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
➢ Barriers to optimal palliative care include\textsuperscript{(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 to:
  • 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

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

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

CONCLUSIONS

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

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REFERENCES