

Residential Care Initiative Quality Improvement Report

Report prepared November 7, 2016

- ▶ Division/self-organizing group:
- ▶ Communities:
- ▶ Period: Q2 2016/2017 (July — September 2016)

Overview

The GPSC Residential Care Initiative launched in April 2015. Click [here](#) for an overview of the initiative. The purpose of this report is to provide the division/self-organizing group with information around the best practice expectations and system level outcomes of the initiative. It is hoped that the division/self-organizing group will use this information to stimulate a dialogue around quality improvement.

Best Practice Expectations

1. 24/7 availability and on-site attendance, when required

Table 1. Proportion of time facilities can reach physicians in a timely manner during office (8:00am - 5:00pm) and non-office hours (evenings and weekends) and facilities' reported satisfaction with the system in place to contact physicians in a timely manner for 24/7 availability¹

Location	Q3 (2015/16) ²			Q4 (2015/16) ³			Q1 (2016/17) ⁴			Q2 (2016/17) ⁵		
	Office hours	Non-office hours	Satisfaction rating	Office hours	Non-office hours	Satisfaction rating	Office hours	Non-office hours	Satisfaction rating	Office hours	Non-office hours	Satisfaction rating
██████████	-	-	-	3	3	😊	4	4	😊	4	4	😊
██████████	4	4	😊	4	4	😊	4	4	😊	4	4	😊
██████████	-	-	-	4	4	😊	4	4	😊	3	3	😊
██████████	4	4	😊	4	4	😊	4	4	😊	4	4	😊
██████████	4	4	😊	4	4	😊	3	4	😊	4	4	😊
██████████	-	-	-	2	2	😐	3	4	😊	-	-	-
██████████	3	Other ⁶	😊	4	4	😊	3	4	😊	-	-	-
██████████	-	-	-	3	4	😊	3	3	😊	Other ⁷	Other ⁸	😊

Location	Q3 (2015/16) ²			Q4 (2015/16) ³			Q1 (2016/17) ⁴			Q2 (2016/17) ⁵		
	Office hours	Non-office hours	Satisfaction rating	Office hours	Non-office hours	Satisfaction rating	Office hours	Non-office hours	Satisfaction rating	Office hours	Non-office hours	Satisfaction rating
██████	3	3	😊	3	3	😊	3	4	😊	4	4	😊
██████████	3	3	😐	-	-	-	3	3	😊	-	-	-
IHA overall	3	3	😊	3	3	😐	3	3	😊	3	3	😐
NHA overall	3	3	😊	3	3	😊	3	3	😊	3	3	😐
VCHA overall	3	3	😐	3	3	😊	3	3	😊	3	3	😊
VIHA overall	3	2	😐	3	2	😐	3	3	😐	3	3	😐
FHA overall	3	3	😊	3	3	😐	3	3	😊	3	3	😊
BC overall	3	3	😐	3	3	😐	3	3	😊	3	3	😊

LEGEND & NOTES

1 = Never/inrequently; **2** = Sometimes; **3** = Usually; **4** = Always





😞 = Not at all satisfied; 😐 = Somewhat satisfied; 😊 = Satisfied

1. GPSC Residential Care Initiative Facility Survey.
2. Q3 (2015/2016) Regional and provincial averages are based on the facilities that participated in the facility survey from September 4, 2015 to April 4, 2016. Facility participation rates in the survey were: IHA (58%; n = 48); NHA (20%; n = 4); VCHA (40%; n = 27); VIHA (47%; n = 42); FHA (36%; n = 33); provincial (44%; n = 154).
3. Q4 (2015/2016) regional and provincial averages are based on the facilities that participated in the facility survey from April 5, 2016 to June 15, 2016. Facility participation rates in the survey were: IHA (59%; n = 49); NHA (10%; n = 2); VCHA (13%; n = 9); VIHA (26%; n = 23); FHA (58%; n = 53); provincial (39%; n = 136).
4. Q1 (2016/2017) regional and provincial averages are based on the facilities that participated in the facility survey from June 16, 2016 to September 13, 2016. Facility participation rates in the survey were: IHA (64%; n = 53); NHA (30%; n = 6); VCHA (8%; n = 5); VIHA (46%; n = 41); FHA (57%; n = 52); provincial (45%; n = 157).
5. Q2 (2016/2017) regional and provincial averages are based on the facilities that participated in the facility survey from September 14, 2016, 2016 to November 4, 2016. Facility participation rates in the survey were: IHA (67%; n = 56); NHA (30%; n = 6); VCHA (15%; n = 10); VIHA (18%; n = 16); FHA (54%; n = 50); provincial (39%; n = 138).
6. "Whoever is on call services".
7. "Always able to reach a Medical Director usually for other physicians."
8. "Only able to reach our Medical Director."


2. Proactive visits to residents

Table 2. Facilities' reported satisfaction with physicians making proactive visits to residents before issues arise¹

Location	Q3 (2015/16) ²	Q4 (2015/16) ³	Q1 (2016/17) ⁴	Q2 (2016/17) ⁵
██████████████████	-			
██████████				
██████████	-			
██████████				
██████████				
██████████████	-			-
██████████				-
██████████	-			
██████				
██████████		-		-
IHA overall				
NHA overall				
VCHA overall				
VIHA overall				
FHA overall				

Location	Q3 (2015/16) ²	Q4 (2015/16) ³	Q1 (2016/17) ⁴	Q2 (2016/17) ⁵
BC overall				

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3. Meaningful medication reviews

To be assessed with administrative data when available.

4. Completed documentation

Table 3. Proportion of time physicians complete documentation for each resident, including: (i) advanced care plan to include DNR; (ii) MOST intention plan; (iii) patient summary - medical summary and progress notes]¹

Location	Q3 (2015/16) ²	Q4 (2015/16) ³	Q1 (2016/17) ⁴	Q2 (2016/17) ⁵
████████████████████	-	2	2	4
██████████	4	4	4	4
██████████	-	4	4	3
██████████	4	4	4	4
██████████	4	4	4	4
████████████████	-	3	3	-
██████████	3	3	3	-
██████████████	-	3	3	2
██████	2	3	3	3
██████████	3	-	4	-
IHA overall	3	3	3	3
NHA overall	2	3	3	2
VCHA overall	3	3	3	3
VIHA overall	3	3	3	3
FHA overall	3	3	3	3

Location	Q3 (2015/16) ²	Q4 (2015/16) ³	Q1 (2016/17) ⁴	Q2 (2016/17) ⁵
BC overall	3	3	3	3

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5. Participation in case conferences

Table 4. Facilities' reported satisfaction with physician participation in case conferences¹

Location	Q3 (2015/16) ²	Q4 (2015/16) ³	Q1 (2016/17) ⁴	Q2 (2016/17) ⁵
████████████████████	-			
██████████				
██████████	-			
██████████				
██████████				
██████████████	-			-
██████████				-
██████████████	-			
██████████				
██████████		-		-
IHA overall				
NHA overall				
VCHA overall				
VIHA overall				
FHA overall				

Location	Q3 (2015/16) ²	Q4 (2015/16) ³	Q1 (2016/17) ⁴	Q2 (2016/17) ⁵
BC overall				

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System Level Outcomes









1. Reduced unnecessary or inappropriate emergency room transfers

To be assessed with administrative data when available.

2. Improved patient and provider experience

Table 3. Facilities' reported satisfaction of physicians' working relationships with facility clinical staff¹

Location	Q3 (2015/16) ²	Q4 (2015/16) ³	Q1 (2016/17) ⁴	Q2 (2016/17) ⁵
████████████████████	-	😊	😊	😊
██████████	😊	😊	😊	😊
██████████	-	😊	😊	😊
██████████	😊	😊	😊	😊
██████████	😊	😊	😊	😊
██████████████	-	😊	😊	-
██████████	😊	😊	😊	-
██████████████	-	😊	😐	😊
██████	😐	😊	😊	😊
██████████	😊	-	😊	-
IHA overall	😊	😊	😊	😊
NHA overall	😊	😊	😊	😐
VCHA overall	😐	😊	😐	😊
VIHA overall	😐	😐	😊	😐

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FHA overall				
BC overall				

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3. Reduced cost per patient as a result of higher quality care

Note: Data for this outcome will be gathered in future evaluation work.

Feedback on the GPSC Residential Care Initiative or Family Physician Services

Other comments from residential care facilities about the Residential Care Initiative or the delivery of family physician services within their facilities¹

- One survey respondent explained that they are glad the Residential Care Initiative is working really well for the care of their residents and is convenient for the nurses working with our vulnerable residents.

1. GPSC Residential Care Initiative Facility Survey

Additional Indicators from the Canadian Institute for Health Information

The [Canadian Institute for Health Information](#) (CIHI) website has additional residential care indicators available for you to explore at the facility, regional and national levels. The following indicators are available [here](#):

- ▶ Falls in the last 30 days in long-term care
- ▶ Worsened pressure ulcer in long-term care
- ▶ Potentially inappropriate use of antipsychotics in long-term care
- ▶ Restraint use in long-term care
- ▶ Improved physical functioning in long-term care
- ▶ Worsened physical functioning in long-term care
- ▶ Worsened depressive mood in long-term care
- ▶ Experiencing pain in long-term care
- ▶ Experiencing worsened pain in long-term care