

"I think we did the best that we could in the space"

A qualitative study exploring experiences with three unconventional care environments in Ontario for patients with delayed discharge

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Team Members:

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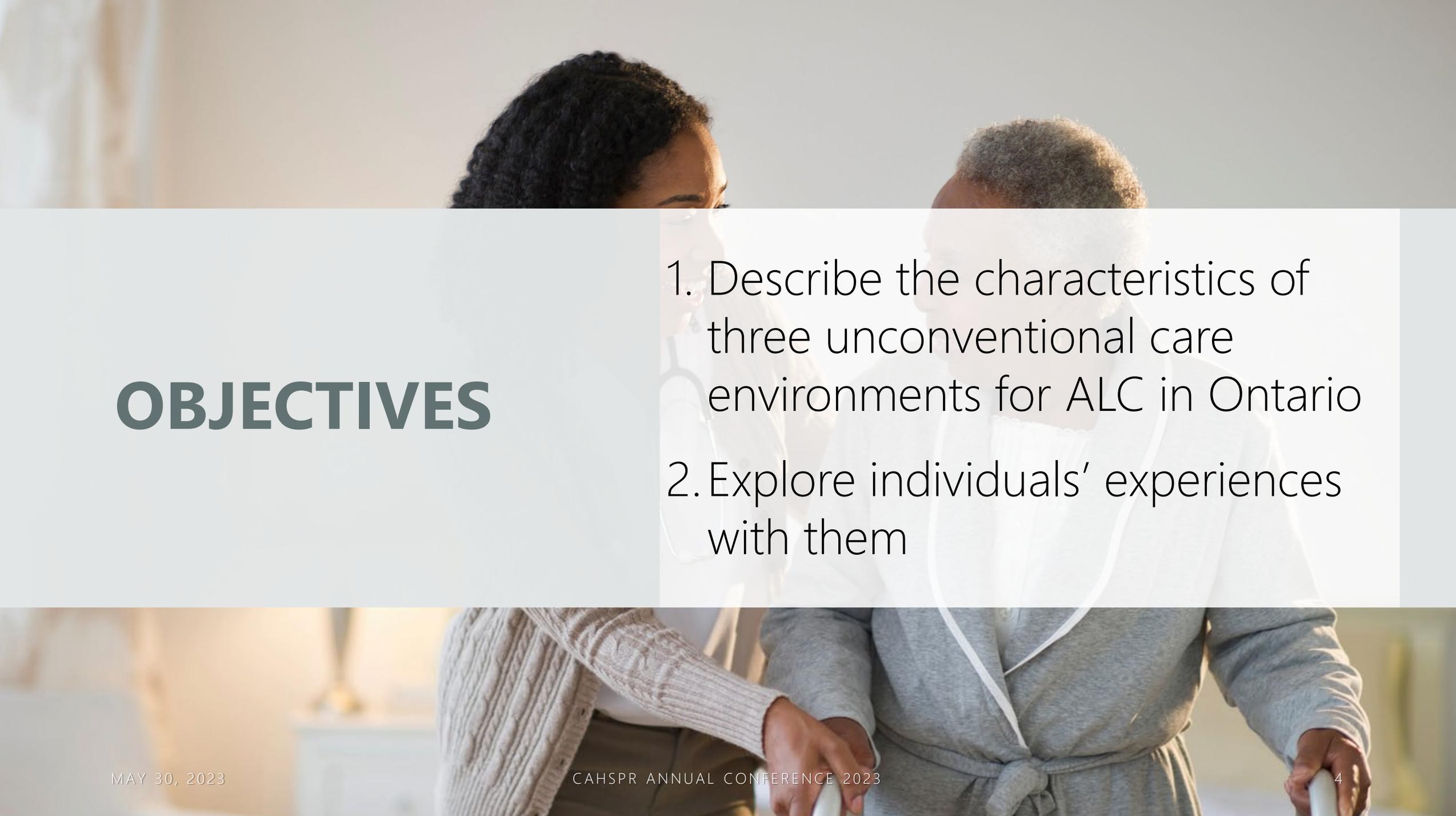
Canadian Institutes of Health Research



BACKGROUND

Alternate Level of Care (ALC)

- Medically ready for discharge, but remain in acute care
- 17% of annual patient days in acute care for those designated ALC
- ALC contributes to ongoing capacity pressures
- Unconventional environments are becoming increasingly common



OBJECTIVES

1. Describe the characteristics of three unconventional care environments for ALC in Ontario
2. Explore individuals' experiences with them

METHODS

Descriptive Qualitative Study

- Sites: Three unique unconventional environments
- Participants: Patients, caregivers, healthcare providers, decision-makers
- Data collection: Interviews and observations
- Data analysis: Thematic analysis

METHODS – STUDY SITES



Site A

Urban
Renovated hospital



Site B

Rural
Former hotel for
cancer patients

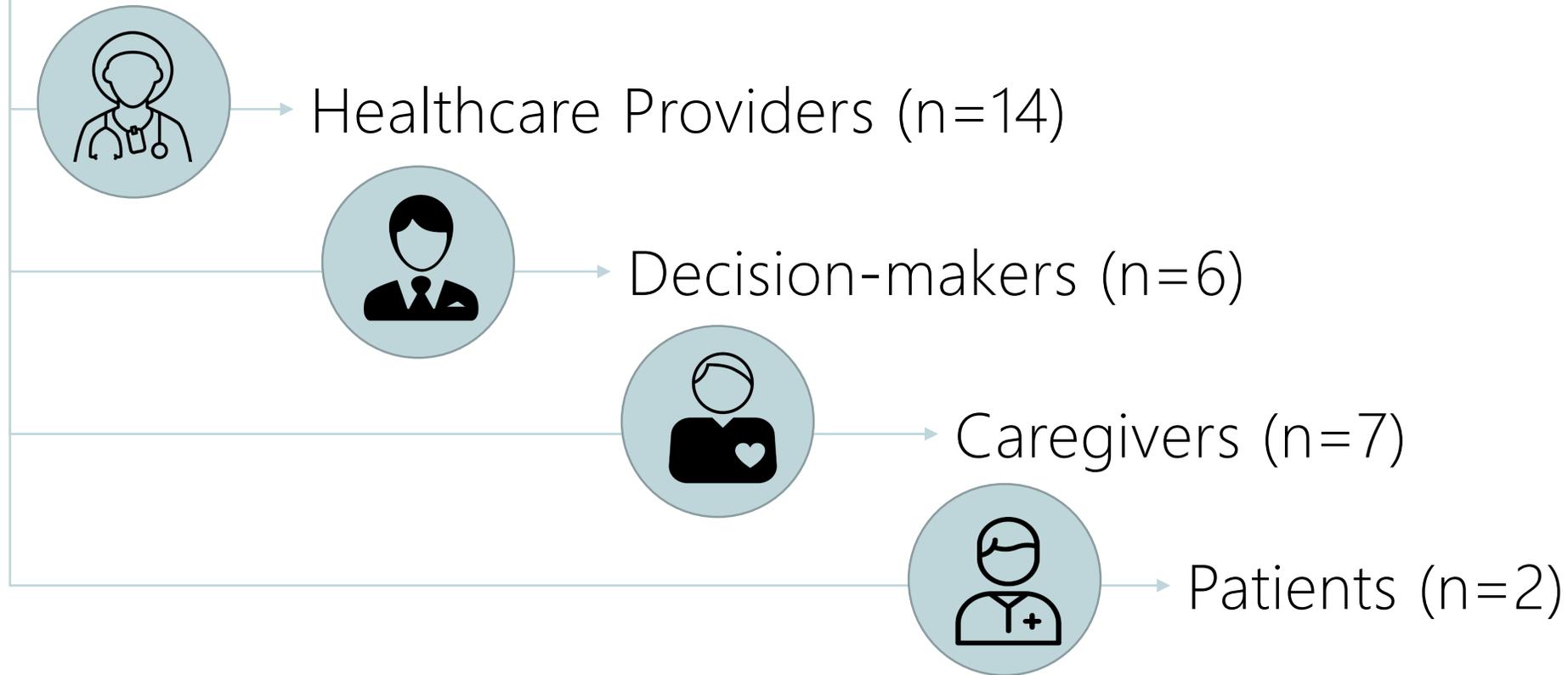


Site C

Urban
Temporary field
hospital

RESULTS

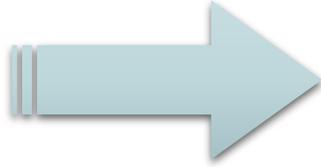
Participants (N=29)





Old hospital, renovated in 2018 to address capacity pressures

Physical Environment	<ul style="list-style-type: none">• Multiple floors; 1 locked unit• Private and semi-private rooms• Space for communal dining, exercise
Patient Eligibility	<ul style="list-style-type: none">• All ALC patients• Can have cognitive impairment & responsive behaviours
Staff Composition	<ul style="list-style-type: none">• Interdisciplinary team without geriatric specialization



Former hotel for out of town patients who were receiving treatment converted to address capacity pressures

Physical Environment	<ul style="list-style-type: none">• One floor, 20-bed unit• Mostly semi-private rooms• Small rooms, narrow hallways
Patient Eligibility	<ul style="list-style-type: none">• Elderly patients with restorative potential• Experience 1+ geriatric syndromes• Ambulatory
Staff Composition	<ul style="list-style-type: none">• Interdisciplinary team with geriatric specialization



Tent; originally opened at the start of the pandemic to prepare for capacity increases

Physical Environment	<ul style="list-style-type: none">• Temporary structure• ~50 beds, 3 nursing stations• Open concept, dividers between beds, wide hallway
Patient Eligibility	<ul style="list-style-type: none">• Patients with restorative potential• Ambulatory
Staff Composition	<ul style="list-style-type: none">• Interdisciplinary team without geriatric specialization

RESULTS

Themes

1. Unconventional environments had implications on the **physical safety** of patients
2. Unconventional environments impacted **team interactions and patient care**
3. **Staffing models** in the unconventional environments impacted continuity of care

Implications on Physical Safety

“

The bathroom itself is extremely tiny, you can't really take gait-aids in there, so almost every single patient here, like more than 90 percent use gait-aides. **So it's nearly impossible to get a gait-aid in there**, so that's a problem. And if they need the help of one – another person, it's even more of a challenge.

(Hampton, Site B)

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Team Interactions and Patient Care

“

The team was incredible. Yeah, **we had a really, really good, strong team** and everybody worked really, really well together. And we were really committed to, you know, making sure that very unconventional space worked as well as any of our conventional spaces, if not better.

(Georgia, Site C)

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Staffing Models and Continuity of Care

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I think that each floor should have its own dedicated nurses, and PCAs [personal care assistant] for that matter. But they have to rotate them all around. Like there's a really nice nurse and he and I built up a rapport, but I haven't seen him in probably three weeks, at least. Because he's working I think on the first floor. So I find that challenging...

(Clark, Site A)

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KEY TAKEAWAYS

- ALC is an ongoing problem across Canada
- Transitioning patients to unconventional environments may have implications on patient safety
- Physical proximity, size of the team, and consistency of interactions should be considered to improve continuity of care and experiences

Questions?



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