



## STAFF REPORT INFORMATION ONLY

### Emergency Mobile Pilot Project

<b>Date:</b>	February 11, 2009
<b>To:</b>	Advisory Committee on Long-Term Care Homes and Services
<b>From:</b>	General Manager, Long-Term Care Homes and Services
<b>Wards:</b>	Ward 21 and Ward 28
<b>Reference Number:</b>	

### SUMMARY

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On September 29, 2008, the Long-Term Care Homes and Services Division began a pilot project in collaboration with the University Health Network (UHN) and the Toronto Western Hospital (TWH) entitled the 'Emergency Mobile Pilot Project'. This project is fully funded by the Ministry of Health and Long-Term Care through the provincial Nursing Secretariat. As per the current project mandate, funding is secured only until March 31, 2009, after which the decision for continued funding will be assessed by the Nursing Secretariat based on performance results. The pilot involves two of the division's long-term care homes, namely Castlevue Wychwood Towers (CWT) and Fudger House (FH), in addition to five (5) other long-term care homes in the catchment area.

The Emergency Mobile Pilot Project is based on the premise that there are distinct advantages for residents to be treated for non-urgent issues in the long-term care home rather than transfer to hospital emergency departments and that the consultation, assessment and treatment needed for these non-urgent issues could be best managed through an Advanced Practice Emergency Department Outreach Team. Use of an Outreach Team eliminates the stresses for residents associated with transfer to hospital and eliminates unnecessary use of Toronto Emergency Medical Services (EMS) and Emergency Department (ED) resources. The Outreach Team approach also has the potential to reduce overall healthcare costs.

The Outreach Team concept is based on "providing the right care at the right time and place through the right mix of healthcare professionals" and the hypothesis that more timely consultation, assessment and treatment will improve health outcomes and reduce hospital length of stay when admission to hospital does become necessary. This report provides a summary of activities and successes to date and describes the current status of funding from the Nursing Secretariat.

## **Financial Impact**

There is no financial impact arising from this report in the 2009 operating budget.

## **COMMENTS**

The Emergency Mobile Pilot Project ensures access to timely consultation, assessment and treatment for residents in long-term care homes with non-urgent needs, while avoiding unnecessary use of EMS and ED resources thus relieving pressure on EMS and EDs. The pilot facilitates appropriate treatment in the long-term care home but in no way restricts transfer to EDs if such transfer is required.

The objectives of the Emergency Mobile Pilot Project are to:

1. Reduce the need for transfers to hospital emergency rooms for assessment and/or admission;
2. Provide the right care delivered at the right time and place with the right mix of health professionals; and
3. Facilitate a more timely, efficient and effective hospital stay if admission is necessary, thereby reducing the length of hospital admission.

Following initial assessment by long-term care home staff and upon request from a physician or registered nurse of the long-term care home, the UHN and/or TWH Advanced Practice Emergency Department Outreach Team will travel to the long-term care home to provide initial on-site consultation, assessment and treatment. The Advanced Practice Emergency Department Outreach Team is comprised of advanced practice nurses 0900 hr – 2100 hr seven days per week, who act under ED medical directives and who have immediate telephone access to ED physicians. The Emergency Mobile Pilot Project is for non-urgent consultation only and never restricts immediate EMS transfer for urgent situations and/or if the resident/substitute decision-maker requests transfer to the hospital.

The Emergency Mobile Pilot Project has clear, written criteria, decision-making algorithms and care protocols that have been communicated to all of the participating organizations.

The Emergency Mobile Pilot Project has now been operating for approximately five (5) months. Although a full evaluation will be completed after March 31, 2009, the interim evaluation provides early evidence of success from a variety of perspectives.

The Advanced Practice Emergency Department Outreach Team is called to see between eighty-five to one hundred and twelve (85-112) residents per month amongst the seven (7) participating long-term care homes, resulting in an average of just over three (3) residents per day. In December 2008, the Outreach Teams provided on-site consultation, assessment and treatment for a total of one hundred and twelve (112); of those, eighty-eight (88) were assessed and treated in the long-term care home, thus avoiding transfer to hospital and use of EMS and ED resources (78 percent avoided transfer to ED). Of those

visits in which a transfer to ED was still required, the early advanced intervention provided more timely response. Final evaluation of the pilot project will also assess whether early intervention was a factor in reducing average length of stay in hospital.

The most common presenting health problems that have resulted in intervention from the Advanced Practice Emergency Department Outreach Teams (mobile nurses) to date are: G-tube issues (15 percent); pain (15 percent); difficulty breathing (11 percent); falls (8 percent); urinary issues (7 percent); wound care issues (5 percent); behavioural issues (5 percent); swallowing issues (3 percent); and restlessness (2 percent). The nurses associated with the Advanced Practice Emergency Department Outreach Teams provided advanced interventions in 70 percent of the visits.

Early estimates of cost savings to the healthcare system through the Advanced Practice Emergency Department Outreach Teams (mobile nurses) is in the range of one quarter (1/4) to one third (1/3) less than the combined costs of an ED visit and EMS transfer. Actual savings will be verified in the final evaluation.

To date, the project has been successful in reducing transfers to the UHN and TWH EDs, positively impacting residents' quality of life, reducing unnecessary stress on EMS and ED resources.

UHN, TWH and the participating long-term care homes intend to submit a request to the Nursing Secretariat for continued funding in February 2009. A complete evaluation of the initial pilot project will be conducted and submitted to the Nursing Secretariat after the March 31, 2009 completion date.

## **CONTACT**

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## **SIGNATURE**

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