

# Optimizing Care at Louis Brier Home

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# Territorial Acknowledgment

**We wish to acknowledge that the land on which we gather is the traditional and unceded territory of the Coast Salish Peoples, including the Musqueam, Squamish, and Tsleil-Waututh Nations.**

Vancouver Coastal Health is committed to delivering exceptional care to 1.25 million people, including the First Nations, Métis and Inuit, within the traditional territories of the Heiltsuk, Kitasoo-Xai'xais, Lil'wat, Musqueam, N'Quatqua, Nuxalk, Samahquam, shíshálh, Skatin, Squamish, Tla'amin, Tsleil-Waututh, Wuikinuxv, and Xa'xtsa.



# Objectives

- Discuss risks of Emergency department (ED) transfers/acute admissions
- Review local data of ED transfers
- Discuss what LB team can offer your loved ones, if they become ill
- Show the work we have done to prevent an unnecessary transfer to ED or help with a transfer



## BC Data

- Seniors in Long-Term care (LTC)
  - Visit EDs in BC 13,500 times per year
  - will be admitted to hospital 8,000 times per year
- 40% of seniors in LTC will go the ED during their first year in the care home
- 46% who go to ED are admitted
- 1 in 8 residents admitted to hospital from ED dies in hospital
- Average length of stay in hospital is 8 days
  - but can be an additional 3 weeks is added to stay



# Stressors of ED Transfers/Admissions

- Long waits in ED
- Fast pace and noisy environment
- Challenging if you have hearing/visual/communication issues
- Lack of personal care or help





# Risks of ED Transfers/Admissions

- Increased delirium and confusion
- Risk of hospital acquired infection
- Higher risk of falls
- Contributes to polypharmacy → side effects
- Decreased mobility → functional decline
- Pressure sores
- More interventions...leads to more and more



# Project done at a Local Vancouver LTC Home:

*to optimize the care of our frail elders and prevent unnecessary transfer to ED and/or admission to Hospital*

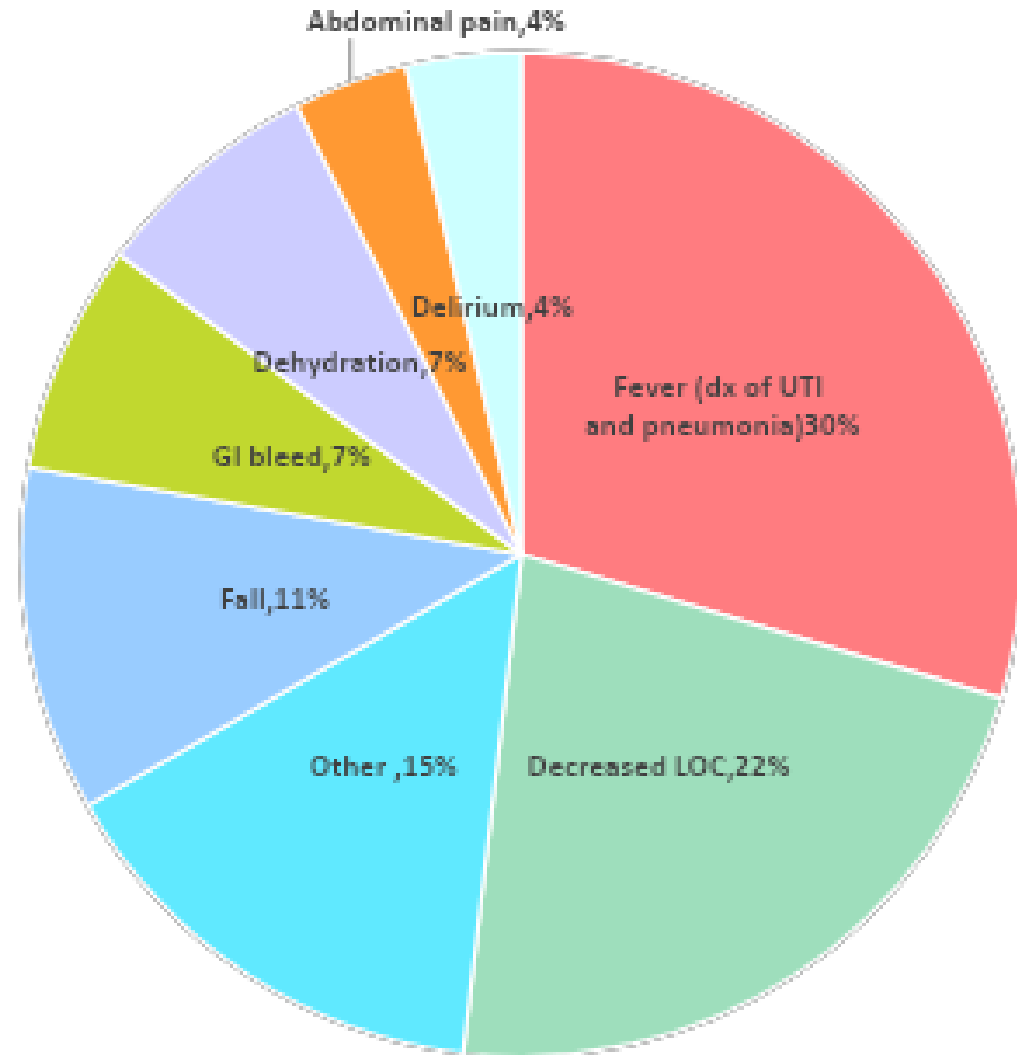






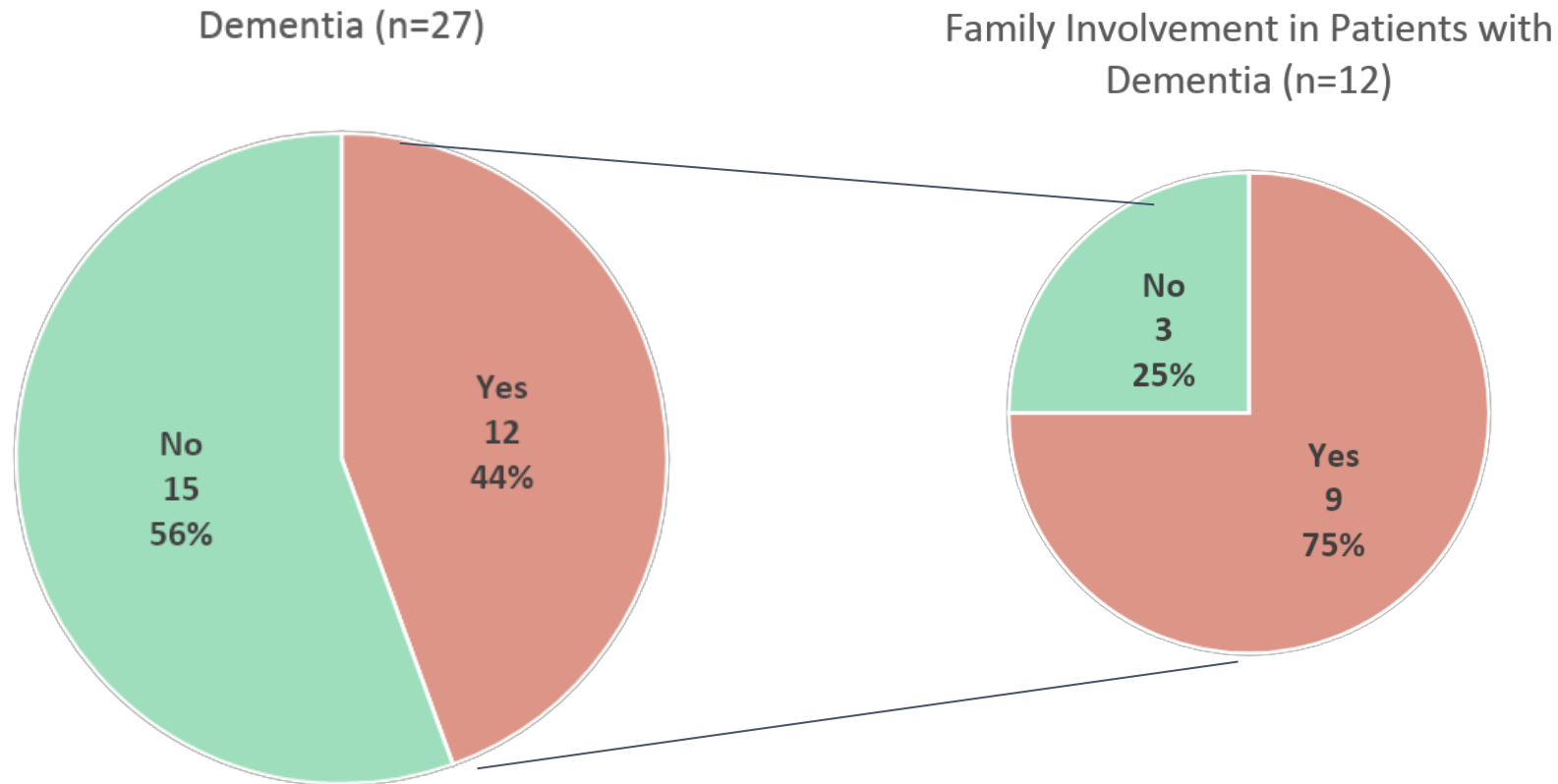
# Reason for Transfer (n = 27)

September to December 2018



# Dementia & Family Involvement

September to December 2018



# Themes From Data

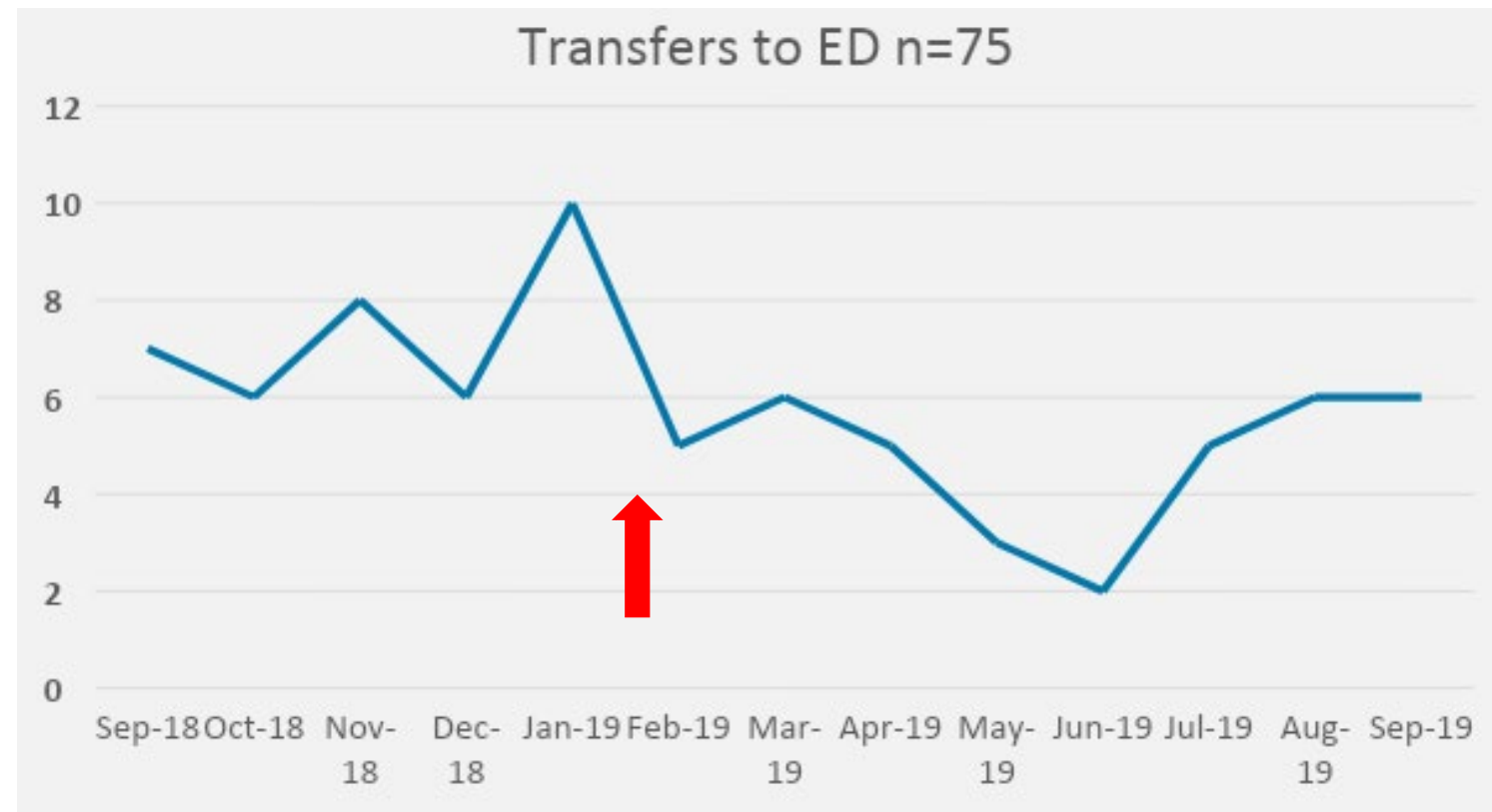
- 44% have severe/very severe dementia
- Of those, 75% had strong family involvement/pressure to send to ED
- M2, M3 and full code
- “Common” reasons to send to hospital
- Significant numbers of residents being admitted to Acute care, with some deaths in acute

# Data Analysis

September 2018 to Sept 2019

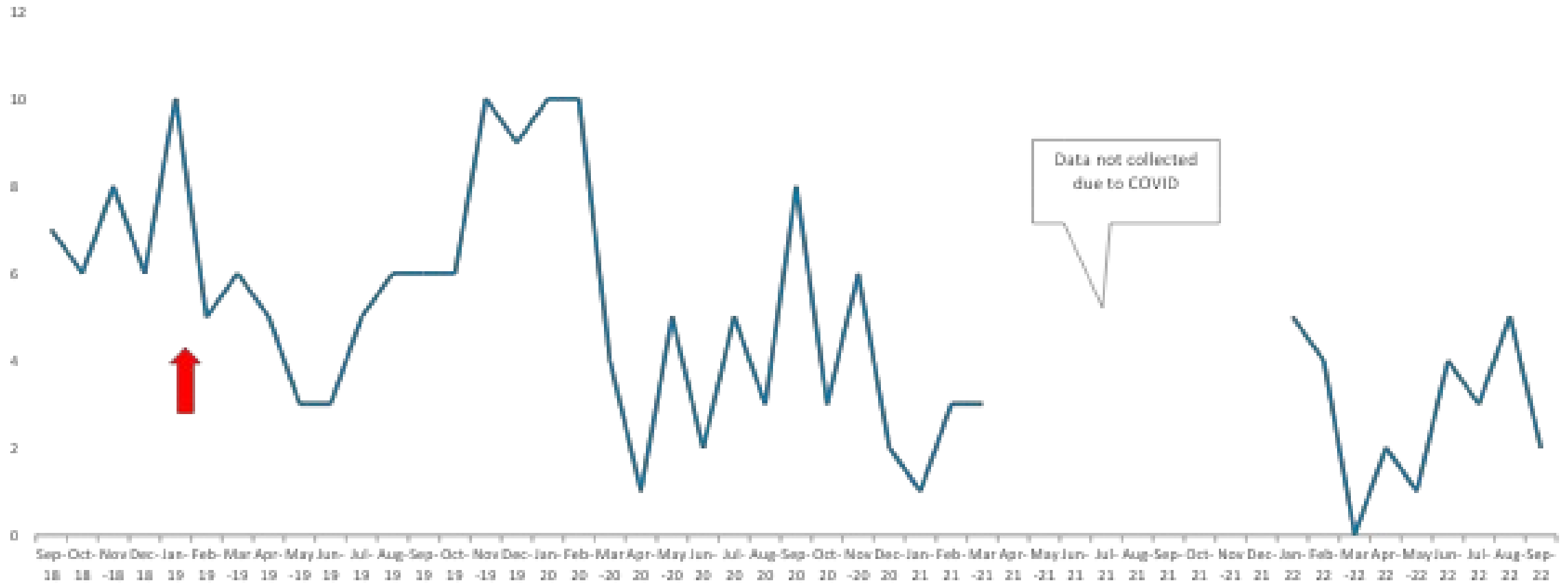
Review of factors and demographics

Transfer total n=75



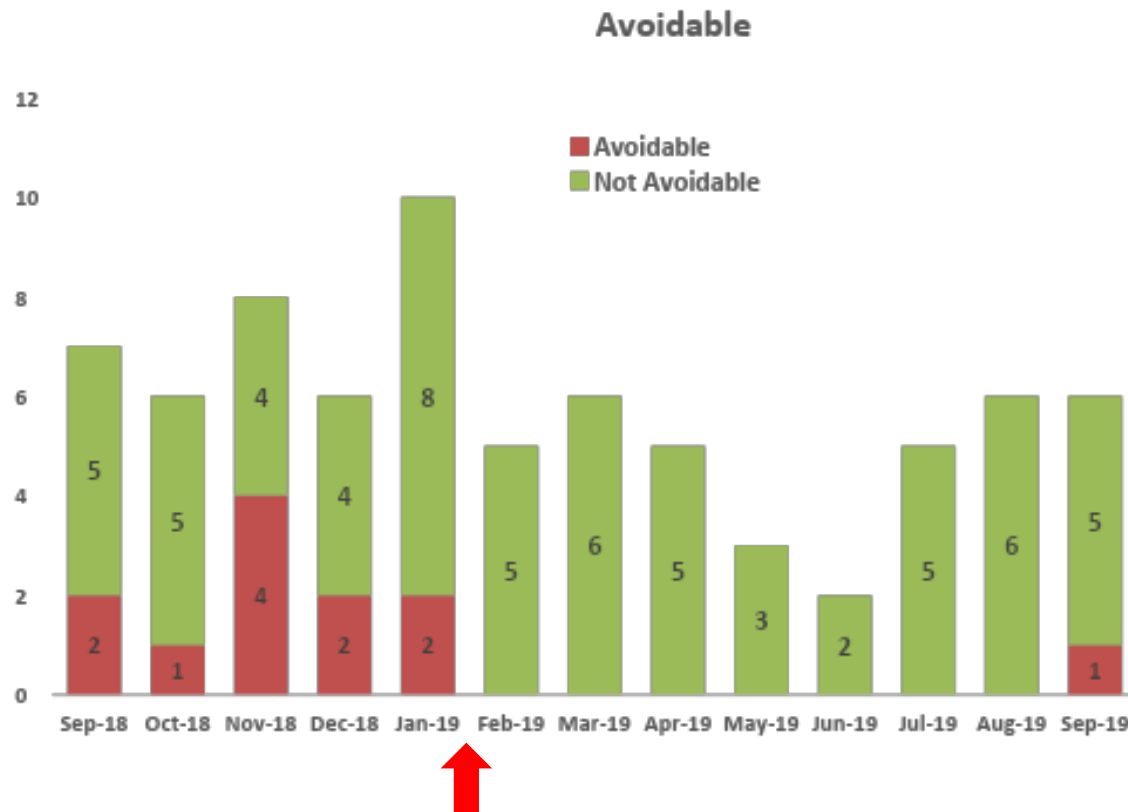
# Data Analysis

September 2018 to Sept 2022



# Avoidable Transfers

*“a situation that can be prevented or managed on site”*



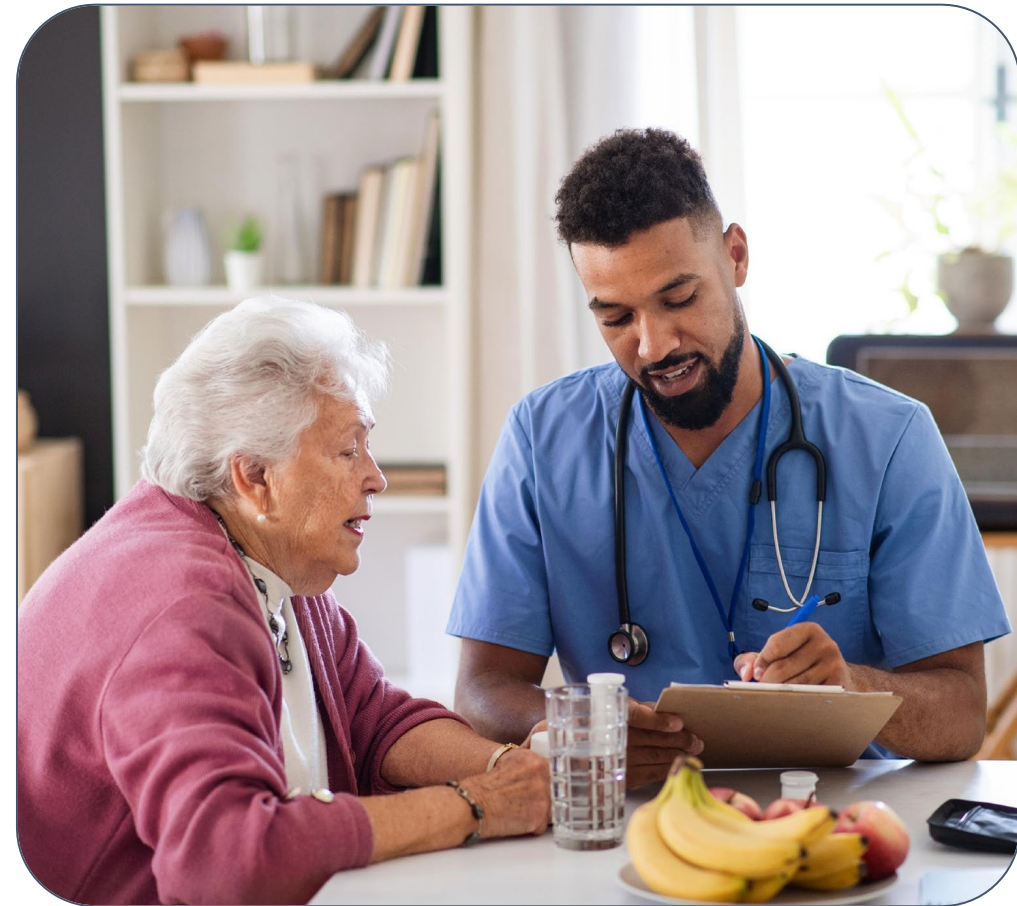
Examples of avoidable transfers:

- End of Life → treat with palliative care
- ? Infection → trial of antibiotics
- Infection AND not swallowing oral antibiotics → IM antibiotics
- Suturing → done on site
- CHF → diuretic sc



# Education

1. Staff education on chest exam
2. Staff education on Goals of Care
3. Family and Caregiver education on Goals of Care
4. Family and Caregiver education on dementia



# Goals of Care Conversations

- “What matters to you?”
- Start goals of care conversation from moving in, revisit often and with change in condition e.g., decreased weight, problems swallowing
- Involve Dietician, SW, PT/OT and team to meet with resident /family
- Formal education to staff on Goals of Care conversation



# Collaboration with VGH Emergency

- Collaborative meetings with VGH ED team (October 2018 & January 2019)
- Attended by ED & LTCH Physicians, Pharmacists, RCCs/Charge Nurse, Manager, Educator
- Main themes from ED:



# Changes we did based on ED/LTC meetings

1. Contingency Medications
2. Emergency Medications: IM and sc
3. Wound/Suture kit
4. Active Medical Problem List
5. ED Communication Tool



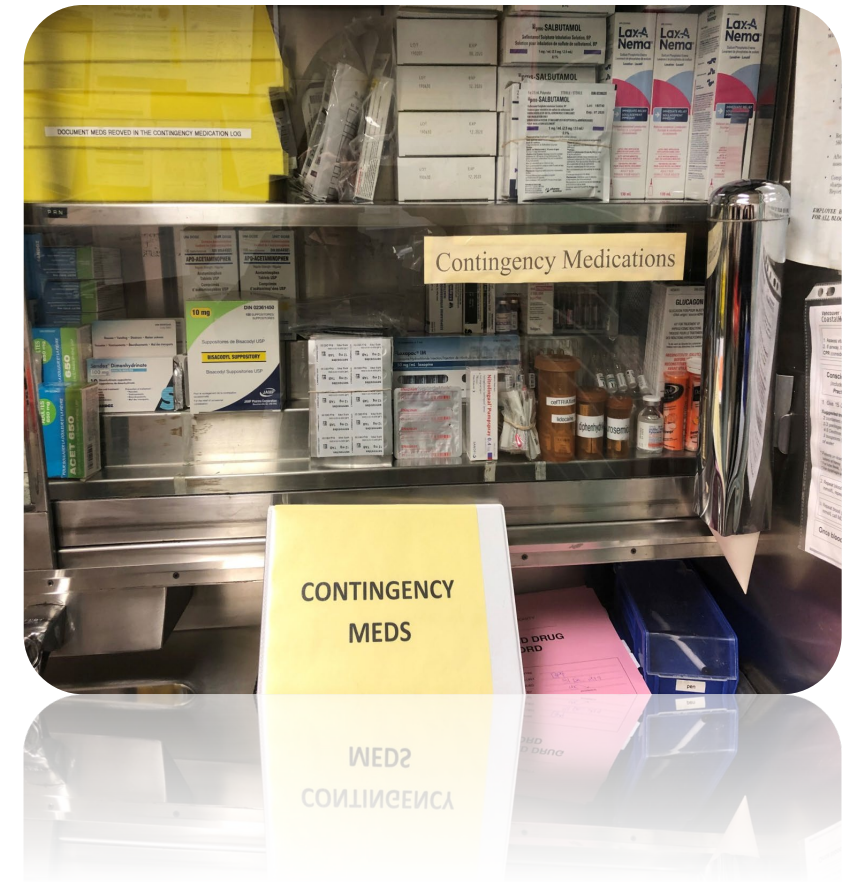
# 1a. Contingency Medications: all





# 1a. Contingency Medications - for Comfort

- Hydromorphone – pain, shortness of breath
- Glycopyrrolate – increased secretions
- Methotrimeprazine – agitation, nausea, restlessness
- Lorazepam – anxiety

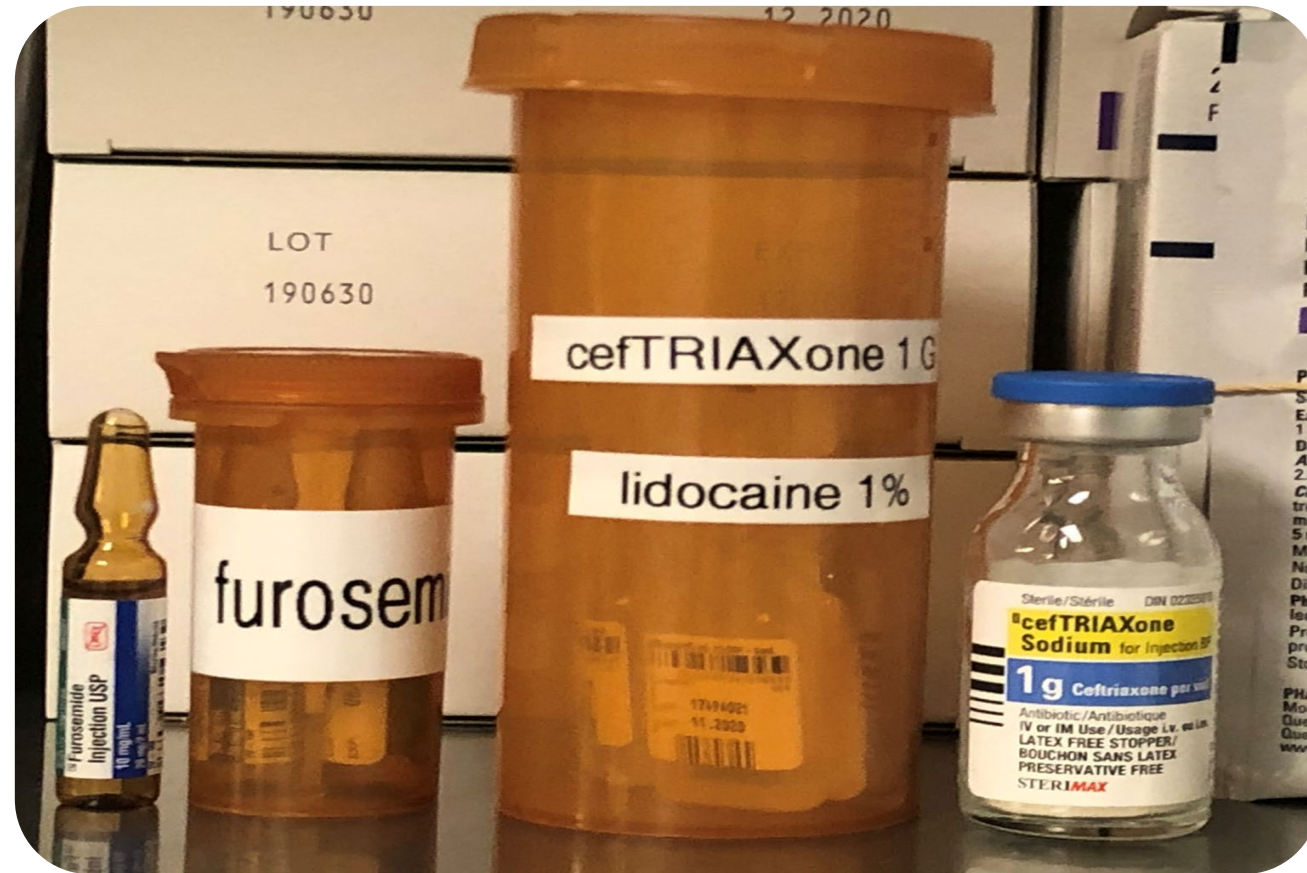




## 2a. Emergency Medications: Standard

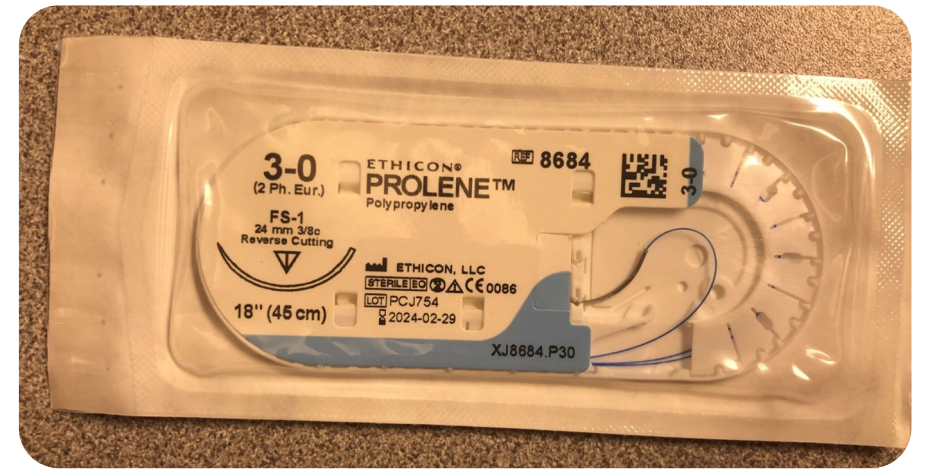


## 2b. Emergency Medications: Infection and Congestive Heart Changes





# 3. Suture Kit



# 4. ED Transfer Communication Tool

**Vancouver Coastal Health**  
*Promoting wellness. Ensuring care.*

**VCH Resident Transfer to ED Form  
Communication**

Dear ED Physician,

Facility: \_\_\_\_\_

Unit Phone #: \_\_\_\_\_

Date: \_\_\_\_\_

Reason for Transfer	
Other Information	
Desired Plan After Investigations & Work-up Complete	

*\*may be completed by LTC home nurse with LTC MRP*

Thank you,

Form Completed by: \_\_\_\_\_

Attending Most Responsible Practitioner: \_\_\_\_\_

On-call Most Responsible Practitioner (if applicable): \_\_\_\_\_

## Effects of Interventions

- On site medical interventions and earlier treatments
- Enhanced chest assessments by nurses
- More frequent goals of care conversations
- Improved nursing: MD communication
- Decrease AVOIDABLE transfers
- Transfer to ED with specific plan
- No deaths in hospital of frail elders



## What can we offer to maximize care at Louis Brier?

- Use Emergency s/c and IM meds:
  - E.g. furosemide (diuretic) and ceftriaxone (antibiotic)
- On-site wound/suture kit
- Education for staff eg chest exam
- Education for families eg dementia, frailty
- Use ED Transfer Communication Form to identify a plan for transfer

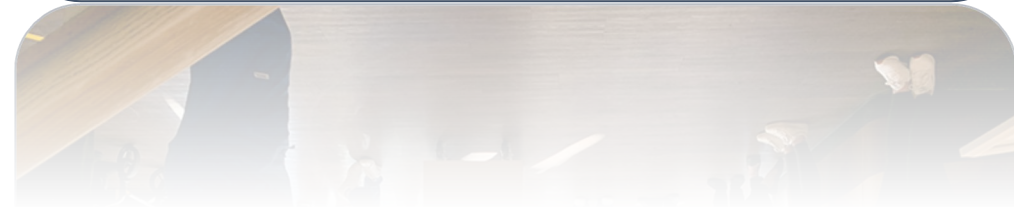


# What can family and caregivers do?

- Discuss what matters most to your loved ones should their condition change?
- Make wishes known
- Reach out to LB team if you wish to discuss anything



# Plans for Louis Brier Home



# Thank you!

Dr. Marla Gordon

Leanne Park

Dr. Merrick Tosefsky

Amy Chang

# Questions?

