Long Term Care Initiative (LTCI) Evaluation Report

Fraser Northwest Division of Family Practice

Executive Summary

Introduction

The Fraser Northwest (FNW) Long Term Care Initiative (LTCI) comprises 15 long-term care facilities with a total of 1722 beds throughout New Westminster, Coquitlam, Port Moody, and Port Coquitlam. The FNW LTCI's intention is to ensure that all patients in a long term care facility have a dedicated Most Responsible Provider (MRP) who is committed to providing the 5 best practice deliverables: participation in an after-hours on-call network, proactive visits to residents, meaningful medication reviews, attendance at care conferences and completed documentation of resident charts. The objectives of this LTCI evaluation are: (1) to evaluate the effectiveness of the LTCI in the FNW communities, and (2) to identify areas for quality improvement for the FNW LTCI Program and document lessons learned in this year of the LTCI program. These objectives are reached by answering the following evaluation questions:

a. To what extent did the program contribute to improved patient care?
b. To what extent did the program contribute to improved practice environments for long term care facility staff?
c. To what extent did the program contribute to improved practice environments for physicians?
d. To what extent does the program contribute to appropriate health care utilization and reduced system costs?
e. What worked well, what are the challenges, and what can be improved?

Methods

The evaluation approach was through a mixed-methods design (i.e. collection of both qualitative and quantitative data). This report compares data from fiscal year 2018/2019 (April 1, 2018 - March 31, 2019) and fiscal year 2019/2020 (April 1, 2019 - March 31, 2020).

Conclusions

Since the LTCI's inception, every resident in Long Term Care in the FNW has access to a dedicated MRP. ED visits, admissions, and number of bed days have continued to decrease and there was a slight increase in length of stay. Strengthened systems of support between physicians, facilities, and health authority staff continue to enhance the LTCI program as well as support the sustainability of practices within the health system.

1. About Us

The Fraser Northwest Division of Family Practice (FNW DoFP) encompasses family physicians in New Westminster, Coquitlam, Port Coquitlam, Port Moody, and parts of Burnaby, representing the traditional catchment area of the Royal Columbian and Eagle Ridge Hospitals. Together, members and division staff work to improve patient access to local primary care, increase local physicians' influence on health care delivery and policy, and provide professional support for physicians.

2. Introduction

a) Background and Context

With the partial program launch in October of 2015, the FNW DoFP began the work of the Long Term Care Initiative (LTCI) in the long-term care facilities within the communities of New Westminster, Coquitlam, Port Moody, and Port Coquitlam with program implementation in January 2016. These communities consist of 15 facilities with a total of 1722 residents. The LTCI has intended to ensure that all residents in a facility have a dedicated MRP committed to providing the 5 best practice deliverables which include:

1. Participation in one of two on-call groups (New Westminster/West Coquitlam) and Port Coquitlam/East Coquitlam)
2. Proactive visits to residents (minimum once every 3 months)
3. Meaningful medication reviews (twice per year)
4. Attendance at care conferences (once per year)
5. Completed documentation of resident's charts

Building on the initial evaluation report which documented that every resident in the FNW community attained a dedicated MRP, this report continues to explore the program's effectiveness, quality of care improvements for residents, physicians, and facilities, and the overall cost-effectiveness of the LTCI program to the BC health system.

The LTCI was renamed in November 2019 from the original name of "Residential Care Initiative" in recognition of the Truth and Reconciliation process in Canada and with BC's Indigenous people, and the importance of supporting the provision of patient-centered culturally safe care.

Please see Figure 1 Below for the Program Theory/Logic Model.

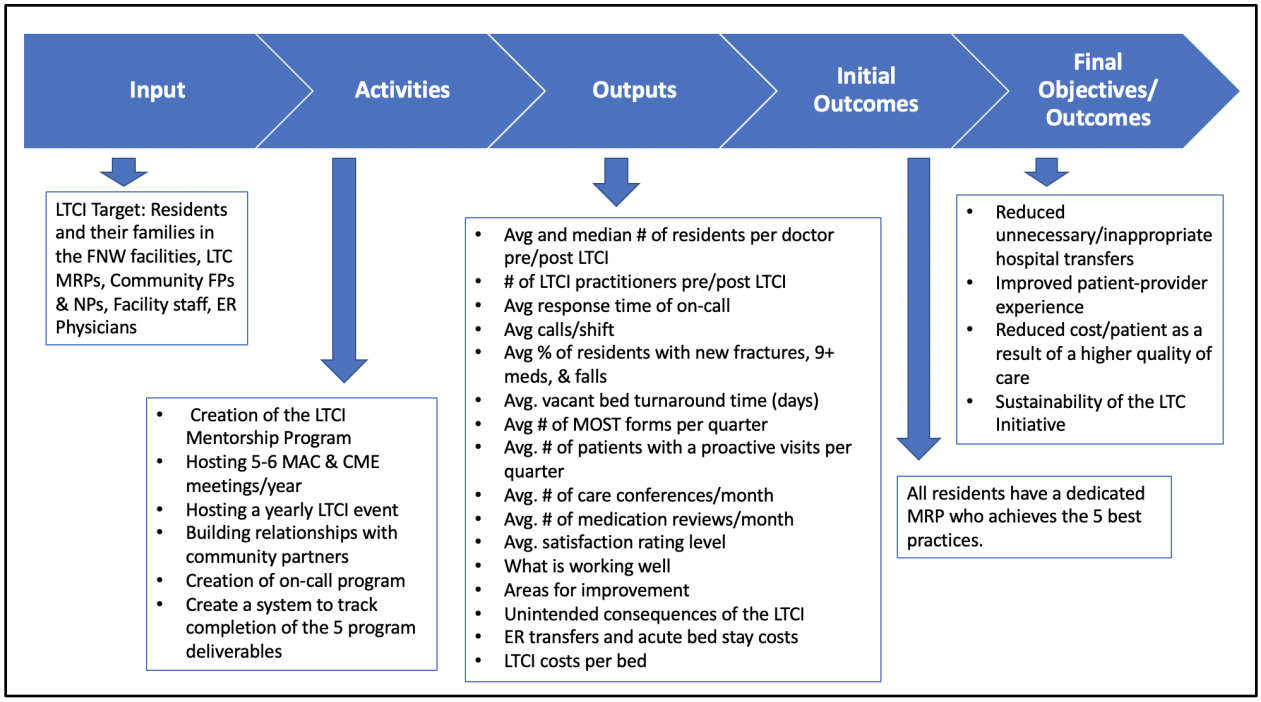


Figure 1: Fraser Northwest Long Term Care Initiative Logic Model

3.Evaluation Objectives and Questions

This evaluation had two main objectives and their subsequent evaluation questions below:

1. **To evaluate the effectiveness of the LTCI in the FNW communities**
    a. To what extent did the program contribute to improved patient care?
    b. To what extent did the program contribute to improved practice environments for long term care facility staff?
    c. To what extent did the program contribute to improved practice environments for physicians?
    d. To what extent did the program contribute to appropriate health care utilization and reducing system costs?

2. **To identify areas for quality improvement and document lessons learned for the fourth year of the LTCI**
    a. What worked well, what were the challenges, and what can be improved?

4. Indicators by Evaluation Objective and Question

Objective 1: To evaluate the effectiveness of the Long Term Care Initiative in the Fraser Northwest community

Evaluation Question	Indicators	Data Source	Outcome/Impact
To what extent did the program contribute to improved patient care?	- Median number of residents/FP. - Avg # of residents/FP. - # of LTCI FPs - % of gender of LTCI FP. - Avg # of years in practice - Avg. % of residents on 9+ medications - Avg. % of residents on antipsychotics without diagnosis - Avg. # of unscheduled ER transfers per 100 residents	LTCI Database Long Term Care Site Quality Performance Feedback report	Improved Patient/Provider experience Sustainability of the LTCI

To what extent did the program contribute to improved practice environments for long term care facility staff?	- Facility satisfaction against 24/7 ability - Facility satisfaction against proactive visits - Facility satisfaction against med reviews - Facility satisfaction against completed documentation - Facility satisfaction against care conferences - Facility satisfaction against patient/provider satisfaction	GPSC Facility Satisfaction Survey	Improved Patient/Provider experience Sustainability of the LTCI
To what extent did the program contribute to improved practice environments for physicians?	- # of meetings held - Documents that were created post-LTCI implementation	Program Documentation	Improved patient/provider experience
To what extent did the program contribute to appropriate health care utilization and reducing system costs?	- ER Transfers - Acute care admissions - Avg. length of stay	ER Statistics	Reduced unnecessary/inappropriate hospital transfers Reduced cost/patient as a result of a higher quality of care

Table 1. Evaluation Questions and Indicator Sources for Objective 1

Objective 2: To identify areas for quality improvement for and document lessons learned for the LTCI program

Evaluation Question	Indicators	Data Source	Outcome/Impact
What worked well, what were the challenges and what can be improved?	- What worked well for the program - Areas for improvement	Physician satisfaction survey Facility satisfaction survey **New** Family/caregiver satisfaction survey	Sustainability of the LTCI

Table 2. Evaluation Questions and Indicator Sources for Objective 2

5. Methodology

The evaluation approach was through a mixed-methods design (i.e. collection of both qualitative and quantitative data). Quantitative data was collected from facility and program administrative records and Fraser Health Authority (FHA) databases. Qualitative data from surveys and interviews with facility staff, physicians, residents' families and/or caregivers, FNW division staff and management, and program administrators was collected over the past year.

To build on this evaluation report and to support future planning, this report compares data from fiscal year 2018/2019 (April 1, 2018 - March 31, 2019) and fiscal year 2019/2020 (April 1, 2019 - March 31, 2020). It is acknowledged that some qualitative data may extend beyond these timeframes and that is due to resources available for data collection and analysis.

6. Results

All comparative data will look at any changes based on data collected for fiscal year (FY) 2018/2019 and FY 2019/2020 unless otherwise stated. The results shared in the next section are broken down by evaluation questions.

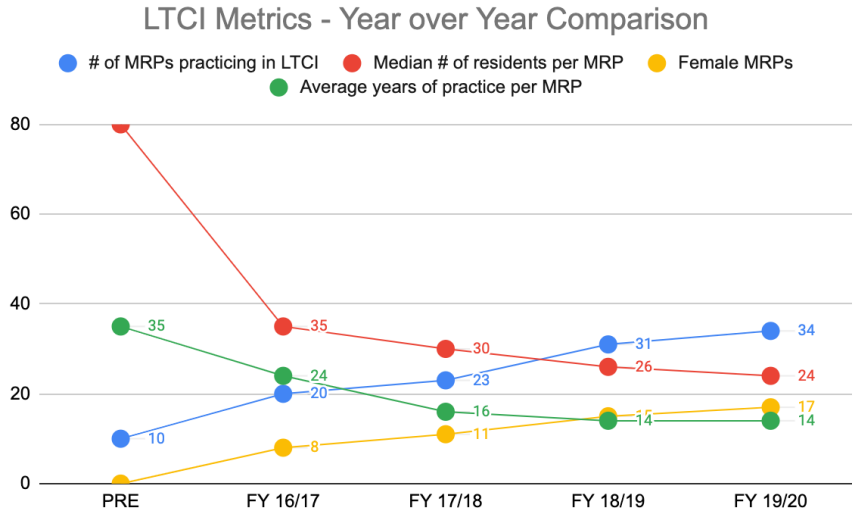
Evaluation Question 1.A: To what extent did the program contribute to improved patient care?

Since the LTCI inception, the number of doctors committing to providing the 5 best practices in long term care has increased to 34. This is more than triple the number of physicians since the program began. Over the last year, the average years of practice for MRP has remained the same at 14 years. With this increase in physicians, the number of residents per MRP continues to decrease. There continues to be significant growth in the number of female MRPs practicing with a 12% increase (+2) over the last year alone. See Table 3 for a summary of changes in LTCI program metrics.

LTCI Program Metrics	Difference in Change	
	FY 18/19	FY 19/20
# of MRPs practicing in LTCI	31	34
Median # of residents per MRP	26	24
Female MRPs	15	17
Average years of practice per MRP	14	14

Table 3. Comparison in Long Term Care Physician Metrics Post LTCI Implementation[1]

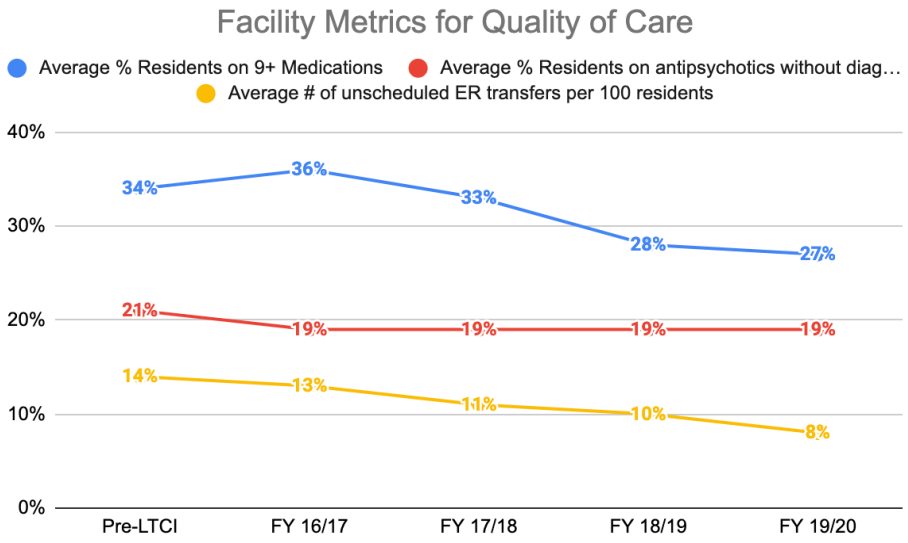
[1] Information shared in Table 3 is from the LTCI documentation data.



Over the last year, there was a decrease in the number of unscheduled ER transfers per 100 residents, and in the average % of residents on 9+ medications. The number of residents on antipsychotics without diagnosis have stayed consistent when comparing the FYs and this rate continues to be below the target rate. It's important to note that some Q4 data (January - March 2020) was not available for residents on 9+ medications and residents on antipsychotics without a diagnosis. This is likely attributed to the onslaught of the Covid-19 pandemic in early March 2020 and data was not available to include in this report.

Facility Metrics for Quality of Care	FY 18/19	FY 19/20	Difference in Change
Average % residents on 9+ medications	28%	27%	⬇
Average % residents on antipsychotics without diagnosis	19%	19%	=
Average # of unscheduled ER transfers per 100 residents	10%	8%	⬇

Table 4. Comparison of Facility Quality of Care Metrics Between FY 18/19 & FY 19/20 of LTCI program implementation[2].



Evaluation Question 1.B. To what extent did the program contribute to improved practice environments for Long Term Care facility staff?

Data collected from the quarterly LTCI Quality Improvement Report conducted by the GPSC indicates that the comparative data between FY 2018/19 and FY 2019/20 shows a slight decrease in all program outcomes. Q4 survey data from FY 2019/20 was not available as the feedback collection time overlapped with the ongoing Covid-19 pandemic response and thus the survey was not provided to facilities in recognition of priority pandemic response.

Comparative data from FY 18/19 and FY 19/20 shows the changes in satisfaction for facilities across the 5 best practice deliverables. In previous years, these changes were mainly consistent with changes across Fraser and British Columbian facilities; however, this recent year showcases variability between local, regional and provincial trends. (Table 5).

[2] Information shared in Table 4 is from the Long Term Care Site Quality Performance Analysis Dashboard.

Program Outcomes	Difference in Change for FNW	Difference in Change for FHA	Difference in Change for BC
24/7 Availability	⬇	=	=
Proactive Visits	⬇	⬆	⬆
Medication Reviews**	=	=	=
Completed Documentation	⬇	⬇	=
Care Conferences	⬇	=	=
Provider Experience	⬇	=	=

Table 5. Comparison of Changes in Satisfaction for Facilities (FY 18/19 & 19/20) Across Regions[3]

***Meaningful Medication Review data was not previously available through the GPSC Quality Improvement Report. Data was based on information from the Pharmacare and Community Care databases and FY 19/20 data was a replication of FY 18/19 data.*

Evaluation Question 1.C. To what extent did the program contribute to improved practice environments for physicians?

Data that was collected over FY 19/20 continues to show an increase in physician engagement - both at an individual level, as well as at the collective level. The Medical Advisory Committee (MAC) was originally formed to support an increase in the overall standard of care for residents and an overall increase in physician engagement. Since its inception in early 2016, there have been 22 formal engagement sessions for this committee - with 6 occurring (5 regularly scheduled, and 1 emergency meeting) within this reporting timeframe, with these meetings yielding high member attendance rates. The LTCI leadership team continues to meet monthly to ensure the program is meeting targets and supports sustainability planning. The MAC meeting CME topics included:

- Pneumonia in Long Term Care (April 2019)

[3] Information shared in Table 5 is from the Quarterly GPSC Facilities Survey.

- Urinary Tract Infections in Long Term Care (June 2019)
- Difficult Conversations (September 2019)
- MOST education (January 2020)
- The early March 2020 MAC meeting covered a general overview of the initiative and brought both LTC and Acute Care Practitioners together to discuss and collaborate on improving communication between providers.
- The late March MAC covered rising concerns and pandemic response within the FNW Long-Term Care homes. Recommendations that non-essential physician visits should be avoided but availability via virtual capabilities were developed and implemented to lessen the potential exposure of LTC residents and MRPs to Covid-19.

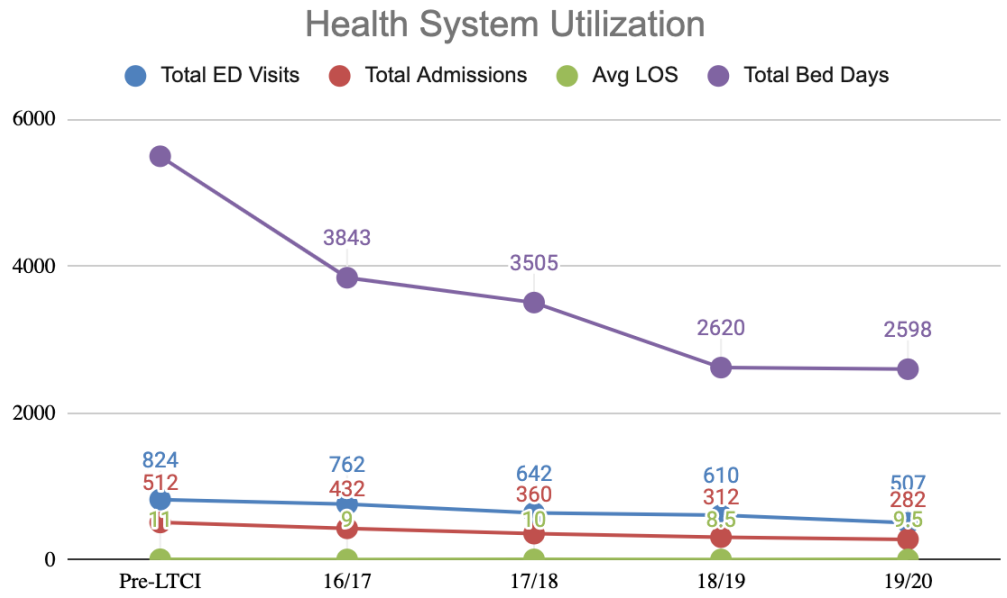
Both a Peer Support program and a Mentorship Support Program were explored and strengthened with LTC practitioners and all were invited to connect with the Division's LTCI Program Manager to provide input, support and guidance on this work moving forward. Members of the MAC were able to discuss with their peer support partner on various LTC issues that arose in their work. It can be inferred that this relationship strengthened collegiality, collaboration and practice environments through peer to peer support. Continued peer support was also strengthened and developed through a messaging application that many of MAC members find valuable for timely answers and guidance.

Evaluation Question 1.D. To what extent did the program contribute to appropriate health care utilization and reducing system costs?

The findings show that the program is contributing to the appropriate use of health care services. Decreased measures of acute care utilization were found when comparing data from FY 18/19 to FY 19/20 long term client emergency department (ED) visits, acute care admission and total bed days. Length of stay (LOS) reflected an increase in utilization when data was compared in the FNW community (Table 6).

	% Difference ED Visits	% Acute Care Admissions	% Difference Admission LOS	% Difference in Bed Days
Comparison between FY 18/19 & FY 19/20	-17%	-10%	+12%	-1%

Table 6. Comparison of Emergency Department Statistics Between FY 18/19 and FY 19/20[4].



Analysis of ED data reveals that there continues to be a reduction in ED visits, acute care admissions and total bed days. Data provided for FY 19/20 shows an increase in ED LOS by long term care patients in the FNW.

The change in healthcare costs can be compared by looking at the changes between FY 2018/19 and FY 2019/20. The trend in overall costs for ED visits and number of admissions from long term care clients reflects a 1% increase over the last two years of $30,506. Given this minimal increase, it may not be considered a statistically significant or meaningful increase. These figures were calculated from FHA data for the approximate 1300 FHA subsidized residents, by extrapolating the data to a standard of 1722 residents, which is the number of long term care clients within, and using a conservative estimate of $723 for each ED visit, and FHA data for the cost per day of a standard medical ward bed of $1235. See Appendix A for calculation details.

Year	ED Visit Cost	Admission Cost	Total Cost

[4] Information shared in Table 6 is from the Fraser Health Authority Analytics, Paris & Meditch extract- MA 16211

FY 18/19	$441,030	$3,235,700	$3,676,730
FY 19/20	$366,561	$3,340,674	$3,707,236
Total change in health care costs between FY 18/19 & FY 19/20			**$30,506 increase**

Table 7. Comparison of yearly ED visit costs and ED admission costs including LOS for FNW Long Term Care clients.[5]

Evaluation Question 2. What worked well, what were the challenges, and what can be improved?

Data was collected from a physician satisfaction survey, a facility satisfaction survey and a patient caregiver/family satisfaction survey to obtain feedback on the indicators of what has been working and areas for improvement. Raw data from the satisfaction surveys can be found in Appendix B.

Main themes of successes - LTCI Physician Satisfaction

1) Improved LTCI FP MRP rating on themselves in delivering all 5 best practice expectations. Self-reported scaling from 1-5 pre-LTCI implementation was 3.4, and since implementation has increased to 4.7. This indicator reveals increased optimization of the 5 best practices in the FNW. It's important to note that there was variation amongst physicians in self identifying which of the 5 best practices are the easiest to achieve or complete. By a ranking order, physicians noted the following being easiest to achieve (1) to more difficult (5):

1. Care Conferences
2. Completed Documentation
3. On-call Shifts
4. Medication Reviews
5. Proactive Visits

Feedback from multiple physicians noted that all best practices were easily achieved, and one physician noted that there are *"good systems in place and good administrative support so it's very easy to achieve all the 5 best practices."* This feedback came from physicians in their first five years of practice to those who have been in practice for 40+ years as well as physicians who recently joined the program.

[5] Information shared in Table 7 is from the Fraser Health Authority Analytics, Paris & Meditech extract-MA 16211.

2) Improvement of infrastructure for LTCI MRPs access to receive relevant education, to network, to learn from each other and express shared goals. Feedback from physicians notes that this infrastructure is key to providing quality care to patients. Since its inception in 2016, the MAC has created a community network of support for practitioners that has shown an increase in collegiality and dialogue between practitioners through champions stepping into lead positions within the MAC. One physician noted that they're *"very pleased with leadership involvement and support in many aspects. The quarterly meetings are helpful in keeping a coherent group."* Another physician noted that the *"teamwork of all our doctors; efficient on call system; and great meetings and education"* were all aspects of what was working well with the program.

3) Overall satisfaction with the program was rated at 4.5 when physicians were asked on a scale of 1-5, how satisfied they were with the Long Term Care Initiative.

Main themes of areas for improvement - LTCI Physician Satisfaction

1) Ongoing opportunities for engagement with peers through providing educational engagement sessions.

2) Additional engagement opportunities with residents' families and caregivers before residents enter LTC as well as when residents enter care.

3) The availability of EMR access across sites for physicians that are a part of the LTCI program and the lack of uniformity in charting across sites.

4) There can be inconsistencies when working in long term care that involve communication, research and review of care across sites and facility teams.

Main themes of successes - Facility Satisfaction

1) Consistent and improved on site and on-call medical coverage. The overall satisfaction from facilities with the LTCI MRPs providing the 5 best practices was 4.7 on a scale of 1-5 at their sites.

2) Overall satisfaction with the LTCI was a 4.7 on a scale of 1-5. Facilities also reported on the same scale that a satisfaction level of 4.7 when asked about the impacts that the LTCI has had on residents and families. One facility noted that "*the families say that the doctors under this program are more attentive to our residents than when they were not in LTC and had gone to family Dr*." Another facility shared that "*with [this program], we [are] able to avoid/reduce unnecessary transfer...the medical team is there when nurses/facility are in difficult situations."*

3) Improved access and communication with LTCI MRPs. One facility noted that the "*Physicians are open in having a collaborative relationship with our nurses."*

Main themes of areas for improvement - Facility Satisfaction

1) Consistency in physicians at LTC facilities, one facility notes that the "c*onsistency of physicians in our home, lots of changes in a small amount of time*" poses an opportunity for improvement with the initiative.

Main themes of program changes - LTCI Physician Satisfaction

With the declaration of Covid-19 as a pandemic by the WHO on March 12, prompt action in regard to electronic communication between care homes and practitioners occurred in the FNW. This collaborative work enabled virtual health to be made readily available to all sites as iPads were distributed and a website was created to become a long term care hub. All practitioners were able to obtain virtual health platforms and could connect with their medical teams, as the health authority's recommendation was to limit onsite visits. Physicians gave a 3.6 satisfaction rating (scaling of 1-5) when asked about feedback on the introduction of virtual care to support access between themselves and patients at the LTC facilities.

1) Positive feedback from some noting that "*it's excellent to have the technology in place to do these visits"* and others noted that given how new the virtual care option has been, further testing is needed to understand what is working well and where improvements may lie. Ultimately, physicians noted that this is a useful resource - although limited in what capacity assessments can be completed - and that this is saving residents from unnecessary risks.

2) Feedback for improvement centered around technical issues surrounding the platforms used, internet availability and access at LTC facilities.

3) Coordination with care home staff is integral to supporting virtual care. Certain features on virtual care platforms allow staff at care homes to provide further information to physicians on residents which is useful in the care coordination.

Main themes of program changes - LTCI Facility Satisfaction

1) Facilities shared an average of 3.7 on the satisfaction scale with one facility noting that *"virtual care support ensures that resident care needs are met on a timely matter and physician and resident has an opportunity to discuss resident concerns and goals."*

2) Opportunities for improvement with virtual care centered upon the following themes:

- Ensuring strong internet and WIFI connection to support accessibility
- Additional training supports may be needed to facilitate timely and clear communication on virtual platforms between LTC staff and Physicians

New **Main themes of Satisfaction - Patient and Family Perspective**

Feedback collected from a recent survey of caregivers and families of residents living in LTC facilities in the FNW noted the following key satisfaction themes:

1) Communication between the facility staff and practitioners and family/caregivers is consistent. Families noted that they were advised of any changes in their loved one's health and feedback from residents noted feeling very satisfied with the coordination of care. Out of 43 responses, the average response when asked about satisfaction with communication between family members/caregivers, residents and the residents' MRP, respondents gave an average rating of 4 out of 5. A similar response (4.5 out of 5) was provided when asked around communication with the care home staff.

One respondent noted that "*the staff constantly surprises us with the act of kindness they perform towards my dad and mother. One of the caretakers noticed that mom was visiting often and staying with dad half a day. Yesterday there was a sofa chair bound for storage at the care home, but the morning care-aide took the initiative to move it to dad's room so that mom could have a comfortable chair and even take a small nap next to dad. This thought is really touching."*

Another respondent noted that they *"appreciate the call when there is an incident or accident, being informed by the staff is important as my mother is no longer able to relay any understandable information about her life and experiences in the home."*

2) When asked about opportunities to provide feedback at the care home, 72% of families/caregivers that responded to the survey indicated that they have been provided opportunities for feedback through multiple avenues including surveys, care conferences, monthly meetings. In any instances where their loved ones' health may have changed, respondents indicated having opportunities to discuss with the MRP and/or care home staff.

New **Main themes of Improvement - Patient and Family Perspective**

1) Families and caregivers noted a slightly lower satisfaction rating when asked about how often the physician visits their loved one (3.7 out of 5) and the after-hours physician care availability (3.5 out of 5). The latter may be due to family members not knowing about this service as feedback was consistent with feeling that they were notified of changes in their loved ones' health. Respondents did note an opportunity for further consultation with physicians on a more regular routine basis could provide further opportunities for discussion around care and relationship building.

7. Discussion Around the Impact of the LTCI Program in the Fraser Northwest Long Term Care Community

The results of this evaluation suggest that the LTCI Program contributed to having impacts across four areas:

1) Patient care
2) Facility practice environments
3) Physician practice environments
4) Healthcare utilization by residents

1. Patient Care

The indicators used to evaluate patient care in this year's report included the median number of residents per MRP, the number of MRPs participating in the initiative, the number of female MRPs, and the average years of practice per MRP. In line with previous years of this program the number of MRPs has increased and in turn the median number of residents per MRP has decreased. It could be suggested that long-term care patients in this community continue to have greater access to clinical care due to the coordinated support of the LTCI network. More engaged physicians can take the time to complete onsite visits in a timely manner. An increase in the number of female physicians participating in the initiative continues to reveal a shift in overall physician engagement, passion and interest in long-term care. Lastly, this reporting period indicated the average years of practice for MRPs has remained the same at 14 years and sustainability of the quality of care continues to be supported.

Patient care was also evaluated through data results on average percent of residents on 9 or more medications, average percent of residents on antipsychotics without a diagnosis and the average number of unscheduled ER transfers per 100 residents. Improved patient care is indicated through the data results of these indicators. The FNW LTCI continues to improve the ways in which meaningful medication reviews, patient care goal conversations and completed documentation are conducted. Since implementation of this initiative the results show a decrease in ER transfers. Serious illness conversation training and advanced care planning education could contribute to increased patient care goal conversations and family understanding of care that can be provided at the care home. A robust, standardized after-hours call network and method of capturing the 5 best practice expectations continues to support all the long term care homes and staff to make sure a physician can be contacted at all times, reducing the need for a hospital transfer, if avoidable.

2. Long Term Care facility staff practice environments

Impactful to facility staff practice environments, is the continued support of building relationships with MRPs. Since the implementation of the LTCI Program, facilities and physicians were provided access to a well-structured network of LTCI doctors committed to the program and stronger partnerships were formed. In this reporting period, the program was able to find MRPs to cover a maternity leave and find 2 MRP patient panels as physicians left the community.

The communication between the LTCI MRPs and the long term care facility staff has continued to develop. Success in relaying any concerns or challenges through the Program Manager to make connections with both parties continues to work well.

The LTCI has continued to support facilities in their ability to track best practice deliverables for quality improvement. Feedback this reporting period, collected from the GPSC, physician and facility surveys point to a slight decrease in outcomes. With this information, the program can connect back with facilities to work on improvements that need to be addressed and to check in on arising concerns. Facilities have mentioned that they are comfortable in communicating with their LTCI MRPs and that their residents are seen in a timely manner. It could be suggested that this year's outcome results can be attributed to higher expectations of deliverables due to increased results in outcomes since the program began.

3. Improved practice environments for physicians

The LTCI continues to support the local long term care MAC, where LTCI practitioners have a forum to collaborate on common FNW long term care issues. This network continues to engage and empower new physicians and new to long term care physicians through strong peer support and increased relationship building opportunities. In addition, the MAC meetings provide the opportunity to explore quality improvement ideas, share pearls on the initiative's best practice expectations and understand our community's LTCI implementation information (i.e. LTCI contract and obligations).

Education opportunities continue to be supported by the initiative. Through relevant CME topics, Medical Director specific meetings, and the annual UBC Care of the Elderly Intensive Review Course, MRPs are maintaining their LTC clinic skills.

4. Healthcare utilization by residents

Indicators used to evaluate healthcare utilization by residents, has for the first time since implementation, revealed a slight increase to system costs. ED visits, acute care admission, and length of stay continue to decrease, however the average beds days has not. This could indicate that this fourth year of looking at this measure has reached a baseline and will be interesting to see what results reveal next reporting period.

In regard to quality improvement, the past reporting period revealed that physicians are continuing to go onsite for appropriate health care reasons. There were over 75 after-hours onsite visits that did not result in an ER transfer. The program continues to coordinate suture kit supplies and PPE with the support from the Health Authority.

In addition, decreased polypharmacy efforts also impact overall system costs. It could be said that the reduction in prescribed medication also contributes to lowering health care costs for LTC patients and the health care system.

8. Lessons Learned

Major themes surrounding the lessons learned for the FNW LTCI continue to revolve around the importance of physician engagement, relationship building and communication.

Relationship building across the healthcare system

This reporting period has displayed that the FNW LTCI has matured and maintained a high standard of care. The program continues to evolve and run through PDSA cycles to learn more about how to improve and grow. Over past evaluation periods, different contracts and guidelines have been developed and this year can be reflected in the stability of this community's LTCI. An engaged physician group, a coordinated attachment mechanism and a strong on-call network has revealed a sustainable program that can now take years of collective knowledge and focus on specific areas of quality improvement.

The LTCI has continued to progress at a local grassroots level and MRP engagement drives quality improvement work. An event that brought together LTC MRPs, hospitalists and ER physicians from both local hospitals demonstrated the importance of relationship building. Putting faces to names, networking, and discussing challenges in patient transitions from both sides brought forth many ideas to work out. This collaboration across multiple stakeholders within the healthcare system opened doors for better communication and significant engagement. Quality improvement activity slotted for the next year includes improving how information is transferred between LTC and acute care MRPs, obtaining a standard of sufficient information that is transferred and improving methods of handover of LTC patients.

Family, patient focused care

Much of the LTCI work over the past reporting periods included focus on the palliative approach to care. The best practice expectation of documentation completion revolves around advanced care planning, goals of care discussions and Medical Orders for Scope of Treatment (MOST) completion. This area was exacerbated as Covid-19 became more significant in long term care. MRPs were needed to proactively reach out to LTC patients and families to explain and review goals of care. In this new age of communicating with patients and families, much was learned in regard to the use of technology. The LTCI supported the virtual platforms for clinical care appointments, but much learning came from the experience of putting it all into practice use. IT support, staffing support from the facilities and administration support were pushed past capacity during this trying time and will be considered moving forward.

Patient and family perspectives were incorporated into this year's evaluation. Anonymous online surveys were administered through each care home's email networks. This exercise revealed that some facilities did not have a formal electronic method to reach all families of the LTC patients. Through the feedback collected, it was learned that communication between the MRPs and family is very meaningful and

appreciated. Family expectations need to be managed in regard to the frequency of MRPs on site. More education for families about the LTCI and best practice expectations, like proactive visits, would be recommended.

Work was done creating an informational video series on what to expect when moving into long term care. Four videos were produced and supported by the Fraser Health Authority. The first video outlined the right time to move into a care home, eligibility, where to go for more information and how stressful this time can be. The second video focused on the process of choosing a care home and how types of care are considered to meet the needs of each patient. The third video explains what is provided in long term care and reflects on the difference between acute care experiences and placement in a care home. The fourth video illustrates the illness journey and shares how families and patients prepare as health declines. This project stemmed from previous community engagement requests for more information on this care transition.

Technology advances also require staff support

During the last portion of this reporting period, Covid-19 highlighted the importance of health care staff support. FHA made recommendations that MRPs have the duty to carefully weigh the risk and benefits of any intervention. Implementing MRP onsite visits, however, did place added work to the health care staff at each care home. The LTCI provided iPads at each care home and created an FNW LTC hub website for convenient virtual care but staffing onsite was required for patient clinical visits. Challenges included WIFI connectivity issues, internet provider hiccups and in-person manpower to troubleshoot.

Obtaining data for this report was also impacted by the timing of the Covid-19 pandemic. Reporting from the last period Q4 (Jan-Mar 2020) was not available from multiple sources. The quality improvement report from GPSC and the facility metrics for quality care CIHI report from FHA were both missing data due to capacity limitations.

Physicians continue to be okay with being on-call and going onsite.

Maintaining the trends of previous evaluations and discarding the last quarter of Covid-19 visit restrictions, the FNW LTCI MRPs continue to be willing to provide after hours on-call onsite work. Call volumes have decreased slightly in total number from last report, but on site visits from on-call physicians continue. The notion of transfers being possibly avoidable rather than inappropriate has been advocated in the on-call network. As in previous years, suture kits continue to be provided to each FNW long term care home, supplemented by FHA. Having access to these kits allowed the LTCI physicians another support required to avoid unnecessary ER transfers. Laceration care, CVA, pneumonia and active dying have been the top reasons for onsite visits.

9. Limitations of Evaluation

Limitations are evident in any evaluation report. Below are a few areas of improvement for future evaluations related to the LTCI program:

(1) Measuring Patient Satisfaction

Due to limited resources available, patient satisfaction and quality of care was measured through quantitative data and feedback from patients' families and/or caregivers. It is difficult to fully understand the patient experience through direct patient engagement given the patient population; however, feedback from families and caregivers provides an insight on patient experience.

(2) Available Data

Due to the multiple systems of care that exist in the health system, accessing data from a variety of sources is required. That being said, utilizing a variety of data sources may result in overlap of data collected.

10. Conclusion

Since the LTCI's inception, every resident in Long Term Care in the FNW has access to a dedicated MRP. ED visits, admissions, and number of bed days have continued to decrease and there was only a slight increase in length of stay. This continues to suggest cost-effectiveness of the program to the BC health care system. This trend indicates that the mechanisms that have been implemented within the FNW LTCI continue to be successful according to the original objective of the program. Strengthened systems of support between physicians, facilities, and health authority staff continue to enhance the LTCI program as well as support the sustainability of practices within the health system.

Appendices

Appendix A: FHA Data - ED visits, Admissions, LOS, Bed Days & Cost Saving calculation details

This data was accessed by way of Fraser Health Analytics, Paris & Meditech extracts - MA 16211 Updated Report (August 2019)

Year	Quarter	# of RC Clients	ED Visits	Admissions	Avg LOS	Bed Days
PRE LTCI 2015/2016	*1. Apr - Jun*	*1301*	*167*	*96*	*12.6*	*1214*
PRE LTCI 2015/2016	*2. Jul - Sep*	*1255*	*131*	*79*	*14.1*	*1111*
PRE LTCI 2015/2016	*3. Oct - Dec*	*1262*	*168*	*106*	*8.4*	*893*
PRE LTCI 2015/2016	*4. Jan - Mar*	*1276*	*144*	*98*	*8.7*	*850*
2016/2017	*1. Apr - Jun*	*1428*	*136*	*66*	*9.6*	*631*
2016/2017	*2. Jul - Sep*	*1468*	*171*	*106*	*10.4*	*1098*
2016/2017	*3. Oct - Dec*	*1459*	*165*	*98*	*9.2*	*901*
2016/2017	*4. Jan - Mar*	*1489*	*175*	*97*	*6.5*	*632*
2017/2018	1. Apr - Jun	1418	125	61	8.5	519
2017/2018	2. Jul - Sep	1429	139	75	11.5	863
2017/2018	3. Oct - Dec	1409	136	83	10.7	888
2017/2018	4. Jan - Mar	1450	131	80	7.9	632
2018/2019	1. Apr - Jun	1436	141	68	8.5	578
2018/2019	2. Jul - Sep	1425	131	64	8.7	557
2018/2019	3. Oct - Dec	1416	94	51	10	510
2018/2019	4. Jan - Mar	1421	140	76	8.1	616

2019/2020	1. Apr - Jun	1418	112	65	11.3	735
2019/2020	2. Jul - Sep	1427	116	64	9.6	615
2019/2020	3. Oct - Dec	1427	106	58	10.3	597
2019/2020	4. Jan - Mar	1471	90	50	8.2	411

Extrapolated data calculations

Year	Quarter	# of RC Clients	ED Visits	Admissions	Avg LOS	Bed Days
PRE LTCI 2015/2016	*1. Apr - Jun*	*1722*	*221*	*127*	*13*	*1607*
PRE LTCI 2015/2016	*2. Jul - Sep*	*1722*	*180*	*108*	*14*	*1524*
PRE LTCI 2015/2016	*3. Oct - Dec*	*1722*	*229*	*145*	*8*	*1218*
PRE LTCI 2015/2016	*4. Jan - Mar*	*1722*	*194*	*132*	*9*	*1147*
2016/2017	*1. Apr - Jun*	*1722*	*164*	*80*	*10*	*761*
2016/2017	*2. Jul - Sep*	*1722*	*201*	*124*	*10*	*1288*
2016/2017	*3. Oct - Dec*	*1722*	*195*	*116*	*9*	*1063*
2016/2017	*4. Jan - Mar*	*1722*	*202*	*112*	*7*	*731*
2017/2018	1. Apr - Jun	1722	152	74	9	630
2017/2018	2. Jul - Sep	1722	168	90	12	1039
2017/2018	3. Oct - Dec	1722	166	101	11	1085
2017/2018	4. Jan - Mar	1722	156	95	8	751
2018/2019	1. Apr - Jun	1722	169	81	8	648
2018/2019	2. Jul - Sep	1722	158	77	8	616

2018/2019	3. Oct - Dec	1722	114	62	10	620
2018/2019	4. Jan - Mar	1722	169	92	8	736
2019/2020	1. Apr - Jun	1722	136	78	11	751
2019/2020	2. Jul - Sep	1722	139	77	9	693
2019/2020	3. Oct - Dec	1722	127	69	10	690
2019/2020	4. Jan - Mar	1722	105	58	8	464

Cost Saving Calculations			
Fiscal Year	**Quarter**	**Cost of ED Visit = $723**	**Cost of Admit**
		(extrap # ED visit x $723)	**(extrap # of admit x $1235)**
PRE LTCI 2015/2016	*Q1*	*$159,783*	*$2,038,985*
PRE LTCI 2015/2016	*Q2*	*$130,140*	*$1,867,320*
PRE LTCI 2015/2016	*Q3*	*$165,567*	*$1,432,600*
PRE LTCI 2015/2016	*Q4*	*$140,262*	*$1,467,180*
FY 15/16 Total		***$595,752***	***$6,806,085***
2016/2017	*Q1*	*$118,572*	*$939,726*
2016/2017	*Q2*	*$145,025*	*$1,590,656*
2016/2017	*Q3*	*$140,799*	*$1,313,317*
2016/2017	*Q4*	*$149,668*	*$930,574*
FY 16/17 Total		***$554,064***	***$4,774,273***
2017/2018	Q1	$114,957	$854,941

2017/2018	Q2	$123,716	$1,290,527
2017/2018	Q3	$126,356	$1,129,293
2017/2018	Q4	$112,788	$938,600
FY 17/18 total		**$477,817**	**$4,213,361**
2018/2019	Q1	$122,187	$800,280
2018/2019	Q2	$114,234	$760,760
2018/2019	Q3	$82,422	$765,700
2018/2019	Q4	$122,187	$908,960
FY 18/19 total		**$441,030**	**$3,235,700**
2019/2020	Q1	$98,328	$1,059,630
2019/2020	Q2	$100,497	$855,855
2019/2020	Q3	$91,821	$852,150
2019/2020	Q4	$75,915	$573,040
FY 19/20 total		**$366,561**	**$3,340,675**

Physician Survey Responses

Demographic Data:

Gender	# of Responses
Male	13
Female	11
Other	1
Total	25

Years in Practice	# of Responses
0-5 yrs	9
6-10 yrs	5
11-15 yrs	5
16-20	0
21-25	1
26-30	0
31-35	2
36-40	0
41-45	3
Total	25

1. How would you rate yourself in delivering the 5 best practices to your residents since RCI implementation?

	On-Call shifts	Proactive Visits	Medication Reviews	Completed Documentation	Care Conferences
Response Average	4.5	4.5	5	4.5	5

2. Please arrange the 5 best practices in the order you find them easiest (1 = easiest, 5 = hardest)

	Total Score	Overall Rank
Care Conference	87	1
Completed documentation	81	2
On-call shifts	76	3
Medication reviews	75	4
Proactive visits	71	5

Open-ended feedback on the arrangement of the 5 best practices:

The first 4 are just part of what I do routinely. On call can be a challenge and complex
There is not much difference in the above mentioned, but I usually find it more difficult to document properly, though still not a big issue.
It’s sometimes challenging to arrange tasks that require the participation of other members of the healthcare team
all five of these are very easy to do
I think the on call system is overly funded and more money should be spent on measures that support the palliative care approach rather than a focus on simply preventing transfers to emergency.
Documentation is more detailed with changes in condition or medications etc.
all of them are all about the same
I have a larger practice and occasionally I don't see some residents very frequently
good systems in place and good admin support so it’s very easy to achieve all the 5 best practices
I don’t find any of the above particularly challenging
I started in January so have not yet had a case conference for every resident/family, however, have certainly attended those that were due. This went well and I think was helpful for everyone involved. Generally, I also have been attending the facility every 2nd week so proactive visits were going very well. With the development of the COVID19 pandemic, this has become a challenge but generally with nursing support and telehealth I have still been able to do routine check ins frequently.

Most are not difficult to accomplish. The proactive visits take a bit more chart review to try to identify potential needs.
Over the past few years, I would now say that these are generally quite equal to complete

3. How satisfied are you with the recent introduction of virtual care to support access between yourself and your patients at the LTC facilities?

Average Response: 3.7

Please describe your answer to the above question.
I am worried about potential misses or near misses
Love the idea, Some issues with audio in doxy.me
There is more interaction with staff than with patients. Video quality isn't always the best.
nurses have been very helpful
Virtual care does not affect most visits as they are based on the nurses concerns as before; however, it is not optimal for few cases that physical exam is needed and doxy.me does not work properly.
It has helped with some simple complaints like rashes or masses but not very helpful with other more complex complaints
It is excellent to have the technology in place to do these visits
I have mainly been doing telephone calls as the facility doesn't have iPads on each unit.
It is too early to see how it is working and what improvements can be made.
haven't used it yet specifically but will help immensely!
doxy.me platform works very well
Nursing Staff helpful.
It has been easy to follow up with all the concerns, when there is something that I need to see, nurses will upload pictures in the EMR before the review day. Al so all the concerns in my folders are reviewed, it has been very efficient.
Long term care is not particularly a good venue for virtual care
It has made life easy though technical difficulties keep affecting service provision but those are teething problems and should get better with time
Have not yet used iPads. Unclear how to arrange using them
Still need to get all the staff familiar with use.

Thank goodness for this resource! The visual can really be very helpful
It enables us to do most things without exposing our residents to undo risk.
Lots of technical difficulties for staff at care facilities
Occasional technical issues at the facilities and will need practice to have a good image presented on the video (good lighting, held at the right distance, etc.)

4. With regards to virtual care, is there anything you'd like to see improved or adjusted?

LPNs to have updated vitals and labs prior to rounds
This is difficult at the best of time. It is better with some video than none at all.
Of course, it’s hard to see and examine patients
Have access to a higher quality secure platform.
Possibly more iPads for better access to the virtual communication.
The nursing home staff are not well trained or engaged at all facilities.
I Pads available in all LTC homes. Regular Virtual visits every two weeks or more as needed
Improve internet/access
I like how pictures can be uploaded to PCC
We should invest in further technology i.e. digital stethoscopes. Need to make sure all facilities upgrade their Wi-Fi___33 or use LTE devices.
There are times when it is difficult to coordinate with the nurses - it seems some are more willing to do this than others as well (have had nurses suggest the "next shift" do it for example).
I'd like to see video conferencing for our care home.
More secure platform rather than zoom! Better connectivity for staff on site.

5. What are some areas for improvement with the Long-Term Care Initiative Program?

Better and consistent SBARS. And service to send text msg every time for calls and details. Nurse to ask and service doctor details rather than ask us
Improved holiday coverage for sites with multiple physicians. This is an undue burden for the FMD, especially if more than one site physician goes away at the same time.

More shifts for on call group and if people are not interested, they shouldn't have obligation to take on call shifts, so others who are more interested can take more
continue with CME, not just covid related news update
I only have had one case for suturing so far and found out the suture kit is very basic and not having all necessary tools.
Extra call shifts are typically filled up very quickly before everyone gets the chance to even see the email notification. Perhaps there is a better way to post them?
nothing, you are doing a great job
The electronic medical record system is very basic.
More emphasis on working with families and the MOST. This needs to be addressed before admission.
More communication with Family etc.
Recruiting new physicians is always an issue
-Unified EMR. Better EMR capabilities for doctors as PCC is very good for nurses but not so for doctors. Have access to Pharmanet and Meditech and CareConnect for all doctors
Continue to try to standardize processes amongst facilities
I think the program is doing a great job and thank you for the support. Again, in the context of the COVID19 pandemic I especially appreciate memos and information being relayed in a timely fashion as well as the town halls with public health.
I've been pretty satisfied with everything and can't think of anything to add at this time.
Go more paperless on site!!
Would encourage ongoing engagement and CME opportunities

6. What is working well with the Long-Term Care Initiative Program?

I feel like that I get along with my DOC
Everything else including great meetings
After hours coverage is excellent. Well organized admin group. MAC and CME meetings are very relevant.
Good communication. Address our concern
CME and regular meetings have been very helpful

on call system
Very pleased with leadership involvement and support in many aspects. The quarterly meetings are helpful in keeping a coherent group.
Teamwork of all our doctors. Efficient on call system. Great meetings and education
Most aspects of the program I would say are working really well. As mentioned previously, I find the EMR system too basic and lack of commonly used features.
More GPS attend family conferences.
Mostly good
Mostly everything
I love the support from my facility staff and colleagues
very collegial atmosphere and great resources¬†and assistance available for clinicians. Very responsive to feedback and helping to elevate overall care
Though I have not participated on call, I do believe this is working well. Also, the reminders from the facility and guidelines as to frequency of medication reviews and case conferences is helpful. As are CME programs/initiatives.
- Appropriate care for the residents. Great webinars to address needs
The collegiality and input between physicians
Dedicated physicians, good call coverage

7. Reflecting back over the last year, what changes have you seen in relation to your practice in Long-Term care?

Being more proactive; focus more on quality of life
Challenge with COVID
Patient care has always been managed efficiently at my site, but there has been much turmoil with staff turnover. Adapting to this has been challenging.
getting a little bit better at doing serious illness conversations
Better patient family relationships - tackling serious illness conversations and expectations on admission
All the wild changes from COVID
None except for virtual care.
slimmer panel and focus more on goals of care discussion
Covid-19 have changed the working

the virtual visits, been more confident regarding the difficult talks to patients and family members
Virtual care, increased focus on goals of care, decreased polypharmacy
stronger and firmer relation and increased efficiency
I’m getting more comfortable with goals of care conversations
COVID 19 has been the biggest change and not sure long term what the ramifications will be yet
I don't think it has been long enough for me to see any changes. See previous re COVID pandemic
Aside from the switch to virtual care, I've also had more time to get to know my patients which has made management easier
More proactive of involving patient's family members
Improvement of goals of care conversations

8. On a scale of 1-5, how satisfied are you with the Long-Term Care Initiative Program?
Average Rating: 4.5

Please provide us with any additional feedback
It is still much better now than how it was prior to the on call group, and the structured, set visit times.
Glad to be a part of a great team of talented physicians!
Overall, I find this program to be really well run and I as a physician feel well supported.
Keep it up.
Thanks to everyone for their dedication and hard work. Looking forward to ongoing education and guidance during this new era of medicine.

Facility Survey Responses

1. How would you rate your facility's Long-Term Care Initiative's physicians in providing the following best practices?

	On-call Shifts	Proactive Visits	Completed Documentation	Care Conference	Meaningful Medication

Response Average	4.7	4.7	4.4	4.5	4.6

2. How satisfied are you with the quality of clinical care for the Long-Term Care Initiative physicians?
Average Response Rating: 4.6
Comments:

- Generally satisfied with care. Last few months however there have been challenges with clinical care and whilst physicians are responsive, seeing residents through video presents clear challenges. I believe in that time we have had one Physician visit and that was a duty doctor. I am not clear on what the criteria would be for physicians actually coming on site. This may be something that would be good to determine going forward. The Doxy.me performed poorly for our site. It would be good to have criteria for standards for its use developed by the College. There were different forums being used over the course of this COVID crisis like facetime, google, zoom however the security of these is questionable

3. How satisfied are you with the after-hours on-call availability from the Long-Term Care Initiative physicians?
Average Response Rating: 4.6

4. How satisfied are you with the after-hours on-call care from the Long-Term Care Initiative physicians?
Average Response Rating: 4.6

5. How satisfied are you with your facility's Long-Term Care Initiative physicians' openness to feedback?
Average Response Rating: 4.6

6. How do you feel the Long-Term Care Initiative Program has impacted your residents and their families?
Average Response Rating: 4.6
Please tell us more about any specific stories or feedback you have heard from your residents and/or their families:

- The families say that the doctors under this program are more attentive to our residents than when they were not in LTC and had gone to family Dr.
- With LTC IP, we were able to avoid/reduce unnecessary transfer. Medical Team is there when the nurse/facility is in a difficult situation.

7. Overall, how satisfied are you with the Long-Term Care Initiative Program?
Average Response Rating: 4.7

8. How satisfied are you with the recent introduction of virtual care to support access between residents and Physicians for health-related needs and concerns?
Average Response Rating: 3.7
Comments:

- Has not been used (not needed for now).
- It is not the same as having a physician on site, and it takes a lot of time to train staff.
- Virtual care support ensures that resident care needs are met on a timely matter and physician and resident has an opportunity to discuss resident concerns and goals.
- Issues about connection with WIFI at times but it's great to have it readily available.

9. With regards to virtual care, is there anything that you'd like to see improved or adjusted?

- if there were more IPADS- having 5 doctors with one IPAD to use in our large building is not enough- we have six separate nursing stations and with COVID, we really shouldn't be sharing this device.
- It is difficult to access resident's in their rooms due to limited WIFI.

10. What are some areas for improvement?

- continue with what you are doing- very successful
- Consistency of physicians in our home, lots of changes in a small amount of time; Physician's knowledge of EOL care in LTC, caring conversations instead of allowing families to pick and choose MOST for their loved ones; Attendance to care conferences (most of our physicians does this but not all and this affects the quality of our care services); During after hours, not all on-call physicians are willing to come in on site for an assessment.
- virtual health and standards for this; Criteria for undertaking actual clinical visits

11. What positive changes are you most happy with? (What would you like to see more of in the next year?)

- Difficult to say with COVID-19 pandemic.
- I am happy that Dr…. is accepting more patients and we have a good balance between female and male doctors for our residents
- Physicians are open in having a collaborative relationship with our nurses. LTCI providing PPEs for their physicians
- We are happy with the virtual patient consultation.
- increase in physicians for the site
- We have a great team working together to achieve excellence in care. Too many life experiences as a lesson.

12. What would you like to see done differently in the next year?

- Difficult to say due to pandemic. Hopefully conditions get better.
- More resident involvement in care conferences where possible
- Nurse Practitioner to be included in the LTC IP. They are an important part of our team.

Family/Caregiver Survey Responses

1. Have you been provided opportunities for feedback at the care home?

Yes: 31

No: 3

Comments:

- Contact and discuss regarding any changes with Mother, medications, wheelchair, dentures etc.
- Meetings with the caregivers as a group and ongoing conversations with the direct caregivers/floor staff.
- Annual conference Very well done.
- Through a client experience survey
- Family meetings
- Recently received a paper survey in the mail to fill out and return.
- Annual client meetings as well as ongoing communication with the care facility staff.
- Received a feedback form in the mail, which I filled out and returned.
- Staff always asked for my input
- Care conference and open communications approach
- I requested a private room for my sister and was informed that she would be put on a waiting list
- I filled in a questionnaire when my friend first came to the care home
- Staff are always ready to listen; I could also send an email if needed.
- Both at the patient conference and family council meeting with administration, multidisciplinary and care giving staff.
- Not quite sure what's meant by this question, I'm not able to attend monthly meetings as I work Monday to Friday 7 to 3.
- Annual review surveys. Also, accreditation process
- Annual care conferences; open door policy from the CEO on down
- Speaking with the doctor.
- The care home is open to receiving feedback at any time. Also, feedback forms have been sent home annually for family members to fill out.
- I have never had any problems with my mother's care home. If I have a question, I get answers right away. On the phone or in person. I would like it if the Doctor was easier to get a hold of. But because it was such an ordeal getting her placed there in the first place, I tend to let some things slide. I have full confidence in the staff of the care home staff.
- I have received surveys
- Yes, we've been provided with questionnaires about our satisfaction of services provided
- We met with the doctor who explained dad's condition. The doctor was very kind and understanding with mom speaking slowly due to the language barrier. When dad had a small fall, the residing nurse quickly called me to advise me of the fall and that dad was not hurt. He assured me that the doctor would check him the following day. We feel that dad is in very good hands at the care home.
- One of the managers is always available to listen to our concerns.

- Survey, care conference, staff approachable and informative
- No one has asked

2. Satisfaction levels with the following:

Best Practice	Average Rating
How often the physician visits your loved one	3.7
The after-hours physician care available to your loved one	3.5
Communication about changes to your loved one's medication	4
Discussions about your loved one's current health and how it will change over time	4

3. Are you satisfied with the communication between yourself/your family member and the care home?
Average Rating: 4.5

4. Are you satisfied with the communication between yourself/your family member and their Family Physician/Nurse Practitioner?
Average Rating: 4

5. Please share any general comments about the care provided by your loved ones Family Physician/Nurse Practitioner and the care provided by the care home.

- The care she receives is very satisfactory. Kudos to all members of the teams directly or indirectly involved in her day to day care.
- We've noticed a significant improvement in mom's attitude and spirit since her staying at this care home. Her delusions have reduced / been eliminated apparently due to her interaction with the staff.
- Sometimes it would be nice to hear directly from the physician when there are current changes so you could discuss it with him/her rather than relaying messages second hand to and from nursing staff or waiting for the once a year care conference. Thanks
- Appreciated the "conference of care" where I was called in to sit with all facets of the home, including the doctor who has taken over my family member's care, and was given an entire review of her and her progress since moving in. Also appreciated the calls I've received from the floor nurse to update me on my family member's condition and change in medications.
- Generally good, there have been no major health incidents to this point.
- My Dad is a recent resident, so we don't have a lot of interaction with the physician/nurse practitioner at the moment. So far things have been good for my Dad though.

- It’s great how the staff let me know everything that has happened when our loved one is sick or has fallen or even when he has had any problems with other residents, then they follow to let me know how they are handling the situation.
- All staff members are very caring and always very respectful
- The only communication I have had with a Doctor was at my sister’s first intake evaluation. I have many questions which I feel would be best answered in person and in April I hope to set up meetings. I have no idea if she receives any physical or speech therapy. Or if either would be a waste of time. Has her swallowing improved, any awareness of bladder or bowel movement etc. I have talked briefly with the nurses on duty at the desk. I believe my sister is well cared for and respected.
- I haven't had any communication with the Family Physician / Nurse Practitioner since my Mom entered your care home.
- I know that my friend has seen the physician at least once. Am not sure if she has spoken to the nurse practitioner. She is able to speak to them on her own behalf.
- I appreciate the call when there is an incident or accident, being informed by the staff is important as my mother is no longer able to relay any understandable information about her life and experiences in the home.
- Good care from all of the people taking care of my mother
- The care at the care home is excellent. I couldn't have hoped for a better place for my mother to spend her last days.
- Caregivers are very friendly and cheerful. The quality of care provided is very good. patients feel they are loved.
- Other than the yearly conference I don't get any other information about my Mother unless I ask or make a complaint
- No idea how often the "Family" -Facility- Physician visits, the length of the visit, or the substance of the visit, no real sense of how proactive the facility physician is. The care home seems to be very good at providing personal care and grooming to the resident's, it also seems to provide appropriate activities. The medical responses/concerns -in my opinion- do not seem to reflect the same care and attention. The diet -in my opinion- is starch and sugar dependent and very limited in providing fresh vegetables or salad.
- Only contact from a nurse. Doctor usually doesn’t attend or call
- The care home itself provided excellent communication and care for the 14 years our mother was there. Over the years she had several different doctors and/or nurse practitioners. Some were good, while others were not. Just like outside of care homes. In the last few years our mother did have one nurse practitioner that was excellent. She was excellent during mom's most severe decline in health; communicating well with us; responding to our queries and generally looking after her as she had wanted during her declining years.
- My mother and I are satisfied with the care given when there is an issue. Both the Wound Nurse and the Doctor & Nurses take good care of my mother. If there is a change in her condition or medication needed the Nurses station calls me.
- I feel that the level of care is excellent. I do not hear anything at all from the physician. I do not reach out to her, but I also do not get any updates at all except for during our yearly care conference.

- My mother doesn't have a family Physician. At the time she first got sick our family doctor retired without warning. So, she got caught in the search for a new doctor. Since she has been at the care home, she has only had the doctor that is available to her there. Not the best situation but it's what I have to work with.
- It would be helpful to have the physician visit once a month just to build a relationship. When requests are made for the physician to see the resident it often takes several repeat requests and several scheduled doctor days before it happens. The follow up is inconsistent.
- The nurses are great however, the doctor seems to be away a lot & it can be awhile before she gets seen sometimes. He also dropped the ball when my mom 1st came to the home. She should have seen a specialist but didn't. As a result, she had her leg amputated because it was left too long & turned to gangrene.
- The staff at the care home are fantastic - my husband considers the residence home and if I bring him to my apartment - after 45 minutes or so he wants to go back - if I ever have to be in residential care - this facility is my first choice
- My loved one is now under the geriatric doctor's care at the care home. Her general health has improved since entering the home. Her family physician stopped care once she entered long term care as he felt it best for my loved one. I am generally very satisfied with the care she is receiving.
- We find the staff at the care home very caring, hard-working and knowledgeable. The staff constantly surprises us with the act of kindness they perform towards my dad and mother. One of the caretakers noticed that mom was visiting often and staying with dad half a day. Yesterday there was a sofa chair bound for storage at Kiwanis, but the morning care-aide took the initiative to move it to dad's room so that mom could have a comfortable chair and even take a small nap next to dad. This thought is really touching.
- When one of my parents has an issue, the nurse in charge must wait until the next physician visit to get approval for a change. For example, last night my dad's urine was pink, but his physician doesn't come in until next week. Therefore, he must wait until next week for approval of a sample to be taken, then wait longer for the results. He's 91, a UTI affects him greatly.
- Always advised about falls and if there are any injuries by on staff nurses further checks by nurse practitioner if required. Advised if medication required for agitation/aggression. Mom has Alzheimer's.
- Physicians are only available once a week which isn't great

Appendix D: Program Funding

Fraser Northwest Division of Family Practice Society		
Profit and Loss		
All Dates (October 1, 2015 - March 31, 2020)		
Income	$ 2,997,934.25	
Physician Payment Costs		
RCI On Call Sessionals	$ 1,504,933.18	
Sessional Fees (Physician Leads, RCI MRP sessional fees)	$ 325,502.74	
RCI Quality Enhanced Patient Support Incentive Fee	$ 401,717.58	
Other physician payments (mentoring, CME, meeting costs)	$ 107,360.00	
Quality Improvement Project Funds fees	$ 10,258.90	
	$ 2,349,772.40	83%
Administrative Costs		
Employee (admin, staff salaries, bookkeeping, evaluation, stats)	$ 437,944.84	
RCI Phone System for on call network	$ 22,114.18	
Supplies/Equipment (office, rent, RCI supplies)	$ 8,501.88	
Travel, Mileage, Parking	$ 4,529.91	
	$ 473,090.81	17%
Income	$ 2,997,934.25	
Total Expenses	$ 2,822,863.21	
Total Balance	**$ 175,071.04**	