



# Reducing Emergency Room Visits and Hospital Deaths at End-of-Life for Long Term Care Residents: A Strengthening a Palliative Approach in Long Term Care (SPA-LTC) Project

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# BACKGROUND

- > An increasing number of persons in Canada will die in long term care (LTC) homes
- $\rightarrow$  Barriers to optimal palliative care include (1,2):
  - Lack of knowledge
  - Workload demand
- Failure to identify impending death and implement a proactive end-of-life care plan
- Hospitalization at end-of-life (EOL) is common in LTC homes despite negative effects on quality of EOL care
- > The Strengthening a Palliative Approach in Long Term Care (SPA-LTC) project aims
  - Improve the quality of living and dying in LTC
  - Build capacity in LTC homes to involve residents and family members in discussions about goals of care and preferred location of death
  - Avoid unnecessary hospital use at EOL

## OBJECTIVES

- > Examine initial rates of resident deaths, Emergency Department (ED) use within the last month and week of life, and hospital deaths across four LTC homes in Ontario
- > Explore potential explanations of variations across homes based on a quality improvement approach
- > Compare initial rates with results following the SPA-LTC project

# METHODS

- ➤ Mixed methods approach (Figure 1)
  - 1. Chart audits conducted in four LTC homes in southern Ontario to capture trends in hospital use over a one-year period for the following indicators:
    - Resident deaths at hospital vs. LTC home
    - ED visit in the last year, month, and week of life
    - Average ED visits/resident
    - Planned vs. unplanned ED visits
    - ED visits that became hospital admission

# METHODS

- 2. Chart audit findings presented to staff of each site for discussion focused on:
  - Potential reasons for ED rates across all four homes
- 3. Conducted post-implementation chart audit in all four LTC homes to assess:
  - Impact of the SPA-LTC project on resident deaths and ED trends.

## FIGURE 1: MIXED METHODS APPROACH

Chart audit data collection

Analysis of trends

Staff discussion of trends

Analysis of staff discussion

Pre/post chart audit comparison

#### INITIAL RESULTS

Variable	Site 1	Site 2	Site 3	Site 4	All
Deaths	24.8	26.6	27.0	26.6	26.0
In hospital	37.3	31.1	12.9	23.5	28.5
At LTC home	62.8	68.9	87.1	76.5	71.5
ER Visits in last: year of life;	72.6	80.0	35.5	58.8	65.3
Last month;	58.8	46.7	29.0	35.3	45.8
Last week	29.4	33.3	12.9	29.4	27.1
Planned visits	81.1	83.3	90.9	80.0	83.0
<b>Unplanned visits</b>	18.9	16.7	9.1	20.0	17.0
Hospital admissions	94.6	83.3	81.8	100.0	89.4

# RESULTS

- > Chart audit findings:
  - 45.8% of residents across sites visited Emergency Departments (ED) during the last month of life
  - 28.5% of resident deaths occurred in hospital
- > Staff discussion findings:
  - Staff expressed surprise at the amount of hospitalization and appeared motivated to make improvements
- > Focus group findings addressed:
  - Lack of clinical expertise and resources
  - Discomfort with EOL communication
  - Limited family availability for EOL decision-making
- > Pre/post SPA-LTC intervention chart audit comparison:
  - Improvements in ER visits
  - Fewer ER admissions that became hospital admissions

## CONCLUSIONS

- > The SPA-LTC project offers an innovative way to implement a palliative approach to
- > Localized chart data and group reflective opportunities can serve to raise awareness and engage staff in solutions to address preventable hospitalizations at

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## REFERENCES

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