OPTIC Transition Tracking Tool (T3)

Unique Identifier:

_____

The T3 is a pilot-tested electronic data collection tool used to obtain case-related data about long-term care (LTC) residents during the emergency transition process. It is comprised of data elements from LTC, emergency transport and emergency department settings.

Please cite this tool as:
Cummings GG, Reid RC, Cummings GE, Cooper SL, Abel S, Bissell LJ, Estabrooks CA, Rowe BH, Wagg A, Norton PG, Ertel M. (2013). OPTIC Transition Tracking Tool© (T3©).

References on development and pilot testing:
Cummings GG, Reid RC, Estabrooks CA, Norton PG, Cummings GE, Rowe B, Abel, S, Bissell L, Bottorff J, Robinson CA, Wagg A, Lee J, Lynch S, Masaoud E. (2012). Older Persons' Transitions in Care (OPTIC): A study protocol. BMC Geriatrics, 12:75. doi: 10.1186/1471-2318-12-75, http://www.biomedcentral.com/1471-2318/12/75

Reid RC, Cummings GE, Cooper SL, Abel S, Bissell LJ, Estabrooks CA, Rowe BH, Wagg A, Norton PG, Ertel M, Cummings GG. (2013). The Older Persons' Transitions in Care (OPTIC) study: Pilot testing of the transition tracking tool. BMC Health Services Research, 13 (515). doi: 10.1186/1472-6963-13-515

T3 TOOL - LTC Facility Tracking Sheet -1

Project Coordinator first found out about resident (dd/mm/yr): _____

Date of data collection (dd/mm/yr): _____

Data collected from charts, patient care records and EDIS (Edmonton)

I – Resident related information

1. Sex of the resident: □ Female □ Male

2. **List resident's pre-existing diagnoses**

_____

3. **Does the resident have publicly funded provincial health insurance?**
   - □ Yes
   - □ No
   - □ Unknown/Not documented

a) Which of the following supplemental health insurance plans does the resident have? (*Check all that apply)*

□ Publically funded provincial health

Additional plans:

- □ Veteran's
- □ Private (e.g. Blue Cross, Sunlife, etc). *Specify*: _____
- □ Unknown
- □ Other (*specify)* _____

4. **Does the resident have difficulty with any of the following?** (Check all that apply)

□ Developmental delay	□ Hearing
□ Speech	□ Needs physical restraint
□ Mobility	□ Cognition
□ Vision	□ Level of consciousness
□ Activities of daily living	□ Psychiatric illness
□ Language	□ Swallowing
	□ Other, physical function (*specify)*
	□ Not documented

5. **Does the resident have a legal substitute decision maker for healthcare decisions?**
   - □ Yes, *go to questions 5a and b*.
   - □ No, *go to question 6*
   - □ Not Documented

a**) If yes, who is this person? (*Check all that apply*)**

□ Wife	□ Husband
□ Son	□ Daughter
□ Friend	□ Grandson
□ Granddaughter	□ Niece
□ Nephew	□ Other (*specify)*
	□ Not Documented

b) **Does this person reside in the same city as the resident?**
- □ Yes
- □ No
- □ Unknown

6. **Is there a next of kin named for this resident?**
- □ Yes, *go to question 6a.*
- □ No, *go to Section II*.
- □ Unknown, *go to Section II*.

a) If yes, is this the same person as holds substitute decision-maker responsibility?
- □ Yes
- □ No
- □ Unknown

□ Notes _____

II – Facility Related Information

1. **Has the resident been transferred to the ED from the long term care centre for health reasons in the last seven days?**
- □ Yes, (Hospital 1 or Hospital 2) when? (dd/mm/yr) _____ (time) _____
- □ Day (7:00-15:00) □ Evening (15:00-23:00) □ Night (23:00-7:00)
- □ No, *go to question 2*
- □Yes, (other ED(s) in Edmonton)

Please tick all emergency departments the resident has been transferred to in the last 7 days.
- □ [Hospital A] Emergency Department
- □ [Hospital B] Emergency Department
- □ [Hospital C] Emergency Department
- □ [Hospital D] Emergency Department
- □ Community Health Centre (specify)

2. **How many times did a physician assess the resident's health in the 7 days prior to the transfer?**
- □ None
- □ One
- □ Two
- □ Three
- □ >3

3. **When was the resident last examined by a physician for reasons related to the transfer?**
(dd/mm/yr) _____ (time) _____
- □ Day (7:00-15:00) □ Evening (15:00-23:00) □ Night (23:00-7:00)
- □ Not assessed by physician

4. **How many times did a physician talk/fax with the long term care centre staff about the health of the resident in the 7 days prior to the transfer?**
- □ None
- □ One
- □ Two
- □ Three
- □ >3

□ Notes _____

III – Transfer Related Information

Events in the last 7 days that led to the transfer (*Check all that apply, state the most recent event time in each option)*:

□ Not documented

T3 TOOL - LTC Facility Tracking Sheet -1

□ Falls (dd/mm/yr): _____ (time) _____
□ Day (7:00-15:00) □ Evening (15:00-23:00) □ Night (23:00-7:00)

□ Fractures (dd/mm/yr): _____ (time) _____
□ Day (7:00-15:00) □ Evening (15:00-23:00) □ Night (23:00-7:00)

□ Aspiration pneumonia (dd/mm/yr): _____ (time) _____
□ Day (7:00-15:00) □ Evening (15:00-23:00) □ Night (23:00-7:00)

□ Sudden change in physical condition in (dd/mm/yr): _____ (time) _____
□ Day (7:00-15:00) □ Evening (15:00-23:00) □ Night (23:00-7:00)

□ Family request to send resident to hospital (dd/mm/yr): ___ (time) _____
□ Day (7:00-15:00) □ Evening (15:00-23:00) □ Night (23:00-7:00)

□ Chest pain (dd/mm/yr): _____ (time) _____
□ Day (7:00-15:00) □ Evening (15:00-23:00) □ Night (23:00-7:00)

□ Sepsis (dd/mm/yr): _____ (time) _____
□ Day (7:00-15:00) □ Evening (15:00-23:00) □ Night (23:00-7:00)

□ Significant change in mental status (confusion) (dd/mm/yr): _____ (time) _____
□ Day (7:00-15:00) □ Evening (15:00-23:00) □ Night (23:00-7:00)

□ Short of breath (SOB) (dd/mm/yr): _____ (time) _____
□ Day (7:00-15:00) □ Evening (15:00-23:00) □ Night (23:00-7:00)

□ Inability to catheterize or replace existing catheter (dd/mm/yr): _____ (time) _____
□ Day (7:00-15:00) □ Evening (15:00-23:00) □ Night (23:00-7:00)

□ Other (*specify*): (dd/mm/yr): ____(time) _____
□ Day (7:00-15:00) □ Evening (15:00-23:00) □ Night (23:00-7:00)

(dd/mm/yr): ____(time) _____
□ Day (7:00-15:00) □ Evening (15:00-23:00) □ Night (23:00-7:00)

(dd/mm/yr): ____(time) _____
□ Day (7:00-15:00) □ Evening (15:00-23:00) □ Night (23:00-7:00)

2. **Was a formal assessment of mental status documented?** *E.g. MMSE*
□ Yes
□ No

3. **Was delirium documented?**
□ Yes
□ No

4. **What were the trigger event(s) that led to the transfer of the resident?** (*Check no more than 3 options*)

□ Fall(s)
□ Aspiration pneumonia
□ Family/friend caregiver request
□ Sepsis
□ Inability to catheterize
□ Fracture(s)
□ Sudden change in condition
□ Chest pain
□ Short of breath (SOB)
□ Other (*specify)*
□ Not documented

T3 TOOL - LTC Facility Tracking Sheet -1

5. **Date and Time Emergency Medical Services or Inter-facility transfer (IFT/EMS) notified** (dd/mm/yr): _____ (time)_____

□ Day (7:00-15:00) □ Evening (15:00-23:00) □ Night (23:00-7:00)

□ Not documented

6. Who made the call to notify IFT/EMS?

□ His/her own physician
□ Licensed Practical Nurse (LPN)
□ Resident care manager
□ Other (*specify*)
□ Registered Nurse (RN)
□ Nurse practitioner
□ Unit assistant
□ Not documented

7. Who was involved in the decision to transfer? (*Check all that apply*)

□ Resident
□ Physician of record for the resident
□ Nurse practitioner
□ Resident Care Manager
□ Other (*specify*):
□ Resident's family/friend caregiver
□ Registered Nurse (RN)
□ Licensed Practical Nurse (LPN)
□ Health Care Aide (HCA)
□ Not documented

8. **Who made the final decision to transfer?**

□ Resident
□ Physician of record for the resident
□ Nurse practitioner
□ Resident Care Manager
□ Other (*specify*):
□ Resident's family/friend caregiver
□ Registered Nurse (RN)
□ Licensed Practical Nurse (LPN)
□ Health Care Aide (HCA)
□ Not documented

9. Was an attempt to contact the resident's physician made
□ prior to transfer?
□ post transfer?
□ Not documented

□ Yes, when? (dd/mm/yr) _____ (time) _____ , go to question 9a
□ Day (7:00-15:00) □ Evening (15:00-23:00) □ Night (23:00-7:00)
□ No, *go to question 11.*

a) **If yes, was the attempt to contact the resident's physician successful?**
□ Yes, *go to question 9b*
□ No, *go to question 11.*
□ Not documented

b) **If yes, who contacted the resident's physician?**

□ Resident's family/friend caregiver
□ Resident Care Manager
□ Nurse practitioner
□ Not documented
□ Registered Nurse (RN)
□ Licensed Practical Nurse (LPN)
□ Other (*specify*):

10. **Did the physician order any of the following?** *(Check all that apply)*

□ Transfer
□ Assessment by professional health care providers other than LTC personnel
□ IV access
□ Assessment by physician or designated nurse or nurse practitioner
□ Oxygen (O_2)
□ Other (*specify*):

	□ Not documented □ None of the above

11. **Was an attempt made to contact the next of kin or legal substitute decision maker to notify them about the transfer?**
□ Yes, when? (dd/mm/yr) _____ (time) _____, *go to question 11a.*
□ Day (7:00-15:00) □ Evening (15:00-23:00) □ Night (23:00-7:00)

□ No, *go to question 12.*
□ Not documented
□ Not applicable since no family / caregiver, *go to question 12*.

a) If yes, was successful contact recorded in the patient care record?
□ Yes
□ No

12. **What are the last two recent documented Cognitive Performance Scores (CPS) for the resident?**

Most recent CPS:	When assessed? (dd/mm/yr) _____ □ Not recorded
2nd recent CPS:	When assessed? (dd/mm/yr) _____ □ Not recorded

13. **Does the resident have an Advance Directive in place?**
□ Yes (dd/mm/yr) _____
□ No

14. **Does the resident have a "do not resuscitate" (DNR) order in place?**
□ Yes
□ No

15. **What documentation was sent with the resident?** (*Check all that apply*)

□ Patient Care Plan □ DNR order □ Record of allergy □ Other (*specify*):	□ Advance Directive □ Medication list □ Patient summary leading to transfer □ Patient Transfer Information Sheet □ N/A, no documents sent

16. **Which belongings accompanied the resident? (***Check all that apply*)

□ Not recorded □ Clothing □ Medications □ Slippers □ Hearing aid □ Other (*specify*):	□ Glasses □ Dentures □ Health care card □ Cane/Walker □ Jewellery

□ Notes _____

IV- Data collected from quality perception questions Asked of the Sending Long Term Care RN

□ Declined to participate
□ Could not re-call the transfer
□ Unable to contact/locate HCP

1. **Do you think the transfer could have been avoided?**
□ Yes, go to question 1a
□ No, *go to question 2*

a) If yes, what do you think could have been done to avoid the transfer?

□ Access to required equipment □ Access to adequate resources (e.g. staffing levels, Information [i.e. knowing the resident well enough/having enough information to determine their need for care]) □ Family not insisting on transfer to emergency department	□ Access to required services □ Dr. examine the resident while still in the long term care centre □ Other(s) (*specify*)

Please state how much you agree or disagree with the following statements:

2. **The transport team or person listened carefully to your report.**

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
□ 1	□ 2	□ 3	□ 4	□ 5

3. **The transport team or person listened respectfully to your report.**

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
□ 1	□ 2	□ 3	□ 4	□ 5

4. **You had a meaningful exchange of information about the reason for transfer with the transport people. (Prompt: conversation)**

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
□ 1	□ 2	□ 3	□ 4	□ 5

□ Notes _____

T3 TOOL - IFT/EMS[1] Tracking Sheet -1

Date of data collection (dd/mm/yr): _____

Data collected from charts, patient care records and EDIS (Edmonton)

I – Resident related information

1. Chief complaint:

2. **Which belongings accompanied the resident? (***Check all that apply*)

□ Not recorded
□ Clothing
□ Medications
□ Slippers
□ Hearing aid
□ Other (*specify*):
□ Glasses
□ Dentures
□ Health care card
□ Cane/Walker
□ Jewellery

3. Were the Medical /Surgical History and/or physical exam recorded on the Patient Care Record (PCR) by EMS staff?

□ History only
□ Physical exam only
□ Both
□ Neither

4. Was the list of medications on EMS1 Patient Care Report (PCR) the same as the list of medications provided by long term care centre (LTC)?

□ Yes, *go to question 5*.
□ No, go to question 4a
□ N/A no medication list provided by LTC.

a) **If no, what is the discrepancy?** (*Specify*):

5. Was there any change in resident condition between LTC and Emergency Department (ED) recorded on PCR?

□ Yes (*specify*)
□ No
□ Notes _____

II – IFT/EMS Pre-hospital setting and transfer related information

1. Was documentation prepared by LTC passed on to IFT/EMS?

□ Yes, *go to question 1a*.
□ No, *go to question 2.*

a) **If yes, which documentation was included?** (*Check all that apply*)

□ Patient Care Plan
□ DNR order
□ Record of Allergy
□ Other (*specify*):
□ Advance Directive
□ Medication list
□ Patient summary leading to transfer
□ Patient Transfer Information Sheet

2. Highest level of responding IFT/EMS Personnel

□ Paramedic □ EMT □ EMR □ PCP □ ACP □ ACP-R □ ACP-S
□ CCP □ PCP-S □ ITT □ RN

3. What level of EMS service was provided?

□ Inter-facility transfer (IFT)
□ Undocumented
□ Emergency Medical Services (EMS)
□ Other (*specify*):

T3 TOOL - IFT/EMS[1] Tracking Sheet -1

4. Number of responding IFT/EMS/MV Personnel
□ One
□ Two
□ Not documented

5. **What barriers did the resident experience to patient care?** (*Check all that apply*)

□ Developmentally Impaired
□ Hearing Deficit
□ Intoxicated
□ Language
□ Physical Deficit
□ Other (*specify*):

□ Physically Restrained
□ Speech Deficit
□ Unattended or unsupervised
□ Unconscious
□ None
□ Not documented

6. Was the PCR form handed over to the Emergency Department (ED)?
□ Yes
□ No

7. Was documentation prepared by LTC passed on to ED?
□ Yes, *go to question 7a.*
□ No, *go to question 8.*

a) **If yes, which documentation was included?** (*Check all that apply*)

□ Patient Care Plan
□ DNR order
□ Record of Allergy
□ PCR form
□ Other(*specify*):

□ Advance Directive
□ Medication list
□ Patient summary leading to transfer
□ Patient Transfer Information Sheet

8. **The resident's Canadian Triage Acuity Score (CTAS)** (*Check one*)

Level I II III IV V

9. Who assigned the CTAS score?
□ RN
□ EMS
□ Notes _____

III– Transfer-time related information

1- **Time of notification from LTC** (dd/mm/yr): _____ (time) _____
□ Not documented

2- **Arrival of IFT/EMS/MV at LTC** (dd/mm/yr): _____ (time) _____
□ Not documented

3- **EMS/IFT/MV Departure from the LTC** (dd/mm/yr): _____ (time) _____
□ Not documented

4- **EMS/IFT/MV Arrival at ED** (dd/mm/yr): _____ (time) _____
□ Not documented

5) **Was there a transfer(s) from the transporting EMS crew to other EMS personnel in the ED?**
□ Yes, *go to question 5a*.
□ No, *go to section IV*.

a) If yes, how many? At what times?

T3 TOOL - IFT/EMS[1] Tracking Sheet -1

(dd/mm/yr) _____ (time) _____

(dd/mm/yr) _____ (time) _____

□ Notes _____

IV- Data collected from Quality Perception Questions Asked of one of the EMS/IFT Responders

□ Declined to participate
□ Could not recall transfer
□ Unable to contact/locate HCP

1. **Do you think the transfer could have been avoided?**

□ Yes, *go to question 1a.*
□ No, *go to question 2.*

a) **If yes, what do you think could have been done to avoid the transfer?** (*Check all that apply*)

□ Access to required equipment
□ Access to adequate resources (e.g. staffing levels, information [i.e. knowing the resident well enough/having enough information to determine their need for care])
□ Family not insisting on transfer to emergency department
□ Access to required services
□ Dr. examine the resident while still in the long term care centre
□ Other(s) (*specify*):

Please state how much you agree or disagree with the following statements.

2. **You received sufficient written information to provide care for the resident during transfer to the emergency department.**

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
□ 1	□ 2	□ 3	□ 4	□ 5

3. **You received sufficient verbal information to provide care for the resident during transfer to the emergency department.**

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
□ 1	□ 2	□ 3	□ 4	□ 5

4. **You were clear on the exact nature of the resident's condition based on all the communication provided.**

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
□ 1	□ 2	□ 3	□ 4	□ 5

□ Notes _____

T3 TOOL - ED Tracking Sheet

Date of data collection (dd/mm/yr): _____

Data collected from charts, patient care records and EDIS (Edmonton)

I – Resident related information

1. Chief (Presenting) complaint:

□ Not Documented

□ Notes _____

II – Emergency Department Setting and transfer related information

1. Was documentation prepared by LTC and IFT/EMS passed on to ED?

□ Yes, *go to question 1a and b*.
□ No, *go to question 2*.

a) **If yes, which documentation was included? (***Check all that apply*)

□ Patient Care Plan
□ DNR order
□ Record of Allergy
□ PCR form
□ Other (*specify*):
□ Advance Directive
□ Medication list
□ Patient summary leading to transfer
□ Advanced Fax report
□ Patient Transfer Information Sheet

b) **If yes, did the documentation include the following?** (*Check all that apply*)

□ Resident's baseline cognitive function
□ Resident's communication ability
□ Resident's Advance Directives For level of care
□ Resident's vital signs at the time of the complaint
□ Resident's medication list
□ DNR
□ None

2. **Which belongings accompanied the resident?(***Check all that apply*)

□ Not recorded
□ Clothing
□ Medications
□ Slippers
□ Hearing aid
□ Other (*specify*):
□ Glasses
□ Dentures
□ Health care card
□ Cane/Walker
□ Jewellery

3. Was the nursing assessment done?

□ Yes, when? (dd/mm/yr): _____ (time) _____
□ No

4. **Was a formal assessment of mental state documented?** *E.g. MMSE*

□ Yes □ No

5. **Was delirium documented?**

□ Yes □ No

T3 TOOL - ED Tracking Sheet

6. **Date and time the Doctor electronically signed up for resident.**
(dd/mm/yr): _____ (time) _____
□ Not Documented

7. **Were the ED physician's history and examination details recorded?**
□ Yes, when? (dd/mm/yr): _____ (time) _____
□ No
□ Time Not Recorded

8. **Did the ED physician order another consultant to see the resident?**
□ Yes, *go to question 8a.*
□ No, go to *question10.*

a) **If yes, which consulting services?**
□ Internal Medicine (dd/mm/yr): _____ (time) _____ □ Time not record
□ Social Worker (dd/mm/yr): _____ (time) _____ □ Time not record
□ Surgery (dd/mm/yr): _____ (time) _____ □ Time not record
□ Pastoral Care (dd/mm/yr): _____ (time) _____ □ Time not record
□ Pulmonary/Respirologist (dd/mm/yr): _____ (time) _____ □ Time not recorded
□ Occupational Therapy/Physiotherapy (dd/mm/yr): _____ (time) _____ □ Time not recorded
□ Palliative (dd/mm/yr): _____ (time) _____ □ Time not record
□ Trauma services (dd/mm/yr): _____ (time) _____ □ Time not record
□ Stroke services (dd/mm/yr): _____ (time) _____ □ Time not record
□ Cardiology (dd/mm/yr): _____ (time) _____ □ Time not record
□ Neurosurgery (dd/mm/yr): _____ (time) _____ □ Time not record
□ Orthopaedics (dd/mm/yr): _____ (time) _____ □ Time not record
□ Intensive Care (dd/mm/yr): _____ (time) _____ □ Time not record
□ Gerontology (dd/mm/yr): _____ (time) _____ □ Time not record
□ Transition Nurse/Discharge Planner dd/mm/yr): _____ (time) _____ □ Time not recorded
□ Other (*specify*): (dd/mm/yr): _____ (time) _____ □ Time not record

9. **What was the actual date and time the consultant examined the resident**

□ Internal Medicine (dd/mm/yr):_____ (time) _____ □ Time not recorded
□ Social Worker (dd/mm/yr): _____ (time) _____ □ Time not recorded
□ Surgery (dd/mm/yr): _____ (time) _____ □ Time not recorded
□ Pastoral Care (dd/mm/yr): _____ (time) _____ □ Time not recorded
□ Pulmonary/Respirologist (dd/mm/yr): _____ (time) _____ □ Time not recorded
□ Occupational Therapy/Physiotherapist (dd/mm/yr): _____ (time) _____ □ Time not recorded
□ Palliative (dd/mm/yr): _____(time) _____ □ Time not recorded
□ Trauma services (dd/mm/yr): _____ (time) _____ □ Time not recorded
□ Stroke services (dd/mm/yr): _____ (time) _____ □ Time not recorded
□ Cardiology (dd/mm/yr): _____ (time) _____ □ Time not recorded
□ Neurosurgery (dd/mm/yr): _____ (time) _____ □ Time not recorded
□ Orthopaedics (dd/mm/yr): _____ (time) _____ □ Time not recorded
□ Intensive Care (dd/mm/yr): _____ (time) _____ □ Time not recorded
□ Gerontology (dd/mm/yr): _____ (time) _____ □ Time not recorded
□ Transition Nurse/Discharge Planner (dd/mm/yr): _____ (time) _____□ Time not recorded
□ Other (dd/mm/yr): _____ (time) _____ □ Time not recorded

10**. What diagnostic tests were conducted?**
□ None, *go to question 11*.

□ X-rays (dd/mm/yr): _____ (time) _____ □ Time not recorded
Location(s) _____

□ Urine (dd/mm/yr): _____ (time) _____ □ Time not recorded

□ CAT scan (dd/mm/yr): _____ (time) _____ □ Time not recorded
Location(s) _____

□ MRI (dd/mm/yr): _____ (time) _____ □ Time not recorded
Location(s) _____

□ Lab Work(dd/mm/yr): _____ (time) _____ □ Time not recorded

□ Ultrasound (dd/mm/yr): _____ (time) _____ □ Time not recorded

□ Other (*specify*): □ Time not recorded	(dd/mm/yr): _____ (time) _____

11. What procedures were performed? (*Check all that apply*)

□ None, *go to question 12.*

□ Dislocated joint reduction (dd/mm/yr): _____ (time) _____ □ Time not recorded
□ Fracture reduction (dd/mm/yr): _____ (time) _____ □ Time not recorded
□ Cardioversion (dd/mm/yr): _____ (time) _____ □ Time not recorded
□ Scopes (dd/mm/yr): _____ (time) _____ □ Time not recorded
□ Laceration Repair(dd/mm/yr): _____ (time) _____ □ Time not recorded
□ Bladder Catheterization(dd/mm/yr): _____ (time) _____ □ Time not recorded
□ Para/thoro-centesis (dd/mm/yr): _____ (time) _____ □ Time not recorded
□ Other: _____ (dd/mm/yr): _____ (time) _____ □ Time not recorded

12. **Final ED diagnosis?** *Specify* _____

(dd/mm/yr): _____ (time) _____ □ Time Not Recorded

13. **Disposition decision of the resident**

Date and time of disposition decision: (dd/mm/yr): _____ (time) _____

Reason for disposition decision:
□ Reason for decision not recorded □ Time Not Recorded

□ Admit to inpatient unit □ Admit to ICU □ Discharge to LTC □ Transfer to another hospital □ Deceased	□ Bed in ED □ Hallway/FCP □ Discharge to another LTC □ Discharge to care of family/friend caregiver □ Other (*specify*)

14. **Actual disposition of the resident**

ACTUAL disposition (dd/mm/yr): _____ (time) _____ □ Time Not Recorded

□ Admit to inpatient unit □ Admit to ICU □ Discharge to LTC □ Transfer to another hospital	□ Bed in ED □ Hallway/FCP □ Discharge to another LTC □ Discharge to care of family/friend caregiver □ Other (*specify*)

□ Deceased

15. Did the emergency department staff call the long term care centre regarding the resident's return?
□ Yes (dd/mm/yr): _____, *go to question 14a.* □ Time Not Recorded
□ No, *go to EMS/IFT 2.*
□ Not documented, *go to EMS/IFT 2.*
□ N/A

a) If yes, who made the call?
□ RN □ LPN □ Clerk

16. While the resident was in the ED, was an attempt made to contact the family/friend caregiver about the condition/disposition?

□ Yes, the attempt was successful, *go to question 16*

□ Yes, the attempt was unsuccessful, *go to question 16*

□ Not applicable, family was present, *go to section III*

□ No, not documented, *go to section III*

16a.**If family/friend caregiver was not present while the resident was in the ED, who notified the family/friend caregiver?**

□ Physician
□ Licensed Practical Nurse (LPN)
□ Manager
□ Resident/Medical Student
□ Registered Nurse (RN)
□ Nurse Practitioner
□ Social Services
□ Other (*specify*):

□ Notes _____

III - ED Quality Indicators

1. **How many adult patients were in the waiting room/triage of the Emergency Department when the resident arrived?** _____
   Total # of adults in the Emergency Department when the resident arrived _____
2. **How many adults were assessed with CTAS scores of Level 1 and Level 2 at the time the resident arrived in the ED?**

#1 _____

#2 _____

3. **# of patients admitted but waiting in the Emergency Department for a bed to become available in an inpatient unit**. _____

□ Notes _____

IV- Data collected from Quality Perception Questions Asked of the Emergency Department Bedside RN

□ Declined to participate

□ Could not recall transfer

□ Could not contact/locate HCP

1. **Do you think the transfer could have been avoided?**
□ Yes, go *to question 1a*.
□ No, *go to question 2.*

a) If yes, what do you think could have been done to avoid the transfer

- □ Access to required equipment
- □ Access to adequate resources (e.g. staffing levels, Information [i.e. knowing the resident well enough/having enough information to determine their need for care])
- □ Family not insisting on transfer to emergency department
- □ Access to required services
- □ Dr. examine the resident while still in the long term care centre
- □ Others (specify)

Please state how much you agree or disagree with the following statements.

2**. You received sufficient written information to provide care for the resident during their time at the emergency department.**

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
□ 1	□ 2	□ 3	□ 4	□ 5

3. **You received sufficient verbal information to provide care for the resident during their time at the emergency department.**

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
□ 1	□ 2	□ 3	□ 4	□ 5

4. **You were clear on the exact nature of the resident's problem based on all the communication provided.**

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
□ 1	□ 2	□ 3	□ 4	□ 5

□ Notes _____

T3 TOOL - Inpatient Tracking Sheet

Date of data collection (dd/mm/yr): _____

Data collected from charts, patient care records and EDIS (Edmonton)

I – Resident related information

1. **Time resident transferred from inpatient hallway to bed.**

(dd/mm/yr): _____ (time) _____ □ N/A □ Time Not Recorded

2. **Resident admitted to which unit:**	
3. **Patient admitted to which program:**	

□ Notes _____

II – Inpatient setting and transfer related information

1- **Which belongings accompanied the resident?(***Check all that apply*)

□ Not recorded
□ Clothing
□ Medications
□ Slippers
□ Hearing aid
□ Other (*specify*):
□ Glasses
□ Dentures
□ Health care card
□ Cane/Walker
□ Jewelry

2- Was the documentation prepared by LTC/IFT/EMS/ED given to the Inpatient unit?

□ Yes, *go to question 2a*.
□ No, *go to question 3*.

a) **If yes, which documentation(s) below was included?** (*Check all that apply*)

□ Patient Care Plan
□ DNR order
□ Record of Allergy
□ PCR form
□ Other(*specify*):
□ Advance Directive
□ Medication list
□ Patient Summary Leading to Transfer
□Advanced Fax Report
□ Patient Transfer Information Sheet
□ ED Outpatient Record
□ ED Nurse's Notes
□ Test results from ED
□ Physician's Record of Assessment
□ ED Triage Form
□ ED Physician's Orders

3- Was the resident transferred to Operation Room (OR) theatre?

□ Yes, *go to question 3a*.
□ No, *go to Section III*.

a) **If yes, what was the surgical procedure**?	
□ Notes _____	

III – Transfer-time related information

1. **Arrival on Inpatient Unit** (dd/mm/yr): _____ (time) _____
   □ Time Not Recorded

2. **Actual disposition of the resident:**

□ Transfer to another inpatient unit in same hospital (dd/mm/yr): _____ (time) _____ □ Time Not Recorded

□ Sent to another hospital unit or facility (dd/mm/yr): _____ (time) _____ □ Time Not Recorded

□ Resident returned to LTC (dd/mm/yr): _____ (time) _____ □ Time Not Recorded

□ Returned to another LTC (dd/mm/yr): _____ (time) _____ □ Time Not Recorded

□ Discharged in care of family/friend (dd/mm/yr): _____ (time) _____ □ Time Not Recorded

□ Deceased on (dd/mm/yr): _____ (time) _____ □ Time Not Recorded

3. **Did the inpatient staff call the long term care centre regarding the resident's return?**

□ Yes (dd/mm/yr): _____, *go to question 3a*.
□ No, *go to EMS/IFT 2.*
□ Not documented, *go to EMS/IFT 2.*

a) If yes, who made the call?
- □ RN
- □ LPN
- □ Clerk

□ Notes _____

T3 TOOL - Disposition Tracking Sheet [1]

Date of data collection (dd/mm/yr): _____

Data collected from charts, patient care records and EDIS (Edmonton)

I – Resident related information

1. Primary cause of death as recorded on patient care plan:	

2. **Setting where death occurred**
□ IFT/EMS/MV
□ ED
□ Hospital
□ Other (*specify*):

3.Date of death (dd/mm/yr): _____ (time) _____
□ Time Not Recorded

□ Notes _____

[1] Death while in care of IFT/EMS/MV, ED, or Inpatient

T3 EMS/IFT - 2

Date of data collection (dd/mm/yr): _____

I – Resident related information

1. **Which belongings accompanied the resident? (***Check all that apply*)

□ Not recorded	□ Glasses
□ Clothing	□ Dentures
□ Medications	□ Health care card
□ Slippers	□ Cane/Walker
□ Hearing aid	□ Jewellery
□ Other (*specify*):	

2. **Was documentation prepared by ED/or inpatient unit sent with the resident?** (*Check all that apply*)
   □ Yes, *go to question 2a*. □ No, *go to question 3.*
   a) If yes, what documentation?
   □ Inpatient summary
   □ ED summary
   □ Transfer record
   □ Other *(specify)*

3. **Was the list of medications on paramedic examinations the same as the one provided by inpatient unit or the ED?**
   □ Yes, *go to question 4*.
   □ No*, go to question 3a.*
   □ N/A no medication list provided by inpatient unit or ED.

a) **If no, what is the discrepancy?** (*specify*):	
□ Notes _____	

II – IFT/EMS Pre-hospital setting and transfer related information

1. Number of responding IFT/EMS/MV Personnel
□ One □ Two

2. What type of transportation was provided?

□ Inter-facility transfer (IFT)	□ Emergency Medical Services (EMS)
□ Medi-Van (MV)	□ Transport Bus
□ Accessible Transit Service or Taxi	□ Family/friend caregiver car
□ Other (*specify*):	

□ Notes _____

III– Transfer-time related information

1. **Arrival time of IFT/EMS/MV at Inpatient/ED** (dd/mm/yr): _____ (time) _____
2. **Departure from the Inpatient/ED** (dd/mm/yr): _____ (time) _____

3.**Arrival place and time**

T3 EMS/IFT - 2	
□ Arrival at *original* LTC on (dd/mm/yr): _____ (time) _____	
□ Arrival at *another* LTC on (dd/mm/yr): _____ (time) _____	The name of another LTC:
□ Notes _____	

IV- Data collected from Quality Perception Questions Asked of one of the EMS/IFT Responders

□ Declined to participate
□ Could not recall transfer
□ Could not contact/locate HCP

Please state how much you agree or disagree with the following statements.

1. **You received sufficient written information to provide care for the resident during transfer back to the long term care centre.**

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
□ 1	□ 2	□ 3	□ 4	□ 5

2. **You received sufficient verbal information to provide care for the resident during transfer back to the long term care centre.**

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
□ 1	□ 2	□ 3	□ 4	□ 5

3. **You were clear on the exact nature of the resident's problem based on all the communication provided.**

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
□ 1	□ 2	□ 3	□ 4	□ 5

□ Notes _____

T3 TOOL - LTC Facility Tracking Sheet - 2

Date of data collection (dd/mm/yr): _____

Data collected from charts, patient care records and EDIS (Edmonton)

I – Resident related information

1. On return to the facility, did LTC staff conduct a clinical assessment of the resident?

□ Yes, when?(dd/mm/yr) _____(time) _____
□ Day (7:00-15:00) □ Evening (15:00-23:00) □ Night (23:00-7:00)

□ No
□ Not documented

2. **Which belongings accompanied the resident?(***Check all that apply*)

□ Not recorded
□ Clothing
□ Medications
□ Slippers
□ Hearing aid
□ Other (*specify*):
□ Glasses
□ Dentures
□ Health care card
□ Cane/Walker
□ Jewellery

3. Was the Inpatient/ED history received?

□ Yes □ No

4. What documents was sent by the ED/Inpatient unit to the LTC?

□ Patient Care Plan
□ DNR order
□ Record of Allergy
□ Inpatient summary
□ ED summary
□ Advance Directive
□ Medication list
□ PCR form
□Transfer record
□ Other (*specify*):

5. Were discharge instructions received?

□ Yes, in writing, *go to question 5a.*
□ Yes, by telephone, *go to question 5a.*
□ No, go to question 6.
□ Not documented

a) **Did the discharge instructions include any of the following?** (*Check all that apply*)
- □ Details of diagnosis
- □ Details of management plans for follow-up
- □ Discharge vitals

6. **Was the medication reconciliation performed by the facility?**

□ Yes, *go question 6a.*
□ No, *go to Section II.*
□ Not documented
□ N/A, specify _____

a) If yes, were any changes identified?

□ Yes, *specify any differences* _____
□ No

T3 TOOL - LTC Facility Tracking Sheet - 2

□ Notes _____

II– Facility setting related information

1. **Was the family/friend caregiver informed that the resident returned to the LTC?**

□ Yes
□ No
□ Not documented
□ Not applicable since no family/friend /Caregiver

2. **Was the resident's physician informed that the resident returned to the LTC?**

□ Yes □ No □ Not documented

□ Notes _____

III– Transfer -time related information

1. **Time family/friend caregiver informed** (dd/mm/yr): _____ (time)_____
   □ Day (7:00-15:00) □ Evening (15:00-23:00) □ Night (23:00-7:00)

□ Not applicable since no family/caregiver

2. **Time resident's physician informed** (dd/mm/yr): _____ (time) _____

3. **Arrival time of resident at facility** (dd/mm/yr): _____ (time) _____

□ Notes _____

IV - IV- Data Collected from Quality Perception Questions Asked of the Long Term Care Centre Receiving RN

□ Declined to participate
□ Could not recall the transfer
□ Could not contact/locate HCP

1. **Was it difficult to provide for the resident's discharge needs when they returned to the long term care centre?**

□ Yes, *go question 1a.*
□ No, *go to question 2*.

a) **If yes, what aspect(s) made it difficult?** (*Check all that apply*)

□ Time of arrival
□ Unable to access required services (e.g. pharmacy)
□ Had insufficient staffing resources
□ Legibility of Instructions
□ Unable to access required equipment
□ Other (*specify*)

2. Did t**he resident returned from the ED with a change in cognitive status?**

□ Yes □ No

a) If yes, did the resident's condition

□ Improve □ Deteriorate

3. **Did the resident return with any new skin injuries/changes?**

□ Yes □ No

Please state how much you agree or disagree with the following statements.

4. **You received sufficient written information to resume care for the resident.**

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
□ 1	□ 2	□ 3	□ 4	□ 5

5. **You received sufficient verbal information to resume care for the resident.**

Strongly Agree □ 1 Agree □ 2 Neutral □ 3 Disagree □ 4 Strongly Disagree □ 5 □ N/A

6. You were clear about the changes to the resident's care plan based on all the communication received.

Strongly Agree □ 1 Agree □ 2 Neutral □ 3 Disagree □ 4 Strongly Disagree □ 5

7. **The resident returned to the level of function prior to the transfer.**

Strongly Agree □ 1 Agree □ 2 Neutral □ 3 Disagree □ 4 Strongly Disagree □ 5

8. **You had a meaningful exchange of information with the transport people about the medicl condition and treatments the resident received while in the emergency department or hospital. (Prompt: conversation)**

Strongly Agree □ 1 Agree □ 2 Neutral □ 3 Disagree □ 4 Strongly Disagree □ 5

□ Notes _____