Improving communication between hospital and long-term care during patient transfers

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Background

Approximately one third of long-term care (LTC) residents transfer to hospital every year. Many of them are unable to communicate their health needs. Emergency Dept. (ED) staff rely on LTC transfer reports for relevant information.

A 2009 Canadian study found that 85% of LTC transfer reports omit one or more essential details.

Incomplete reports correlate with:
• Unnecessary diagnostic tests
• Increased ED length-of-stay
• Increased hospital admissions

Measures

Outcome Measures:
• Do more LTC transfer reports include all essential details?
• Has ED length-of-stay decreased?
• Have 30-day LTC readmissions decreased?

Process Measures:
• Which essential details are being included after process changes?
• Are LTC and ED staff adhering to new processes?

Balance Measures:
• Are LTC staff spending more time completing transfer reports?
• Are LTC and ED staff satisfied with process changes?

Next Steps

1. Measure baseline quality gap.
2. Conduct root cause analysis.
3. Partner with LTC frontline staff to design and test change ideas.

Aim Statement

By March 31, 2016, 90% of patient transfer reports from participating LTC homes will include all essential details needed by the ED at London Health Sciences Centre in Ontario.

Process Scope

Patient transfers via ambulance from participating LTC homes to ED.
• Start: LTC staff calls 9-1-1.
• End: ED staff assesses patient.

References


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