

# Optimizing Patient Care at Louis Brier Home & Hospital

Dr. Marla Gordon, Dr. Aileen Iloreta, Amy Chang



Providence Health Care  
How you want to be treated.



## BACKGROUND/CONTEXT

### Seniors in care:

- Visit Emergency Departments (ED) in BC 13,500 times per year → admitted to hospital 8,000 times per year
- 40% of seniors in care will go to ED during their first year in care home → 46% who go to ED are admitted
- Sepsis, hip fracture, heart failure, and pneumonia are likely to be admitted → make up ~30% of admissions
- 1 in 8 residents admitted to hospital from ED dies in hospital → average length of stay is 7.9 days
- If experiencing extended stay or can not return to care home an additional three weeks is added to stay

## PROBLEM

### 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 poly pharmacy -> side effects
- Decreased mobility -> functional decline
- Pressure sores
- More interventions...leads to more and more

**PROJECT GOAL:** Optimizing care at Louis Brier Home & Hospital while **reducing transfers** to Hospital

## STRATEGY FOR CHANGE IN REDUCING HOSPITAL TRANSFERS



### Education at Louis Brier

- Staff Education on Goals of Care
- Staff/Companions Education on Dementia
- Staff Education on UTI prevention
- Staff Education on Falls Prevention

- Contingency Medications
- Emergency Medications
- Wound/Suture Kit
- Active Medical Problem List
- Palliative Approach Education
- IR for dislodged G/J Tubes
- MOST discussions with families
- Urgent community imaging

## IMAGES OF CHANGES



## TOP 6 REASONS FOR TRANSFERS

- 1) Falls
- 2) Functional decline
- 3) UTIs
- 4) Abdominal pain
- 5) Respiratory infections

## EFFECTS OF CHANGE

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

### WHAT CAN WE DO TO MAXIMIZE CARE AT LOUIS BRIER?

1. Use Emergency s/c and IM meds (e.g. furosemide (diuretic) and ceftriaxone (antibiotic))
2. Use on-site wound/suture kit
3. Education for staff (e.g. dementia, frailty, goals of care, UTI prevention, palliative care, etc.)
4. Education for families (e.g. Goals of Care, etc.)

### WHAT CAN YOU DO?

1. Let us know what matters most to you should your condition change?
2. Make your wishes known
3. Reach out to the Louis Brier team if you wish to discuss anything

### WHAT CAN YOU EXPECT?

1. Robust Goals of Care conversations
2. Enhanced education sessions for staff
3. Informative Education sessions for staff
4. Discussion at Resident and Family Council meetings
5. Collaboration with ED team and partners

### Glossary of acronyms

SQI: Spreading Quality Improvement, VGH: Vancouver General Hospital

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