



GERIATRIC ASSESSMENT UNIT'S DISCHARGE EXPERIENCE

The study describes the experiences and outcomes of community dwelling patients at 1, 3, & 12 months after discharge from the Geriatric Assessment Inpatient Unit (GAU). The objectives included: developing a profile of patients' demographics, mortality, and living arrangements, examining their community services utilization vis-à-vis the recommendations offered by the GAU multidisciplinary team at discharge; examining their satisfaction with various aspects of care; identifying patterns of change in mental status, mood, and functional level between discharge and one month, and identifying any readmissions, use of emergency services, falls and medication errors that occurred within the first 3 months of discharge.

101 patients met the eligibility criteria of the study and 88 of them consented to participate in the home visit and the 2 telephone follow-up calls. Functional and cognitive assessments were completed on all these patients a few days prior to their discharge. Out of the 88 patients, 57 had a home visit by a geriatric outreach assessor and 74 completed the telephone follow-up interview at three months.

69 of the 88 patients (78.4%) were discharged back to their original home whether that was a community dwelling or a retirement residence. A few who required convalescent care were temporarily relocated to long-term care and some relocated to a retirement home on a trial basis. Most patients maintained their improved functional and cognitive abilities following discharge from the GAU. They had a slight decline in mood but it was not statistically significant. Most patients felt as well or better at three months as compared to the year before. This was the case even among those who needed a return visit to the emergency room or readmission.

Three Month Follow Up Calls (n=74):

- 14 patients reported a fall (18.9%)
- 20 patients (27.0%) indicated they had been to the ED
- 7 patients (9.5%) said they had been hospitalized for 1 or more nights.

Patients Readmitted or Returning to the ER within 3 Months of Discharge:

20/88 (22.7%) patients went to The Ottawa Hospital (TOH) Emergency Department or were readmitted to TOH within the first three months of discharge. This is consistent with the literature.

Reasons Noted for the Readmission/Emergency Visits Post Discharge (n=19):

• Infections	8	(42.1%)
• Falls	6	(31.6%)
• Diabetic Control	3	(15.8%)
• Pain	2	(10.5%)
• TX- Blocked tubes Feeding tube & foley	2	(10.5%)

Of the 19 charts available for review, 11 readmissions/ED visits were for new problems and likely non-preventable. Eight patients may have had some preventable concerns and these included three cases on glyburide for the control of their blood sugar. One case was due to medication interaction, in another the family physician did not get the medication discharge summary in time and the last case involved retention of teaching/learning. Additional concerns included: recurrence of clostridium difficile necessitating emergency room visits; falls; and blocked tubes. Four patients refused the GAU recommendation for discharge destination to a retirement home and went home. 3 of the 4 patients were readmitted within three months and one had an ER visit. The mean length of time from discharge to TOH contact was 20 days.

Patients were highly satisfied with their care while on the GAU and were likely to have implemented the recommendations for home care, supports or personal care in a timelier manner than the recommendations for Lifeline or Meals on Wheels. Additional reinforcement and teaching for diabetes, fall prevention and management as well as infection control may be beneficial.

ANNUAL GENERAL MEETING of the RGAP

April 6, 2006

Thanks are extended to presenters of the over 40 posters at the Geriatric Research and Program Development Poster Presentation and participants at the AGM

Congratulations to Dr. Helen Brown, recipient of the 2006 RGAP award for "Exemplary leadership and commitment to the development of geriatric services".

The May Rapport will feature the AGM and Poster Session

WHAT'S NEW

Friday 12 May, 2006 – 8.00 – 9.00 am

"Patient Safety & Enhancements to the CCHSA Accredited Program"

Wendy Nicklin, RN, BN/MSc(A)

President and CEO, Canadian Council on Health Services Accreditation

The Ottawa Hospital Civic Campus - "Amphitheatre"

Rural Forum

Thursday May 18, 2006 – 9.15 am

Perley & Rideau Veterans Health Centre

See Link www.rgapottawa.com

Please forward submissions for comment to Kelly Milne at kmilne@ottawahospital.on.ca or call (613) 798-5555 x 13930

