

BUILDING CAPACITY FOR BETTER CARE

Background

- Typically LTC home residents are transferred to hospital to access IV therapy.
- Studies have shown that for frail elders care in hospital is associated with unfavorable health outcomes.

Objectives

To ensure timely access to intravenous (IV) therapy within long-term care (LTC) homes for residents with lower respiratory tract infections (RTI) or urinary tract infections (UTI) or requiring hydration using evidence-based clinical pathways for LTC to:

- prevent transfers to hospital for this treatment
- early discharge to LTC for residents admitted to hospital and started on IV therapy to complete their course of treatment.

In-home IV therapy: Support and Resources

- Clinical pathways to assess and manage RTI and UTI
- Educational video
- IV Therapy Manual outlining policies and procedures
- Triage support from the Nurse Practitioner Led Outreach Team (NLOT)
- Nursing services to provide training for IV therapy initiation and monitoring
- Timely access to relevant medical supplies and pharmacy support
- A poster explaining the service to residents/ families

The evaluation plan

- Interviews to assess satisfaction and perception of service conducted with caregivers (N = 6) and key stakeholders (N = 10): LTC Directors of Care (DOC), nursing staff, medical director, NLOT nurse practitioner, ED physician.
- Quantitative outcome measures collected through chart audits.

"Peace of mind that we have the expert support. Our staff is trained in doing IVs, but because we don't do it often enough sometimes when they go interstitial there is a problem.... through the pharmacy we were able to get that extra support that was peace of mind." [DOC]

"Well when they go to the hospital it's usually for the initial setup and starting the IV. Waiting long hours in the emergency, waiting long hours you know, just avoiding the transfer stress from going to the hospital, it takes a toll on some residents. So being within their home it's much more beneficial for them. [LTC Nurse]

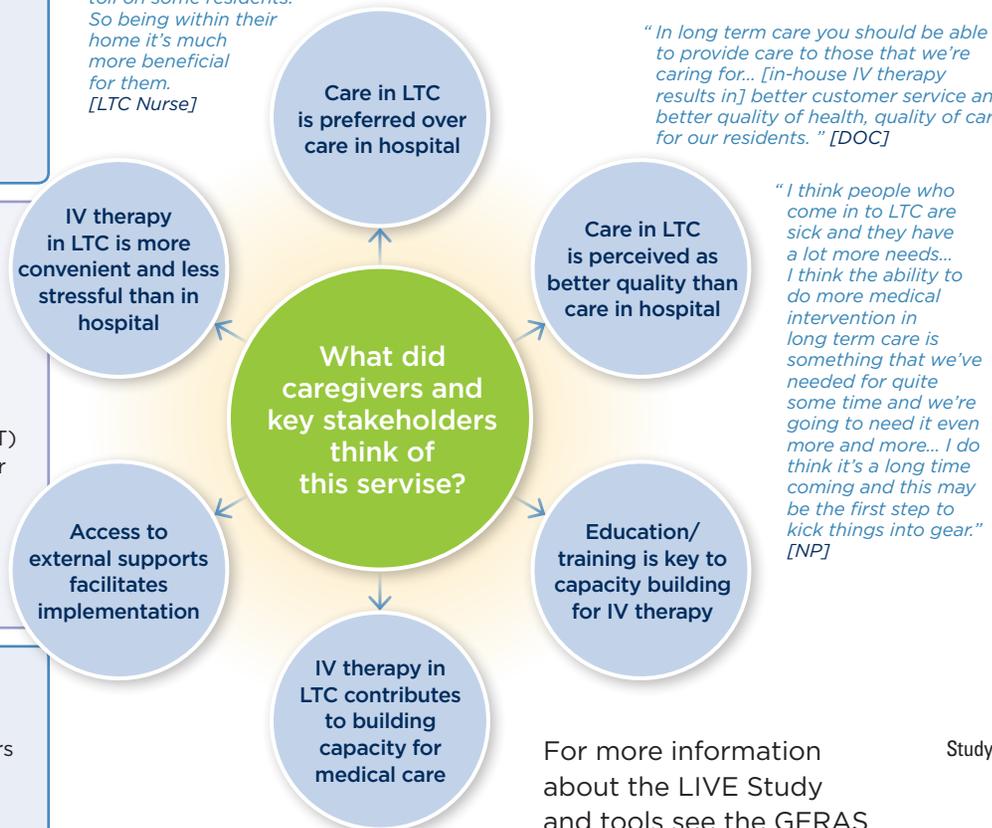
Highlights

- 4 LTC homes in Hamilton and Grimsby
- Study duration: 9 months
- 12 residents accessed the service: 9 for hydration and 3 for IV antibiotics that were started in hospital.
- 0 adverse events.

"My choice would be to give it [IV therapy] in the nursing home. He [resident] is more comfortable, he knows the staff in the nursing home, and there are no strange people asking him questions." [Caregiver]

"In long term care you should be able to provide care to those that we're caring for... [in-house IV therapy results in] better customer service and better quality of health, quality of care for our residents." [DOC]

"I think people who come in to LTC are sick and they have a lot more needs... I think the ability to do more medical intervention in long term care is something that we've needed for quite some time and we're going to need it even more and more... I do think it's a long time coming and this may be the first step to kick things into gear." [NP]



Key Learnings

- An in-home IV therapy service is feasible to implement in LTC homes when there are educational, nursing and pharmacy supports.
- Clinical pathways are of vital importance to collaborative decision-making processes around the need for antibiotic treatments (both oral and IV) and hospital transfer.
- This service potentially **avoided 9 ED visits** to initiate IV therapy and potentially **reduced the hospital lengths of stays** of the 3 residents who returned to the LTC home with IV therapy.
- Implementation of this type of service in LTC homes serves to **increase cross-sector and service collaboration** to increase the capacity of the LTC sector to provide medical treatment/ care, enhancing the **quality of care** in LTC homes.
- The service was **well received by family caregivers and other key stakeholders**, who supported the ongoing sustainability of this service.
- Access to this service cannot completely eliminate the need for transfer to hospital; severe symptoms may require hospital transfer.

Key Sustainability Recommendations

- Ongoing education for LTC staff, medical directors, residents and families are essential to support the assessment and management of infections with IV therapy in LTC.
- Support from external nursing services (provider agencies, NLOT) and pharmacy consultation support are needed to build and sustain capacity for IV therapy in LTC.
- Champions within LTC homes are needed to support this service.
- Procedural improvements are needed to ensure ED staff are fully informed of which homes have the capacity for IV therapy so that access to this service is maximized.

For more information about the LIVE Study and tools see the GERAS Centre website:
<http://gerascentre.ca/>

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