LTCI
Vic-SI Long-term Care Initiative

EMERGENCY DEPARTMENT TRANSFERS: PHYSICIAN & NURSE COMMUNICATION

Our Emergency Room Physician (ERP) colleagues have recommended that LTC Most Responsible Providers (MRPs) be involved in ED transfers by providing details about a residents' goals of care, expected status, events leading to ED transfer, and criteria for return to the care home. The following was developed by the LTCI in collaboration with the South Island Long-term Care Medical Advisory Committee in 2021.

Process for ED Transfers: MRP & Nurse Communication

I. MRP & Nurse discuss the reason for transfer:

1. **What** (or **why**) the resident is being transferred for and your requests of the ED team → *What am I asking to be done for the patient?*
2. **When** the resident can safely return/what needs to be achieved before they can return → *e.g. "Please return the patient to the care home when_____"*

II. Ask the LTC Nurse to write the what and when in the "Reason for Transfer" section of ED Transfer Form

III. Inform the ERP regarding the clinical course resulting in the need for ED treatment

You can either:

a) **CALL** the ED directly to give a verbal report to the ERP, or
b) **FAX** a progress note directly to the ED, *or*
c) **WRITE** a progress note into PowerChart (title note "ED Patient Transfer")

	VGH ED	RJH ED	SPH ED
Phone	250.727.4105	250.370.8032	250.652.7585
Fax	250.727.4596	250.370.8554	250.652.7564

Communication Tips & Examples

➔ **Relay relevant symptoms that can be managed at the care home; brainstorm with the nurse.**
➔ Helps ERPs determine when to appropriately discharge a LTC patient vs. when to admit to inpatient care.

Unavailable at Most Homes: IV fluids & antibiotics, blood product administration, RT (except for ABH)
Delayed: Oxygen, specialized equipment (time to set up), daily PT or OT

Example #1: Abdominal Pain

87-year-old patient has had worsening abdominal pain for 3 days and now soft signs of peritonitis. Please investigate causes of stomach pain and return to care home as soon as treated in accordance with family wishes (please review goals of care in context of this new diagnosis). Pain or other non-acute causes can be managed at [LTC home], or any palliative symptoms.

Example #2: Increasing Aggressive Behaviour

72-year-old patient recently admitted to LTC home. Diagnosis included mixed dementia with behavioural and psychiatric symptoms. Numerous behaviour incidents since admission, culminating in a serious incident of physical aggression and harm to co-resident and staff member this afternoon. Code White and IM injection unsuccessful in de-escalating, continues to pose high risk for further incidents causing harm to others. Requires a more secure environment, behaviour stabilization, geriatric psychiatry assessment, and possible readmission to 2 South. Cannot return to LTC home without the agreement of care home management. ***If transfer is because of aggressive behaviour causing harm or risk of harm to co-residents or staff, the care home manager/DOC needs to be consulted before a return plan can be made.***

Example #3: Fall With Injury

Patient fell and can no longer bear weight. Please x-ray left ankle and treat if fractured or return to care home promptly.

Victoria Division of Family Practice A GPSC initiative