Emergency Department Utilization – Clinical and Organizational Change Concepts and Ideas

Choose change ideas most appropriate for your LTC home

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Recognition and Assessment

Identify potential for improvement.
- Determine baseline measures.
- Examine current process for determining need for ED visits.
- Understand common reasons for ED visits.

Assess all residents.
- Assess on admission, change of status and at regular intervals for risk of change.

Medication review
- Consult with physician and pharmacist regarding medication-related reason for emergency department visit.

Educate Residents/Family and Staff

Educate residents and families.
- Provide education about appropriate interventions to reduce necessity for ED visits (e.g. promoting safe mobility, risk assessment, risk management, alternatives to restraints, sensory impairment, continence, pain management, palliative care, etc.).
- Incorporate findings regarding causes of past ED transfers.

Educate staff.
- Educate staff at orientation and regular intervals regarding routine practices and protocols and specifics related to ED utilization.
- Communicate risk and prevention strategies

Care Planning for Prevention

Care Planning
- Create individualized plan of care with resident, family and staff based on best practice evidence and assessed risk.
- Understand Advance Care Directives that impact ED utilization.
- Address resident psychosocial needs if ED transfer is warranted.
- Ensure management of chronic conditions such as diabetes.
- Develop and implement strategies to manage sudden acute episodes or changes in condition.
- Consider care process-related problems that may contribute to falls.
- Timely detection and treatment of infections; timely identification of inadequate food/fluid intake
- Optimize pain management practices.

Document
- Develop a handover form or report which includes residents at high risk.

Develop a Communication Plan to support care planning and prevention strategies.
- Communicate risk status with the resident, their family and staff using a variety of methods such as verbal, health record, care plan, shift change, risk rounds, care conferences, programming staff, etc.
- Develop partnerships between hospital and LTC home to better understand each stakeholders' information needs.
- Ensure effective risk communication to ED for residents who are transferred so that ED staff can continue risk prevention interventions to decrease avoidable problems due to lengthy stay.
- Ensure effective communication from hospital to LTC home on re-admission for follow-up to care received.

Sample Prevention Strategies
- Include fall injury prevention strategies.

Improve Work Flow

Consider how to incorporate ED avoidance strategies into care processes (see Care Planning).

Review past ED visits to identify opportunities.

Ensure adequate access to resources, supplies and equipment (e.g. pressure relieving surfaces).
- Access to Geriatric Emergency Management Nurses or NP Outreach Programs where available

Ensure awareness and use of strategies to address potential change of status.
- Consider using tool categories of symptoms that may indicate acute change in condition.
- Consider tools that provide guidance on when to report changes in vital signs and laboratory values.
- Understand signs and symptoms that warrant involvement of medical staff.
- Develop and implement strategies to manage chronic conditions.

Develop Routine Practices

Develop routine practices/checklists to ensure prevention strategies regularly implemented.

Regularly review of causes and risks.
- Conduct weekly high-risk rounds for all residents assessed to be moderate or high risk.
- Regular review of policy related to acute change in condition and supporting chronic conditions
- Test huddles with the interdisciplinary team to discuss high risk residents and to identify any required changes to the care plan
- Early identification of treatment and change in condition.

Design Systems to Avoid Mistakes

Clear identification of risk

Establish workplace culture and environment where staff, families and residents work to support ED utilization prevention.

Develop reminder systems.

Conduct checking and monitoring to ensure measures are implemented effectively.
- Ensure completion of risk assessments, care processes, care planning.
- Evaluate care processes through audit process.
- Implement visible identifiers to communicate risk on a chart and at the bedside, if appropriate.

Develop policies and procedures that support implementation of best practices and prevention strategies and review regularly; check whether current policies/protocols are consistent with evidence-based approaches, Provincial policy.
- Review communications protocols.
- Review organizational ED transfer policy, including roles and responsibilities of each healthcare provider.

Design physical environment to support emergency department utilization prevention.

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Emergency Department Utilization: Overcoming Barriers Worksheet

Use this table to identify and track your **Change Ideas**. For each **Change Idea**, list all of the **barriers** you can think of, then list all of the **enablers** – or strategies that you could put into place to help overcome the barriers and ensure that your efforts will be effective and successful. Common examples from LTC homes have been included to help get you started.

Change Ideas	**Barriers** – what will get in the way of implementing your idea? (use fishbone and 5 whys to identify)	**Enablers** – what strategies, ideas, tools and tips can you implement that will ensure successful implementation of your change idea