

**Overview:** In 2011, an internal assessment conducted by William Osler Health System identified that many transfers from long-term care to hospital emergency departments were error-based, resulting in scarce resources being used to deliver unwanted and non-beneficial treatment. By participating in the IDEAS program, Osler was able to test and implement changes that ultimately contributed to a **56% reduction in multiple transfers before death in hospital**. This solution improves end-of-life-care and alleviates emergency department congestion using a solution that is now being spread across the province.

**The Problem:** Osler's internal data revealed that many residents were being transferred to hospital from long-term care multiple times prior to death, often specifically against the resident's wishes for their end-of-life care, potentially resulting in unwanted or even harmful treatment. Osler determined that the 'Level of Care' (LOC) form used by long-term care homes across the province was contributing to these error-based transfers. The LOC form is typically completed on admission to long-term care and the level specified on the form determines the care the resident will receive, with options ranging from palliative care in the home with no transfers to hospital and no resuscitation (Level 1) to full treatment, including transfer to hospital and resuscitation (Level 4). Because the form is not always completed in consultation with the resident, the instructions on it may be counter to their wishes. Despite this, the form is used as a short-cut for decision-making and health care practitioners refer to it when a resident's condition changes or deteriorates.

Supported by the IDEAS Advanced Learning program's Quality Improvement Advisors and in-class training, the Osler team gained the knowledge of quality improvement methodology and tools they needed to lead a transformation initiative to address this important issue.

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*"The IDEAS Program transformed our thinking. It gave us the playbook and the tools—everything we could possibly need to not fail."*

*Paula Chidwick, Director, Clinical Ethics  
William Osler Health System*

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**Results:** Osler's PoET Project (Prevention of Error-Based Transfers) moves away from the culture that has been built around the LOC form and promotes both 1) treatment that the LTC resident wants and can benefit from and 2) careful stewardship of health care resources.

Change ideas generated during the IDEAS Advanced Learning program included implementing a new decision-making process in participating LTC homes, replacing the LOC form with a new tool called an "Individualized Summary" (IS), which documents a resident's wishes upon admission. The IS also ensures decision-making by health care providers, residents and substitute decision-makers is aligned with Ontario's *Health Care Consent Act, 1996*. This resulted in a **56% reduction** in multiple transfers before death, which means both **reduced costs and increased efficiencies** for Ontario's health care system and care that is **more person-centred**.

### Achievements

- **56% reduction** in multiple transfers before death
- **Participation by over 50% of long-term care homes** in the region
- Based on their success, Osler has launched a quality improvement program that trains LTC homes **across the province** in the PoET Project's approach so that they can implement the same solution. So far, **13 homes from outside of the region have participated, with plans in place for further spread across Ontario**