



Reducing Transfer to Hospital for the Frail Older Person

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Introduction

The 2nd Irish National Audit of Dementia Care in Ireland (2020) found that while there were some improvements from the 2013 audit, only 6% of acute care hospitals had a dementia care pathway in place. There were some improvements in dementia care. However, a change of environment, multiple tests being carried out, and unfamiliar staff would still be distressing for the older person with dementia. In 2020 our Care of the Older Person Facility commenced using the services of ED in the Home (EDITH) to reduce transfer of our frail older residents to the acute care sector. This was to mitigate the adverse effects that can occur from unfamiliar environments and busy Accident and Emergency Departments. We also started using Mobile X-Ray services.

Background

We are a long stay residential care facility averaging over 100 beds. All of our residents have elements of frailty, and many have dementia. Acute care utilisation has demonstrated adverse effects including delirium, physical and psychological stress and exacerbation of non-cognitive symptoms of dementia. Our service is in a catchment area with level 4 tertiary and ancillary services nearby.

Aim

We had three aims; to deliver person – centred integrated care onsite, mitigating adverse effects for our residents of hospital transfer, to reduce healthcare costs associated with acute care visits and to improve accessibility to healthcare for frail residents who decline transfer to acute care services.

Services Involved

We used the ED in the Home services provided from St Vincent’s University Hospital Dublin for onsite reviews of residents who deteriorated in health. Mobile X-Ray services were also utilised.

Results

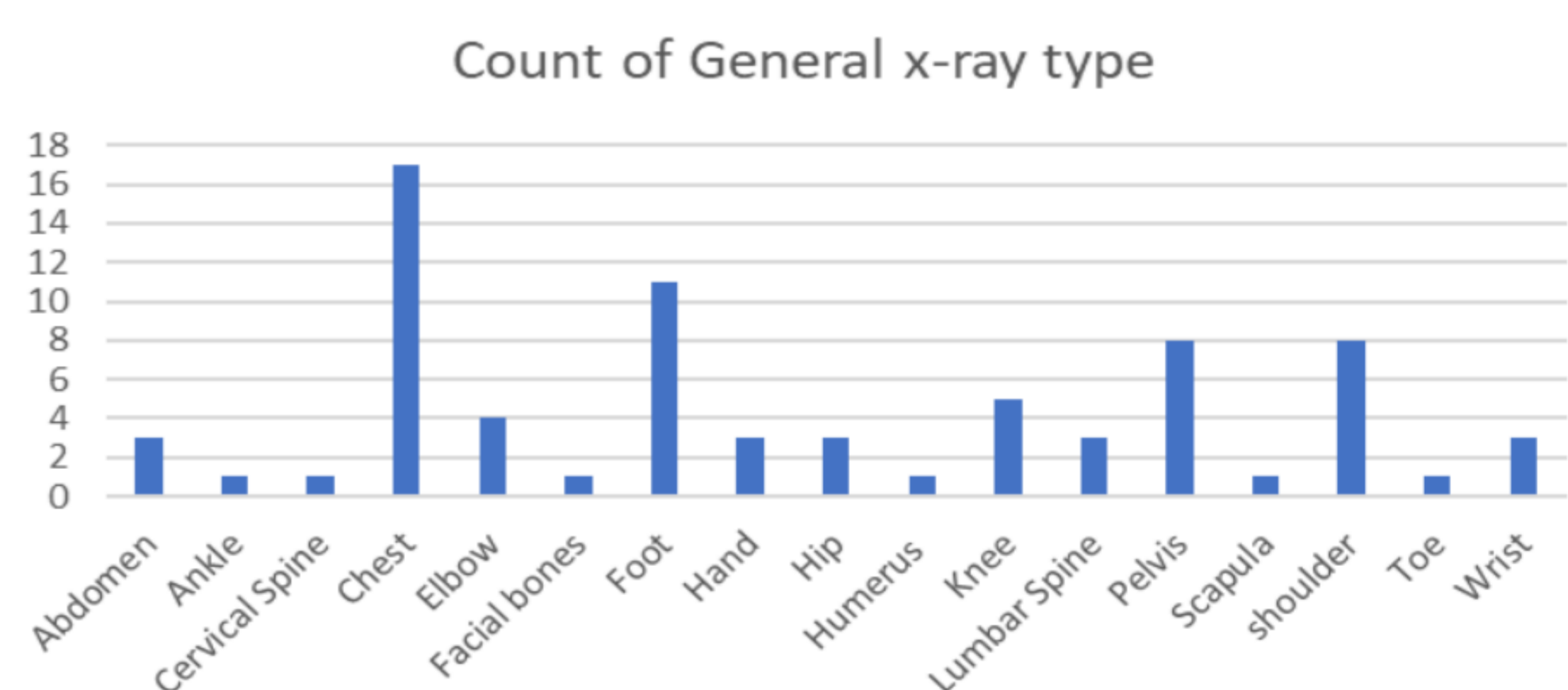
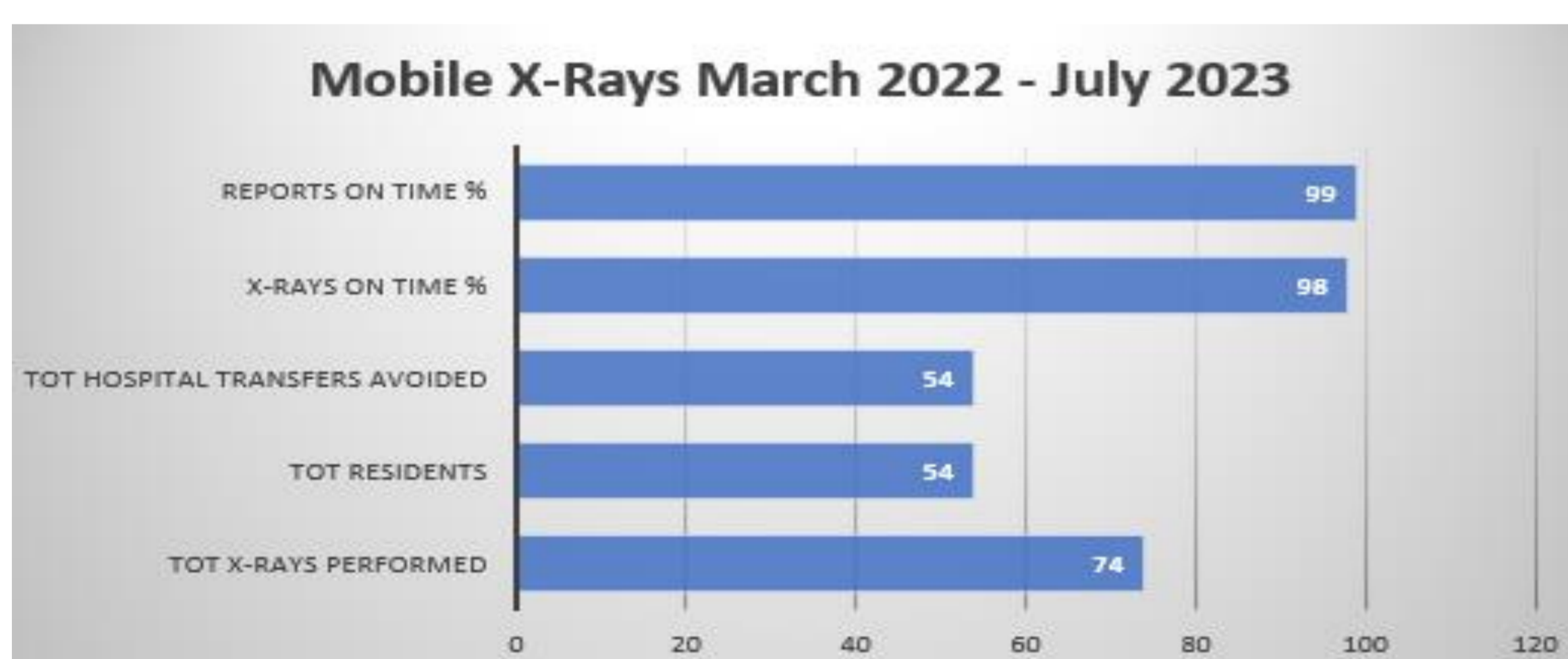
EDITH:

June 2022 – May 2023 there were 19 instances where residents were reviewed through integrated collaboration of care with the EDITH service. None of these residents required onwards transfer to the acute care services. Savings for the Healthcare Service of circa €900 per resident was achieved as this would have been the cost of basic hospital care excluding treatment. EDITH services were timely therefore no resident had an adverse outcome from treatment delays. Where needed, EDITH staff also spoke with family members in relation to non-transfer out for treatment. Aside from the on – site reviews, staff were able to ring EDITH for advice. This provided considerable support imbuing confidence in treatment. These phone calls are not included here. At LPH we have electronic notes which are made available to the acute hospital team, improving communication and allowing the team formulate a complete picture. The team can also prescribe electronically.



Mobile X-Ray

There were a total of 74 mobile X-Rays performed on 54 residents and 54 hospital transfers avoided in the 17 months March 2022 – July 2023. At an average of 4 hours per X-Ray this was 296 hours saved for our residents being out of the hospital. The value of this service in relation to not disturbing the resident’s routine is incalculable. One resident who required abdominal X-Ray yearly for monitoring of abdominal issues had been declining X-Ray for 3 years and finally consented once the mobile service became available. With other residents, particularly with dementia, we noted no increase in distress as would have been the case if transferred out. Results are received in a timely manner, electronically, allowing for more speedy appropriate treatment, often without leaving LPH. Both the report and the images are available for review by our onsite clinical team.



Conclusion

We consider this initiative has fulfilled the aim of the Enhanced Community Care model in that there was a circa 30% reduction in transfers of clinically deteriorating residents to acute hospital care. Of 74 mobile X-Rays 54 hospital transfers were avoided. On – site EDITH reviews resulted in a further 19. Our facility is the resident’s de facto home. There is a plethora of evidence in the literature that evidences the deleterious effects for the frail older person when taken out of their familiar environment. By substantially reducing transfer out for X-Ray or reviews these effects were mitigated.