



## STAFF REPORT INFORMATION ONLY

### Update Regarding Emergency Mobile Pilot Project

<b>Date:</b>	November 3, 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 6, Ward 21, 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. The project proposed to provide emergency department (ED) outreach to selected long-term care homes as a strategy to avoid unnecessary Emergency Medical Services (EMS) transport and ED admission, when the residents could be safely cared for in the long-term care home. At its meeting on February 27, 2009, the Advisory Committee on Long-Term Care Homes and Services received an initial report regarding the pilot project and asked staff to report back in late 2009 regarding progress and feasibility of continuation of the pilot project.

Originally, the pilot project involved two of the division's long-term care homes, namely Castleview Wychwood Towers (CWT) and Fudger House (FH). On October 2, 2009 Lakeshore Lodge also became involved in the TWH/UHN pilot.

The Emergency Mobile Pilot Project has evolved over the last year to a format which predominately consists of regularly scheduled on-site weekly assessment visits, supported by the mobile TWH/RN phone consultations for "unexpected non-urgent" changes in residents' status and ongoing access to on-site assessment for individual residents as required.

This report provides an update regarding the Emergency Mobile Pilot Project.

#### Financial Impact

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

## COMMENTS

The pilot project is fully funded by the Ministry of Health and Long-Term Care through the provincial Nursing Secretariat. Initially, funding was secured for the period of September 2008 until March 31, 2009. Subsequent to the initial pilot project funding, funding was extended for a one-year period of time, so that funding is now secured until March 31, 2010.

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 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.

The Emergency Mobile Pilot Project has now been operating for thirteen (13) months. During that period of time, there have been ninety-nine (99) consultations for residents at CWT. Of these consultations, only twenty-four (24) required transfers to the ED, meaning that 76 percent of residents were able to be assessed and safely treated in the home, thus avoiding upsetting, unnecessary and costly transfer. In comparison, there have been sixty (60) consultations for residents at FH. Of these, only eight (8) were ultimately transferred to the ED, meaning that 87 percent of residents were assessed and safely treated in the home. Although participation at LL is still relatively new, to date there have been four (4) on-site visits and eight (8) phone assessments. Of these, there were no transfers to the ED, resulting in a 100 percent success rate.

The most common presenting health problems that have resulted in intervention from the Advanced Practice Emergency Department Outreach Teams (mobile nurses) continue to be blocked or dislodged G-tubes. CWT has agreed to collaborate in an extension of the

pilot project, developing a home-specific protocol for Foley catheter insertion (to maintain existing stoma patency until either an attending physician can re-insert G-tube or the resident can be transferred to an outpatient appointment with radiology to re-insert). This will prevent the unnecessary trauma of a new puncture and/or an unnecessary trip to the ED with the possibility that the resident may return untreated to the home, if the radiology department is closed.

The next most frequent ED avoidance is related to advanced assessment related to hydration concerns (i.e. hypodermoclysis) and advanced assessment of breathing concerns.

Staff have assessed the pilot project as “very successful” to date. It has been successful in reducing unnecessary transfers to the UHN and TWH EDs, positively impacting residents’ quality of life, reducing unnecessary stress on EMS and ED resources.

The value of the program can be illustrated through a recent example when a resident presented with abdominal distension and pain on urination. Instead of arranging a transfer to the ED, the mobile team was able to bring their bladder scanner to the home and determine that the resident had urine retention. The advanced assessment resulted in the situation being resolved within the home, avoiding transfer to the ED.

The pilot project continues to demonstrate success in improving health care system effectiveness and efficiency and reducing both anxiety and clinical risks for residents and family members who may require hospital services. It also has demonstrated success in building nursing capacity and inter-professional collaboration and in advancing nursing knowledge transfer within the acute care and long-term care sectors.

## **CONTACT**

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## **SIGNATURE**

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