Reducing ED Visits from Residential Care by Leveraging the Role of HCA

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Disclosure

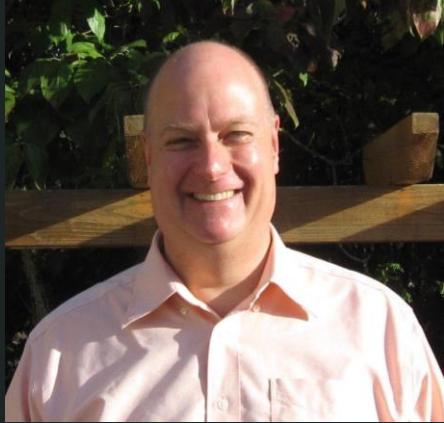We have no personal or financial interests to declare or no financial support from any industry.

Thank you to our Partners!

Presenters

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Care Aide,
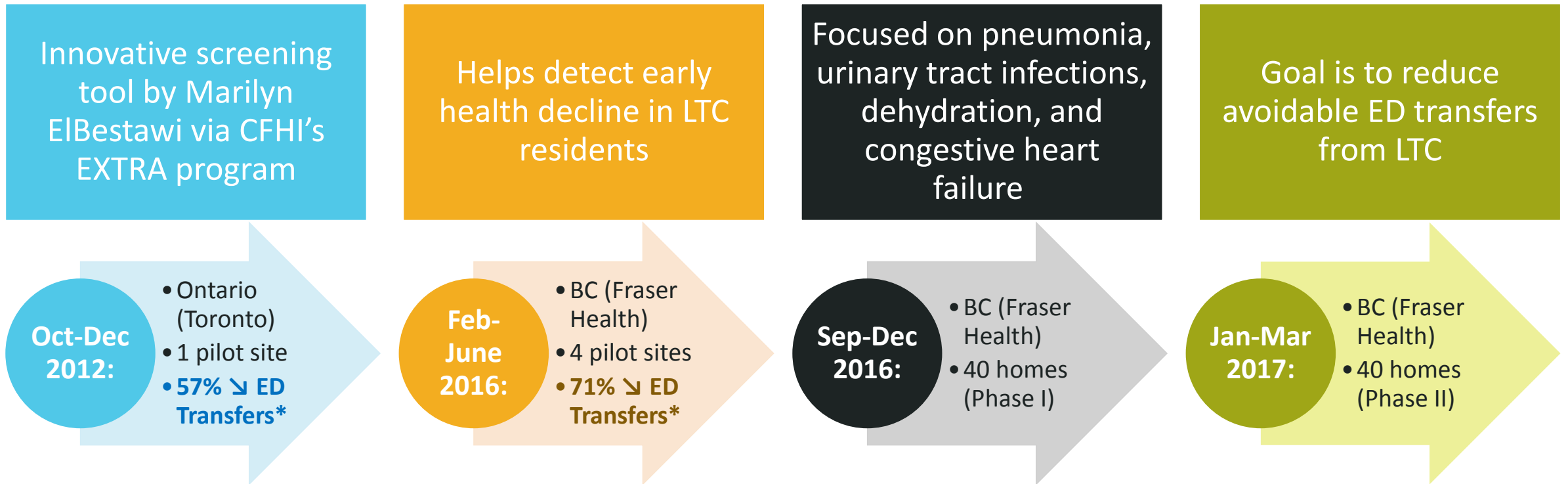Residential Care
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Lauren Harmanmaa

Improvement Lead,
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Objectives of Presentation

› Understand PREVIEW-ED© and its objectives

› Learn how the tool is applied in residential care

› Learn the benefits of the tool including the key role that Care Aides play in avoiding unnecessary ED visits to the hospital

› Review lessons learned from the Fraser Health spread including strategies for sustainability

› Learn about what's happening now

Background

| Innovative screening tool by Marilyn ElBestawi via CFHI's EXTRA program | Helps detect early health decline in LTC residents | Focused on pneumonia, urinary tract infections, dehydration, and congestive heart failure | Goal is to reduce avoidable ED transfers from LTC |

Oct-Dec 2012:
- Ontario (Toronto)
- 1 pilot site
- **57% ↘ ED Transfers***

Feb-June 2016:
- BC (Fraser Health)
- 4 pilot sites
- **71% ↘ ED Transfers***

Sep-Dec 2016:
- BC (Fraser Health)
- 40 homes (Phase I)

Jan-Mar 2017:
- BC (Fraser Health)
- 40 homes (Phase II)

*Annualized projection based on pilot results (Toronto: 13 weeks; Fraser Health: 19 weeks)

Pilot Test　　　　　　　　　　　　　　　　　**Fraser Health Spread**

PreviewED ©

Canadian Foundation for **Healthcare Improvement**
Fondation canadienne pour **l'amélioration des services de santé**

fraserhealth

PREVIEW-ED© Tool

PREVIEW-ED©

Practical **R**outine, **E**lder **V**ariants **I**ndicate **E**arly **W**arnings for **E**mergency **D**epartments

› Developed by Marilyn El Bestawi through CFHI's EXTRA: Executive Training Program

› 9 indicators relating to 4 conditions that commonly lead to resident transfers to ED: Pneumonia, Congestive Heart Failure, Urinary Tract Infections, Dehydration

› Administered by Health Care Aides once per day for each resident

› Takes between 8-15 seconds to score

› Results in an aggregate score

› Provides guidance on what, if any, actions to take based on the overall score (e.g., inform registered staff)

Let's Use the
PREVIEW-ED© Tool!

Case Study 1: Edith Black

- Edith is an 89-year-old woman in your long-term care home

- She lives there due to her multiple medical conditions, which have resulted in her inability to care for herself at home

Case Study 1:
Edith's Normal State

- Arthritis
- Cardiac and respiratory disease
- Diabetes (left foot amputated)
- Minimally participates in her ADLs
- Good appetite
- Unable to mobilize on her own
- Enjoys most social activities

Case Study 2: Stella Green

- Stella is a 79 year old woman living in your long-term care home.

- Due to her severe arthritis, Stella requires assistance with all ADL's and her nutrition.

- Her mobility is restricted to a wheelchair and she is incontinent of urine and wears briefs.

- Stella enjoys being pampered with the occasional manicure, she likes to wear her costume jewelry and she enjoys listening to music during the recreation program.

	Stella	Score	Care Aide Action
Day 1	Stella is her usual/normal self. Complete her score.	0 (resident normal) **Score = 0**	No action, file the form
Day 2	Stella's appetite is not as good as normal. She only ate a small portion of breakfast and lunch. Complete her score.	1 (decreased appetite from normal) **Score = 1**	Inform Registered Staff & give them the form
Day 3	Stella's appetite remains decreased and she now has a cough with yellow coloured sputum. Complete her score.	What's her score?	

Note: When new symptoms emerge that are more severe than the previous symptom for the same indicator, the symptom with the higher value should be selected.

Results of the Pilot Studies

Results of the Pilot

	Toronto (2012) n= 66		Fraser Health (2016) n=176
	95.5%	Tool completion rate	**94%**
	8 -15 sec	Average time to complete tool	**10 sec**
	1 in 10	Average number of residents who triggered/week	**1 in 20**
	53%	Residents triggering the tool at least once	**37%**
	57%*	Decrease in tool sensitive transfers	**71%***

*Annualized projection based on pilot results (Toronto: 13 weeks; Fraser Health: 19 weeks)

Fraser Health Experience

Fraser Health Spread
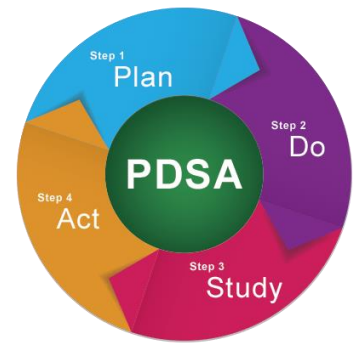
Cottage/Worthington Pavilions
5 units & 119 residents.

› 80 Homes
› Phased-Approach
› Train-the-Trainer Model
› Weekly site visits, workshops, webinars, and online learning platform (resources/tools)

"Once I got used to it, PREVIEW-ED© was easy to use and doesn't take long for each resident. I like the fact that I can see a trend throughout the month."

How did we evaluate the spread?
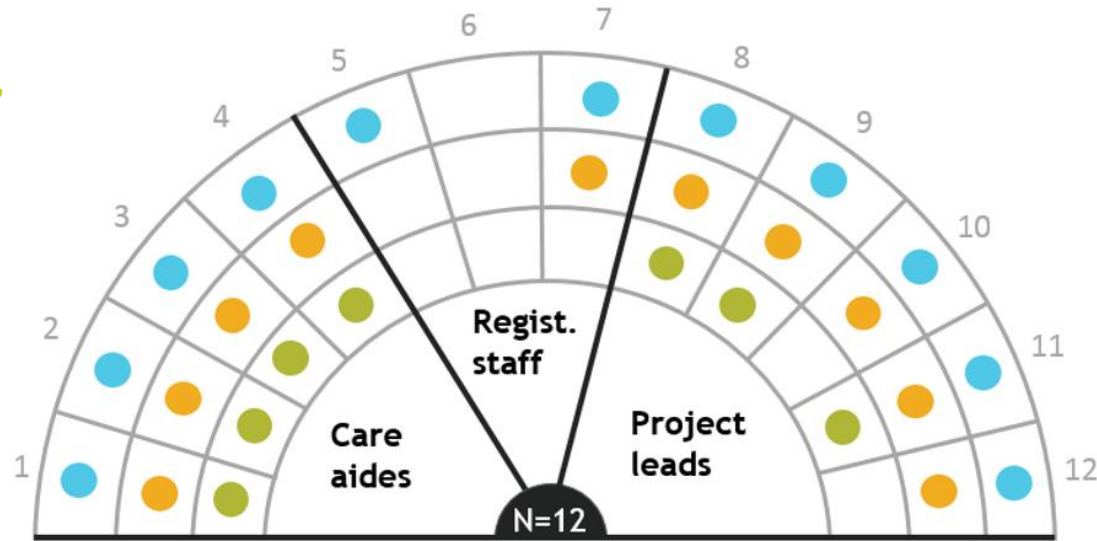
ED Transfers

Interviews

Surveys

Storyboards

What did we hear from the teams?

"Between the care staff and the nurses, it really did help the communication there and that's where we found value in the tool"

- Project Lead

"It prevents those either manageable or unnecessary calls. It allows me to focus on the issues or symptoms and helps me implement more focused assessment. Before this tool, I saw lots of transfers to the hospital, if it's pneumonia or UTIs. But, now with this tool we have been able to focus on the symptoms and yeah do something about that.

- Registered Staff

Regist. staff

Care aides

Project leads

N=12

Communication & Cross-collaboration (58%)

Care aide empowerment (83%)

Quality of care processes (92%)

"I feel very much that I have some input now. If I feel that if something's not quite right with somebody and I write it down, I feel like [registered staff] have to come back and ask me what do I think."

- Health Care Assistant

Survey says:

Communication

The PREVIEW-ED© tool improved communication about resident health status:

between care aides and registered staff (n=156)

Quality of care

PREVIEW-ED© helped me monitor early signs of health decline in residents in a more comprehensive manner (n=155)

Care planning empowerement

I feel more involved in the discussions and decisions about resident care (n=151)

	Disagree	Agree	Neither
between care aides and registered staff (n=156)	12%	68%	20%
PREVIEW-ED© helped me monitor early signs (n=155)	12%	66%	22%
I feel more involved in the discussions (n=151)	14%	55%	31%

What would make PREVIEW-ED© successful?

Facilitators

› Learning through in-house training sessions

› Starting slow

› Unit-based champions

› Team approach

› Strategies for engaging staff

› Reinforcement and encouragement

› Monitoring/oversight

Challenges

› Initial staff resistance

› Paper-based

› Time and resource constraints

› Weekend and casual staff

› Redundancy with existing practices

How is FH sustaining improvements?

Governance
- Advisory Committee
- Roles & Responsibilities
- Leadership support including site levels

Resources
- Workshops, follow up support
- Somewhere to go with questions
- Education materials and videos
- Sharing audit results

Engagement
- Celebrations
- Opportunity to adapt tool (site-level)
- Patient and Family input

How is FH sustaining improvements? (cont'd)

Communication
- Meetings/Huddles
- Sharing results
- Storyboards, Newsletters, Email blasts

Intervention Attributes
- Integrate PREVIEW-ED© into workflow & priorities
- Link with Quality leads (site-level)

Education
- Orientation (site-level)
- Booster training sessions

Supports Available
- Clinical Nurse Educator
- Online learning

What's Happening Now?

The collaborative aims to:

Improve the quality of care provided to seniors in long-term care

Improve the resident and family care experience

Improve staff experience through standardized reporting of observations

Reduce ED transfer rates from long-term care

Build quality improvement capacity within long-term care

About the Spread Collaborative

› Teams are participating as Networks

› Train-the-trainer model

› Start slow and grow
  - Initially implement in 1-2 long-term care homes
  - Then slowly spread across all LTC homes within their network

› Collecting and reporting on measures including:
  - tool-sensitive ED transfers;
  - resulting hospitalizations;
  - uptake of new work practices;
  - and more…

Contact Information

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Thank you!

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