Support and Resources

In-home IV therapy:
- a) prevent transfers to hospital for this treatment
- b) early discharge to LTC for residents admitted to hospital and started on IV therapy to complete their course of treatment.

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

Care in LTC is preferred over care in hospital
- IV therapy in LTC is more convenient and less stressful than in hospital
- Access to external supports facilitates implementation
- Education/training is key to capacity building for IV therapy

Care in LTC is perceived as better quality than care in hospital
- IV therapy in LTC contributes to building capacity for medical care
- What did caregivers and key stakeholders think of this service?
- Access to external supports facilitates implementation
- Education/training is key to capacity building for IV therapy

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

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.

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2. Quantitative outcome measures collected through chart audits.

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.

What did caregivers and key stakeholders think of this service?
- Care in LTC is preferred over care in hospital
- Care in LTC is perceived as better quality than care in hospital
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For more information about the LIVE Study and tools see the GERAS Centre website: http://gerascentre.ca/