

## Walk in - and walk out

Businessman Jacques Hanley couldn't afford to lose a few days of work lying in some hospital bed hooked up to a drip for an intensive course of antibiotics.

BY CHARLIE FIDELMAN, THE GAZETTE NOVEMBER 21, 2009



Nurse Monique Courchène takes Jacques Hanley's blood pressure at the Maisonneuve-Rosemont Hospital's ambulatory care centre. Hanley, who is being treated for a recurring infection, was sent home with an antibiotic pump.

**Photograph by:** Phil Carpenter, The Gazette

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Hanley, 65, hadn't bargained for any of that when his day started with a visit to his doctor's office this week.

A diabetic with good sugar control, Hanley, vice-president of Montreal-based computer company UlySoft, is being treated for a recurring infection that doctors say might be related to his diabetic condition.

Suddenly, the visit to his GP was anything but routine. The inflammation had gotten out of hand. Hanley was to report straight to the Maisonneuve-Rosemont Hospital emergency room.

"The doctor didn't like what he saw. Instead of getting better, the infection got worse," he said.

But just as Hanley would rather not be in a hospital bed, the hospital would also rather he not occupy one.

Severely underfunded and understaffed, institutions are looking for ways to streamline patient services. The big shift continues to be toward ambulatory care, a catch-all term meaning any medical intervention that does not require overnight stays in a hospital.

Thanks in part to advances in technology, many medical conditions can be managed on an outpatient basis.

What exactly can be done in hospital day centres and outpatient clinics, at CLSCs (the community health care agencies) or the patient's own home? Blood tests and transfusions, scans and X-rays, automated intravenous drips and drug injections, plus management of complications from chronic illnesses including asthma, diabetes and heart disease.

According to experts, ambulatory care has been the growing trend in the medical environment in the last decade, both a consequence and a cause of the shortening average stay in acute care hospitals.

"In the future, only the very, very sick are going to be hospitalized," said Sylvie Larocque, head nurse of the St. Mary's Hospital medical day centre that opened in 2000.

"In the future, we are looking for more ambulatory care - that's the way to go now." Ambulatory care services include diagnosis, observation, treatment and rehabilitation. The primary goal is to relieve ER congestion.

Often, the centres act as an a hub in the community.

"We're trying to link with doctors in the community who see complex patients that don't need to be seen in the ER, but they need to be seen soon or else they will get really sick and end up in the ER," Larocque said.

Her team treats about 5,300 patients a year - 20 a day, five days a week - including several that would usually have been put on a stretcher in emergency and later admitted to a floor.

"Our failure is less than 10 per cent - that's where the condition gets worse so you require surgery," Larocque said. "Most of our patients don't fail. They go home and they come back. People prefer to sleep in their own beds. They can go to work, shop, be with their family, continue with their lives." The centre reserves six spots for traffic funneled through emergency.

That would include, for example, a 22-year-old woman newly diagnosed with diabetes, an elderly woman with abdominal pain and some rectal bleeding, and a regular at the ER, a man in his 60s who is gasping for air because he is drowning from the accumulated water on his lungs.

In June, the centre added a new program for people with congestive heart failure "who keep coming back with water on their lungs," Larocque said. The regulars "who used the ER like a revolving door" were the first to benefit and now the program treats 50 such cardiac patients.

"We realized we needed to follow them every week," she said. They were seen by a cardiologist, nurse and pharmacist as their medication was being adjusted, plus a dietitian "to make sure they don't eat too much salt or drink too much water.

"We had one patient that was so sick he couldn't go up one flight of stairs. By the end of the program, he went up to the eighth floor and he kept going because he couldn't believe that he could breathe." Where day centres excel is in taking patients under their wing, also known as a "prise en charge," for

medical consults involving multiple tests. For example, the senior at the ER with stomach pains needs to see a doctor and get blood tests, as well as an ultrasound and maybe a CT scan.

"Instead of her coming tomorrow for the scan, the next day for the doctor, the next morning for the blood test, we coordinate all that for her in one day," Larocque said.

"We have the results at the end of the day, and we have a plan of care." Where ambulatory care falters is in reaching older, fragile people with many medical and social needs.

"We have gone out to various CLSCs to tell them, 'These are our services if you want to use them.' It hasn't clicked as much as we wanted and we're not sure why," Larocque said.

That's what a daylong symposium on ambulatory care organized by St. Mary's Hospital tried to explore this week - how it's working and how to improve interactions in the field, said Todd McConnell, a St. Mary's physician and the symposium chair.

What, for example, can the CLSCs offer seniors on the verge of losing their autonomy? Some outpatient services are still scarce, McConnell said, "but we've come a long way in the last few years." In the days when McConnell was doing his medical training, people suffering from illnesses like severe blood clots (deep vein thrombosis) and heart attacks (myocardial infarction) needed to be treated in a hospital. Now, they are often treated in day centres.

"And when we look at things like readmission rates, we can reassure ourselves that we are not sending people home too soon," he said.

"There is hardly an area of medicine that hasn't been affected, from mental health to (obstetrics) with women having vaginal birth at home," McConnell said.

"It's changed the paradigm of the way things work, mostly in a positive way." Many hospitals operate day centres, but the east-end Maisonneuve-Rosemont Hospital affiliated with the Université de Montréal built one from scratch.

Its ambulatory care centre houses 10 outpatient clinics and the day hospital in an ultra-modern structure, its granite floors gleaming in the light from the windows and the recessed ceiling fixtures. It won the 2005 award of excellence from the Quebec Order of Architects.

Back in the emergency department, Hanley got on the fast-track in triage and was sent to the day hospital on the second floor.

Hanley handed a nurse a sheaf of confetti-coloured medical papers containing his medical information.

"Please, sir, take seat No. 6." The day centre handles on average 20 patients a day - biopsies, transfusions, wound cleaning, IV placement - plus another two dozen for coordinated treatment of blood clots and heart ailments.

To fight his infection, Hanley is to get an intravenous dose of powerful antibiotics every eight hours.

It's not clear at this point whether the CLSC will get involved, sending someone to his home for the

evening and morning injections.

Nurse Monique Courchêne took Hanley's temperature then his blood pressure.

"It's a little high. Looks like the ER people raised your blood pressure." Hanley laughed: "Yes, normally it's better than that. It's the only good thing I have." "I'm going to install an IV with a plug in your arm," Courchêne said, tying an elastic tight around his arm and tapping her fingers over his forearm looking for a sizeable vein.

A machine from another patient beeped; she released Hanley's arm and excused herself for a few moments.

Last month, Hanley had an operation at Pierre Le Gardeur Hospital to remove a cataract from his left eye. He marveled at the speed of the whole procedure, noting that he arrived at 9:30 a.m. and was out by 1 p.m.

"Because of the technology involved it was only half a day. That helps a lot," said Hanley, who now sports a pair of glasses with no lens over the fixed eye.

"Okay, Take 2," Courchêne said grabbing a fresh pair of gloves. A rustle of plastic and the IV needle tip hovered over his skin.

Hanley sucked the air through his teeth.

"Sorry I don't mean to hurt you." "It's okay, I'm used to it." Turns out Hanley will be getting an antibiotic pump containing three doses.

Poking a finger through the frame to rub his eye, he faced the nurse and joked: "Oh that's just marvelous. It's because you don't want to see me again." Courchêne laughed. "Well, we might have to see you again, because it might not work." cfidelman@thegazette.canwest.com

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