

Effective Implementation of a Geriatric Home Care Program in a Toronto based Family Health Team

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Background

Elderly homebound patients have higher rates of ED use and double the rate of annual hospitalizations than those that are not homebound. Home visits allow home-bound individuals to access timely care. House calls positively affect patient outcomes including patient and caregiver satisfaction and lower ED visits.



Objectives

- Demonstrate how a home care program increases the number of patients who are able to access care at home
- Demonstrate increased availability to primary care for home-bound patients
- Reduce poly-pharmacy with a home care program
- Utilize an inter-disciplinary team within a primary care model to improve access

Methods

- Our interdisciplinary team consists of a primary physician, nurse practitioner, and a community care access coordinator
- Billing codes within our EMR were tracked to identify home visiting patients
- A retrospective chart review to compare the number of visits before and after program implementation was performed
- The number of medications before and after were compared

Results

- Average age of our home-visit patients was 84
- Number of patients seen at home increased from 18 to 38 after 5 months of program implementation
- Average number of visits increased from 7 to 33 per month after 5 months of program implementation
- No significant change in number of medications after program implementation

Number of Patients in Home Visit Program



Figure 1

Number of Home Visits per Month (July 2014-April 2015)

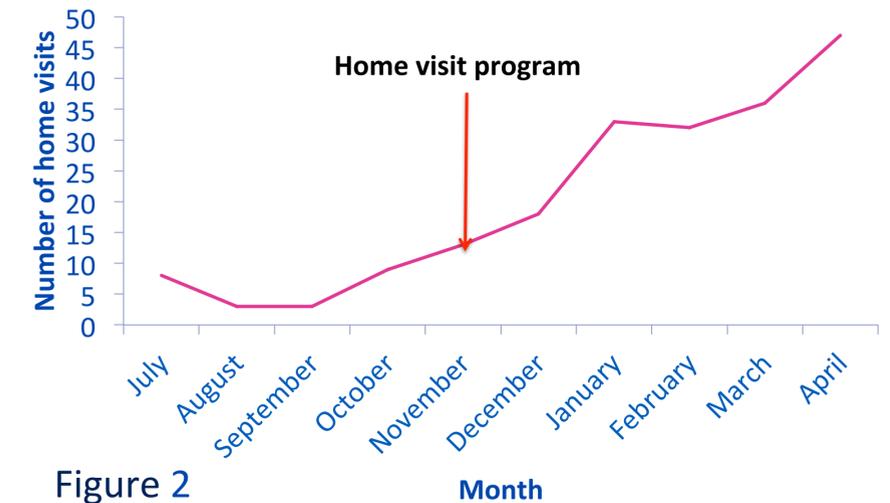


Figure 2

Conclusion

A home visit program has allowed for increased capacity but also increased access for each patient. There was no change regarding the number of medications; however, a few patients were seen with no prior primary care and therefore were started on medications (including palliative care). We were unable to gather data to demonstrate whether this program impacts ED and hospital visits.

References

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