

***Better tArgetting, Better outcomes
for frail ELderly patients (BABEL)***

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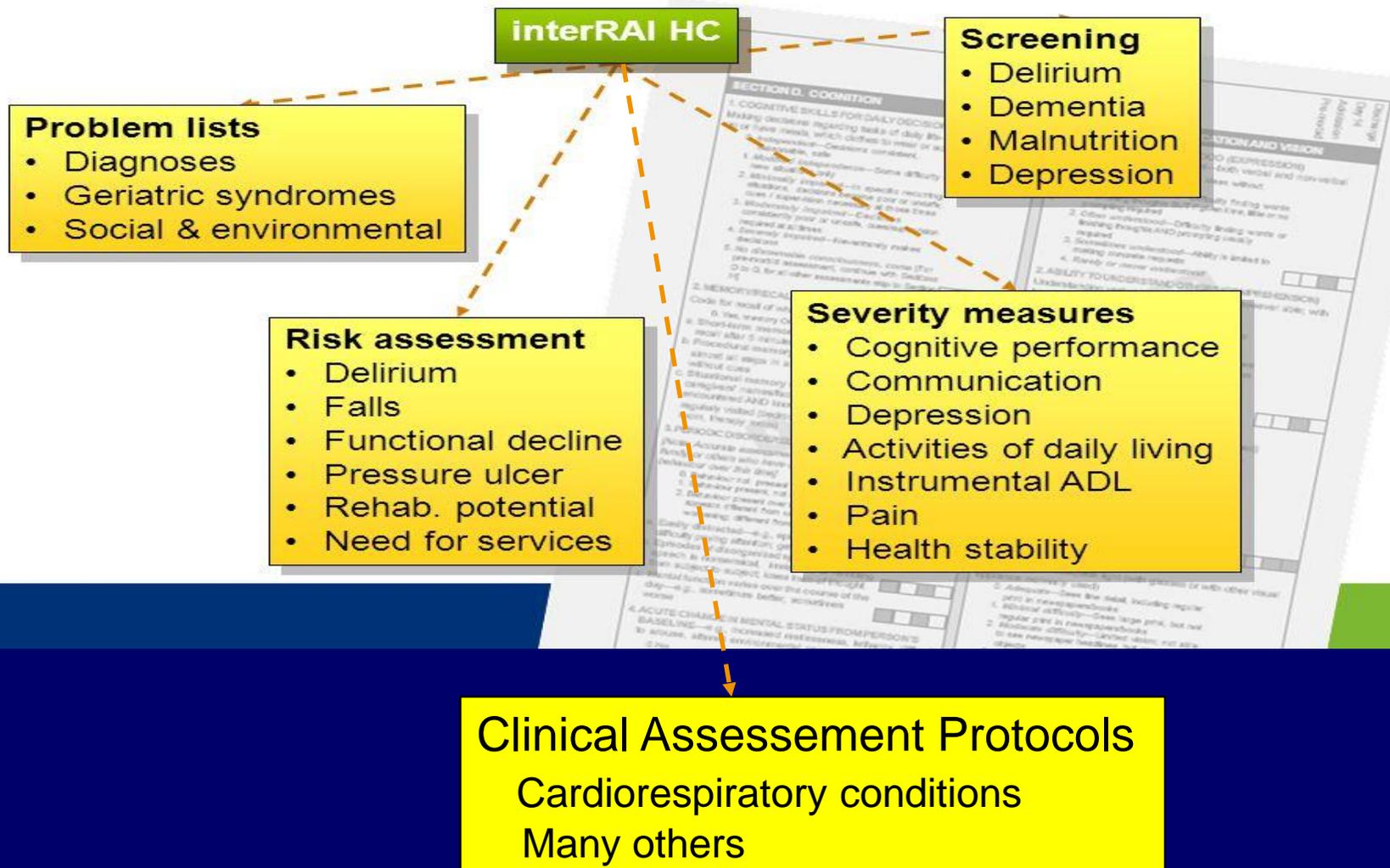
Global Vision

- Implement research projects throughout the continuum of care to develop a common and standardized approach to:
 - Evaluate at-risk/vulnerable/frail patients
 - Elaborate care plans
 - Target the right patients for interventions
 - Measure/control care quality
 - Allocate resources efficiently
 - Do research on the healthcare system (continuous improvement of care and practices)

Our Research Program

- The "Big Goal" : Optimize care for the frail/vulnerable elderly across the continuum of care
- There are interventions that improve outcomes for frail seniors -- but use limited by inefficient targeting of "at-risk" patients
- BABEL -- reference to use of common tools (*language*)
- Resident Assessment Instrument (RAI, interRAI)
 - common set of risk-stratification and decision-making tools
 - currently in wide use for Home Care and LTC
- Overall hypothesis: Targeted, tailored, evidence-informed interventions based on standardized assessments of needs and preferences in high risk groups of frail seniors will improve patient-centered and family-centered outcomes

The interRAI HC offers multi-dimensional assessment



Three Projects

- PROJECT 1: Use RAI-HC to target at-risk Home Care clients to implement interventions aimed at management of major cardiorespiratory symptoms
 - PI: Costa Funding: CIHR + CFN
- PROJECT 2: Use RAI-LTC to target at-risk Long-term Care residents to implement an evidence-based intervention aimed at advance care planning
 - PI: Garland, Heckman Funding: CFN
- PROJECT 3: Implement a new acute care version of RAI into hospitals in Quebec
 - PI: Hebert, Hirdes Funding: CFN

Project 1: Home Care Setting

- Primary Question:
 - Can targeted interventions reduce ED visits for HC clients with cardiopulmonary symptoms?
- Targeting: RAI-derived DIVERT scale -- identifies HC clients at high risk of ED visits for cardiopulmonary symptoms
- Intervention: Actually use the Clinical Assessment Protocol in RAI-HC for cardiopulmonary symptoms
- Design: Cluster-randomized trial of HC clients in 36 areas; compare intervention vs. regular care

Project 2: Long-term Care Setting

- Primary Question:
 - Can targeted interventions increase the concordance between what LTC clients (or if demented, their families) say they want when they develop acute illnesses, and what they actually get?
- Targeting: RAI-derived CHES score -- identifies LTC clients at high risk of dying within next 1 year
- Intervention: Implement use of an evidence-based “decision matrix” around acute illness/symptom exacerbation
- Design: Cluster-randomized trial of 22 LTC homes in Ontario, Manitoba & Alberta; compare intervention vs. regular care

Project 3: Acute Care Settings

- Primary Questions:
 - Can we successfully introduce a new *acute care* version of RAI into Emergency Departments and pre-operative clinics in Quebec?
 - What is the magnitude of frail elderly patients in those settings that would otherwise go undetected?
- Design: Introduction of RAI-AC into ED and pre-operative clinics in several Quebec hospitals

“Final Thoughts”

- Priority/opportunity to act upon to improve care of frail older citizens:
- *Sustainability* through identification and targeting
- Address the continuum of care -- particularly improving transitions from one care setting to another