New Brunswick Extra-Mural Program

“Hospital without Walls”
Extra-Mural Program Mandate

- Alternative to hospital admissions
- Early discharge from hospitals
- Alternative to, or postponement of, admission to nursing homes
- Long term care
- Rehabilitation services
- Palliative care
- Coordination and provision of support services

- 24/7
Extra-Mural Program Mission

To provide a comprehensive range of coordinated healthcare services for individuals of all ages for the purpose of promoting, maintaining and/or restoring health within the context of their daily lives and to provide palliative service to support quality end of life care for individuals with progressive life threatening illnesses.
Integration and Partnerships

Client

- Primary Care
- Hospitals
- Residential Facilities
- Rehabilitation Centres
- Community Services
- Education System
Quick Response Home Care  “Home Safely, Supported, and Secure”

Experienced home care nurses situated in ER assist seniors, with chronic conditions presenting to the ER, to safely return home with appropriate health or community resources.

Benefits to individuals, families, and the health care system

- Aging successfully at home, longer
- Reduced caregiver burden
- Reduced hospital admissions and ER visits
- Enhanced knowledge of community resources by hospital ED staff & physicians
Quick Response Home Care  “Home Safely, Supported, and Secure”

QRHC is successful in diverting seniors home and prevent hospitalization

- 65% diversion rate (discharged home)
  - 64% of these seniors when home with informal support
  - 6% did not require services at time discharged home
  - ~20% were discharged home with EMP professional services

- For those assessed by the QRHC nurse and admitted to hospital
  - ~85% met the hospital admission criteria
  - ~5% were admitted due to difficulty getting Emergency bed in the community
  - ~3% were admitted due to difficulty getting personal support services
EMPcare@home

A disease management approach to care of clients with one or more chronic disease enabled by telehealth

The combination of telehomecare, timely staff intervention & enhanced standardized education

✔ produces a better quality of life for clients,
✔ is an acceptable model for clients and health professionals, and
✔ reduces the need for hospital care.
The technology employs a simple telephone based, store & forward approach to daily home monitoring of vitals such as

- Heart rate
- Blood pressure
- Oxygen saturation
- Temperature
- Weight &
- Other measures
The regular monitoring through EMPcare@home directly empowers the client to

- assume responsibility for her care
- apply the chronic disease information acquired to her daily life
- identify symptoms when not feeling well
- better able to self manage on a daily basis
EMPcare@home Evaluation

Clients

- Average age was 77
- Frequent admissions to hospital
- 90% report technology easy to use
- The monitoring & information gave them the tools to better manage their disease
- Felt they received better care from the health system

“I now know what to watch for and what I need to do”--Client
EMPcare@home Evaluation

Staff

- Identified technology complemented the EMP care processes rather than being an “add on”
- Were eager to see it expanded to other conditions
- Welcomed the standardized education & technology to enhance their chronic disease management teaching

“The information from telehomecare is so helpful... I can really help my patients better because I have more data”   EMP Nurse
EMPcare@home Evaluation

System

• 85% reduction in hospital admissions 6 months after the initiation of EMPcare@home

• 55% decrease in ER visits (for any reason)

“...since I have been on this program I have never been back to the hospital...never even been to outpatients...it tells you what kind of job they (telehomecare) are doing...” EMPcare@home client
EMPcare@home Implementation Toolkit

- Project management & organization
- Policies & Procedures
- Telehomecare policies & procedures
- Technology architecture
- Equipment training checklists

- Patient education materials
- Communication strategy
- Project evaluation
- Appendices
  - Project governance
  - RFP technology
  - RFP Evaluation
  - References
As the “hospital without walls”, the Extra-Mural Program continues to be responsive to the needs of New Brunswickers & through innovative and integrated practices it will continue to

- provide an alternative to hospital admissions,
- facilitate early discharge from hospitals, and
- provide an alternative to, or postponement of, admission to nursing homes.
My Vision of a Sustainable Health Care System:

An integrated health care system that truly embraces client centered care; recognizes the client’s home as the first and optimal place for care; and only after all efforts are made to help the person stay at home, considers hospital or other institutional care.

Thank you