL TELEMEDICINE CAPACITY WITHIN LONG TERM CARE Sandra Mierdel¹, Shelley Morris². ¹Central LHIN, ²Ontario Telemedicine Network. Contact: Sandra.Mierdel@LHINS.ON.CA

Brief Description of Research or Project: The Central LHIN in partnership with Ontario Telemedicine Network(OTN), Southlake Regional Health Centre (SRHC) Nurse Led Outreach Team and several long term care homes (LTCH) recoginized the opportunity to embed telemedicine into their model of care to reduce the need to transfer frail residents to hospital clinics and emergency departments. Through dedicated funding from the CLHIN over the past 3 years, 7 LTCHs have received telemedicine equipment to support clinical care for residents. In addition, through the establishment of an integrated infrastructure of connections between Southlake and LTCHs, a culture of clinical telemedicine use for resident care has developed. Why is this research important to profile at the Research Day 2014? Seamless care transitions across the health care continuum remain a challenge for the healthcare system. The transfer of frail elderly residents of LTC to hospital emergency departments and clinics can have a negative impact on their health and wellbeing. Innovative programs to provide clinical care closer to home, such as Nurse Led Outreach Teams have been funded by the CLHIN to support the right care, right time, and right place for LTCH residents. To further support improved care transitions, telemedicine units located within LTCHs was viewed as an opportunity to establish a network of integrated "intentional" connections between care providers. The partnership that was established between SRHC, OTN, LTCHs and the CLHIN provided the leadership and focus to fund telemedicine units for LTCHs and develop an interactive process to explore telemedicine opportunities, expand clinical consultations and enhance relationships across health care sectors. Telemedicine in Central LHIN for LTCH residents has been used for post-operative fracture clinic appointments, internal medicine consults, dermatologist consults via telederm, psychogeriatric support, regular team rounding and LTCH staff clinical education and capacity building. The integration of telemedicine into the model of care for residents of LTCHs can be duplicated throughout the province as teams from various sectors come together to create new connections and care pathways. The health system will also realize a benefit as fewer LTCH residents require transfer to busy Emergency Departments for care that could be provided in the residents own environment.