

Examining Avoidable and Unnecessary Transitions: Determinants in Decisions to Transfer Long-Term Care Residents to the Emergency Department.

Jude Spiers, RN PhD; Greta Cummings, RN PhD; Rowan El-Bialy, MSc; Patrick McLane, PhD & the EXACT research team

Background

Unnecessary transitions of frail, elderly long term care residents to the emergency department can negatively affect their health. Decision-making processes in transitions are complex and involve multiple stakeholders, settings, and levels. It is often not clear whether or not transferring a resident to the emergency department is the best decision or course of action.

Aim

We aim to identify attributes of avoidable transitions and factors influencing decisions-to-transfer in ambiguous cases. We will identify and develop feasible implementation guidelines and strategies to enhance early detection and management of change of condition of residents that are appropriate to the current Albertan context.

Methods

Phase 1 - Qualitative (Completed)

- 6 LTC facilities.
- 25 individual interviews & 19 focus groups using an evolving interview guide.
- 81 participants; LPNs, RNs, managers, residents' family members, & EMS Urgent Response Team members.

Objectives

1. Define appropriate/avoidable NH to ED transitions
2. Identify key points in the decision-making process
3. Identify key factors that push towards a decision-to-transfer in ambiguous cases
4. Determine the decisional involvement of nurses (registered nurses [RNs], licensed practice nurses [LPNs]), healthcare aides (HCAs), physicians, managers, residents and their family caregivers
5. Identify participants' perspectives of modifiable factors for the reduction of unnecessary transitions.

Key Factors

Staff & Family Relationships

"[Resident's daughter] wants an immediate fix. She wants something done now. So she thinks when [resident] is out of here and into the hospital, he's going to get that. And the doctor is telling me, 'No, he's going to wait 4 hours, because he's going to emergency. Why can't he just wait 2 hours, so [I] can come in and see him?' But the daughter thinks getting him out there is going to be much faster but that's not the case." — C-LPN1

Fear of Liability

"It's not a nursing diagnosis or judgement anymore. It's what the family wants. So to cover ourselves, we say 'Okay, let them go to the hospital,' even if it's not necessary a lot of times. We cover ourselves from being sued or losing our license." — E-LPN3

Limited Diagnostic & Treatment Options

"There is such a thing as mobile x-ray. The thing is, it's five hundred bucks, and it comes out from the unit budget. So that was a pricey call on my part. I was told, 'Maybe you shouldn't have done that. It's kind of pricey, let's not do that. If they're sick enough, we could send them to Emerg to do [an x-ray].' But I was trying to prevent that." — D-RN3

Knowing the Resident

"And because we have [the residents] for quite a long time, we do know them. What we find the most challenging is when they're a new admission. We don't know them as well, so it takes a little bit longer for us to be able to pick up on a change in behavior. Then, was the change related to the move or is it related to an infection? So that's a challenge." — D-Man1

Critical Thinking & Response to Ambiguity

"We need good assessment and critical thinking skills. Critical thinking skills are lacking...critical thinking is taking a look at the big picture and everything that is going on, then drilling it down to, what is the most likely thing?" — B-RN5

Goals of Care Designations

"The Goals of Care seems to define a lot of things for us. Even physicians, the first thing they'll ask is, 'What's their Goals of Care?' Whether it's suitable for [the resident] to go out or not, that's the first question that the physician asks, and if it's an R1 or M1, they say 'Transfer them out right away.' They don't seem to be too considerate of where the resident is at that time." — B-RN1

Definition of Avoidable Transitions

A transition of a long-term care resident to the emergency department is considered avoidable if:

- a) Diagnostic testing, medical assessment, and treatment can be accessed in a timely manner by other means (e.g., IFT, portable x-ray, ECCURT, etc.) or;
- b) The reasons for a transfer are unclear and if it would increase the disorientation, pain, or discomfort of a resident, outweighing a clear benefit of a transfer or;
- c) It is against the wishes expressed by the resident over time, including through informal and undocumented conversations.

Next steps

Phase 2 - Quantitative (In Progress)

Online survey conducted with nurses and physicians at sixteen LTC facilities, one ED, and with EMS staff in the Edmonton Zone.

Phase 3 - Knowledge Translation (Upcoming)

Guidelines for LTC-ED transition decision-making; communicating results to healthcare providers; policy & service recommendations.

Contact Information

Principal Investigators:

Jude Spiers: jaspiers@ualberta.ca
 Greta Cummings: gretac@ualberta.ca
 Study Coordinator:
 Rowan El-Bialy: elbialy@ualberta.ca