Long Term Care Initiative (LTCI)
Year in Review (FY 20/21)

Fraser Northwest Division of Family Practice

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.

Background and Context

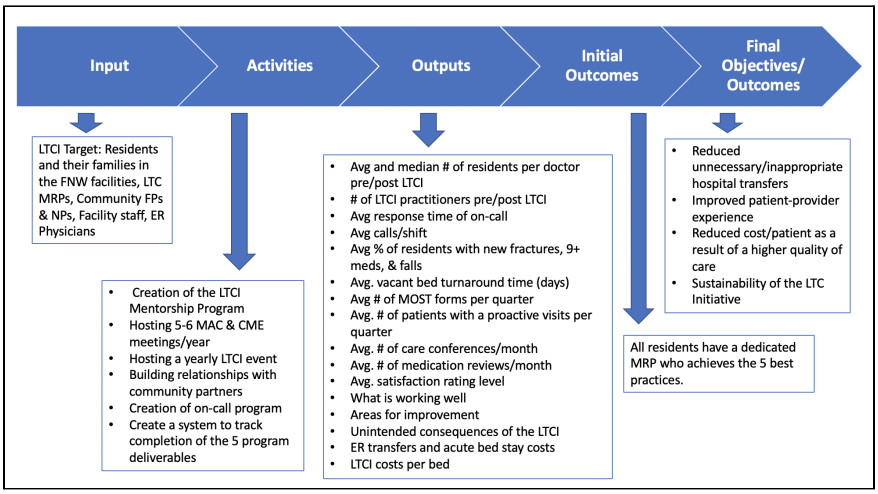
With the partial program launch in October of 2015, the FNW DoFP began the work of the Long Term Care Initiative (LTCI) in the long-term care facilities within the communities of New Westminster, Coquitlam, Port Moody, and Port Coquitlam with program implementation in January 2016. These communities 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
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. Provide completed resident documentation

Building on the four previous year-end evaluation reports which documented that every resident in the FNW community attained a dedicated MRP, increased patient and provider experience and significant decrease in health system costs, this report provides an overview on the last year's activities, milestones and challenges faced by Physicians, patients, family members and the community.

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.

Figure 1 reflects the program's Logic Model that was developed at the inception of the LTCI.



Initiative Impact

Since the LTCI inception in 2014, there continues to be shifts in the overall initiative metrics which contribute to changes in measuring of the 5 best practices. There has been a 340% increase in the number of MRPs practicing in the LTC since the initiative's inception. Additionally, the median number of residents per MRP had nearly decreased by half. Comparing the number of female MRPs now to the number at pre-implementation, there has been a significant growth with female MRPs making up 47% of the total MRPs practicing the FNW LTCI.

LTCI Metrics	Difference in Change		
	Pre-implementation	FY 20/21	% Change
# of MRPs practicing in LTCI	10	34	340% Increase
Median # of residents per MRP	80	42.75	47% decrease
Female MRPs	0	16	160% increase
Average years of practice per MRP	35	15	57% decrease

Measurement of the 5 best practices continues to be a key indicator of success towards the initiative's overall outcomes. The table below was shared with the FNW DoFP from the GPSC LTCI Quality Improvement Report and is a snapshot of the impacts of the work reflecting progress towards outcomes:

	2014/15	2020/21	Net change	% change
Proactive Visits				
Avg. non-urgent visits per resident (see Fig. 1)	11	11	0	2%
% of residents who did not have a proactive visit (see Fig. 2)	13%	6%	-7%	-51%
Case Conferences				
% of residents who had a case conference (see Fig. 3)	64%	88%	24%	38%
Meaningful Medication Reviews				
Avg. number of ordered drugs per resident (see Fig. 4)	6	5	-1	-17%
% of residents prescribed 9+ medications (see Fig. 5)	23%	15%	-9%	-38%

	2014/15	2020/21	Net change	% change
Reduced unnecessary or inappropriate emergency room transfers				
No. of unscheduled emergency department transfers per 100 residents (see Fig. 6)	60	27	-33	-55%

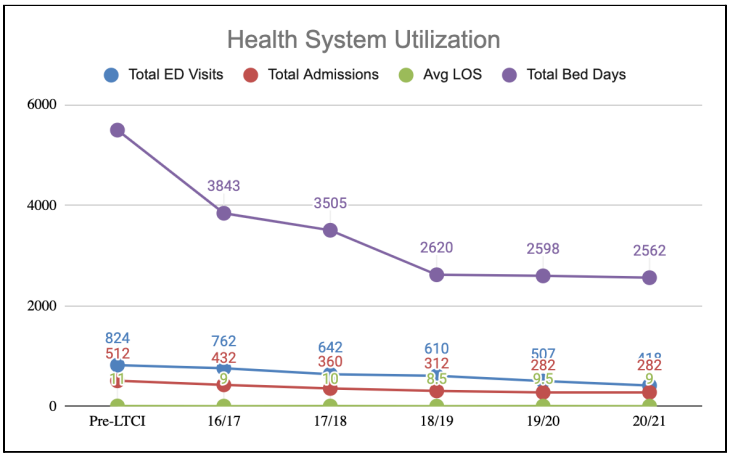
LTCI Pandemic Response

Covid-19 was declared a pandemic by the WHO in March 2020 and immediately the FNW LTCI Medical Advisory Committee (MAC) worked collaboratively with Health Authority (FHA), Doctors of BC (DoBC), and FNW community care homes to develop an approach that continued to support residents while maintaining Covid-19 restriction protocols. Despite the implications of the pandemic, the LTCI 5 best practices were maintained through a coordinated community approach:

Best Practices	Covid-19 Implications/Adjustments
24/7 availability on-call network for all residents, regardless of their primary care provider	Maintained throughout the year with the introduction of virtual care and iPads distributed at care homes to enable communication between residents, care home staff and Physicians.
Proactive visits to residents (minimum once every 3 months)	In accordance with the Fraser Health Authority protocols, physicians had the ability to continue to visit their patients proactively with proper PPE. Visits were also conducted virtually.
Meaningful medication reviews (twice per year)	Adjusted to virtual reviews.
Attendance at care conferences (once per year)	Adjusted to virtual care conferences.
Completed documentation of resident's charts	Documentation continued through the use of remote electronic medical record systems. Recommendations to proactively document Covid-19 related goals of care conversations were also initiated.

ED Visits & Admissions

Through the pandemic, findings from HA Emergency Department data reflected decreased measures of acute care utilization, largely due to the impacts of the Covid-19 pandemic; however, these are still significant when comparing data from FY 19/20 to FY 20/21. This comparative data is reflected in the graph here.



Changes in healthcare costs are also important to compare between the two

years. The trend in overall costs for ED visits and the number of admissions from long term care clients reflected a 6.5% decrease over the last two years totaling a cost savings of $240,952. 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.

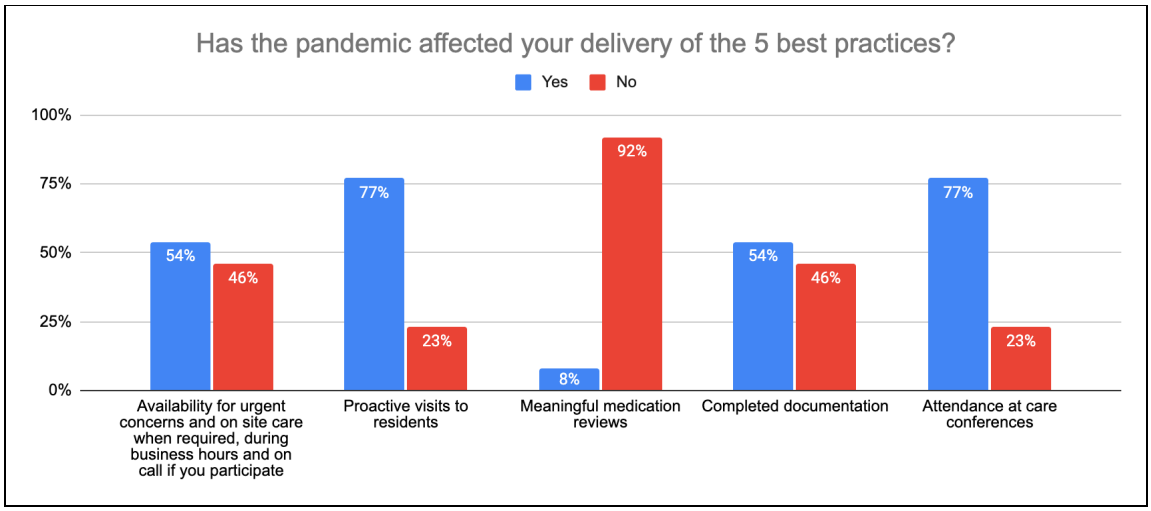
Year	ED Visit Cost	Admission Cost	Total Cost
FY 19/20	$366,561	$3,340,674	$3,707,236
FY 20/21	**$302,214**	**$3,164,070**	$3,466,284
Total change in health care costs between FY 19/20 & FY 20/21			**$240,952 *saved***

Physician Feedback

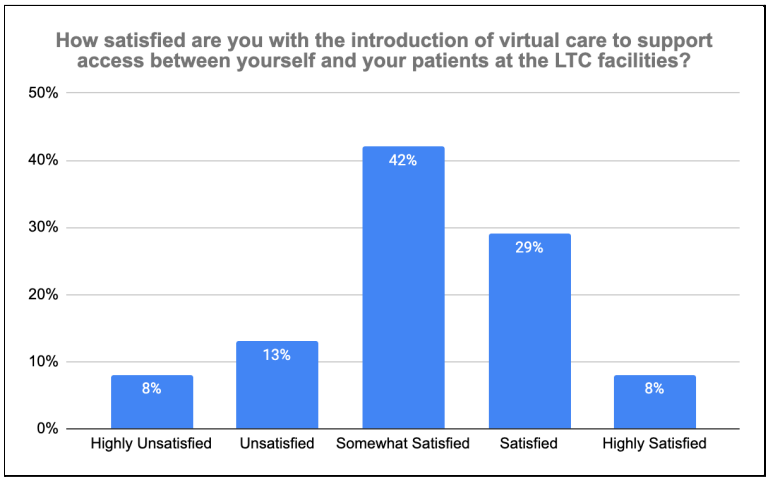
Feedback was collected from approximately 70% of LTC providers which focused on satisfaction and overall experience with this initiative throughout this past year. In previous years, Physicians identified the delivery of the 5 best practices from easiest to most challenging

	FY 19/20 (previous year)	FY 20/21 (current year)
1. *Easiest*	Care Conferences	Care Conferences
2.	Completed Documentation	Medication Reviews
3.	On-call Shifts	On-call Shifts
4.	Medication Reviews	Completed Documentation
5. *Most Challenging*	Proactive Visits	Proactive Visits

Feedback was also collected around whether the pandemic has affected Physicians' delivery of the 5 best practices. The majority of responses identified that the pandemic had had an effect on Physicians' delivery of the 5 best practices with the majority of themes centering around the increase in prevalence of virtual care to support continued care coordination and communication between providers.



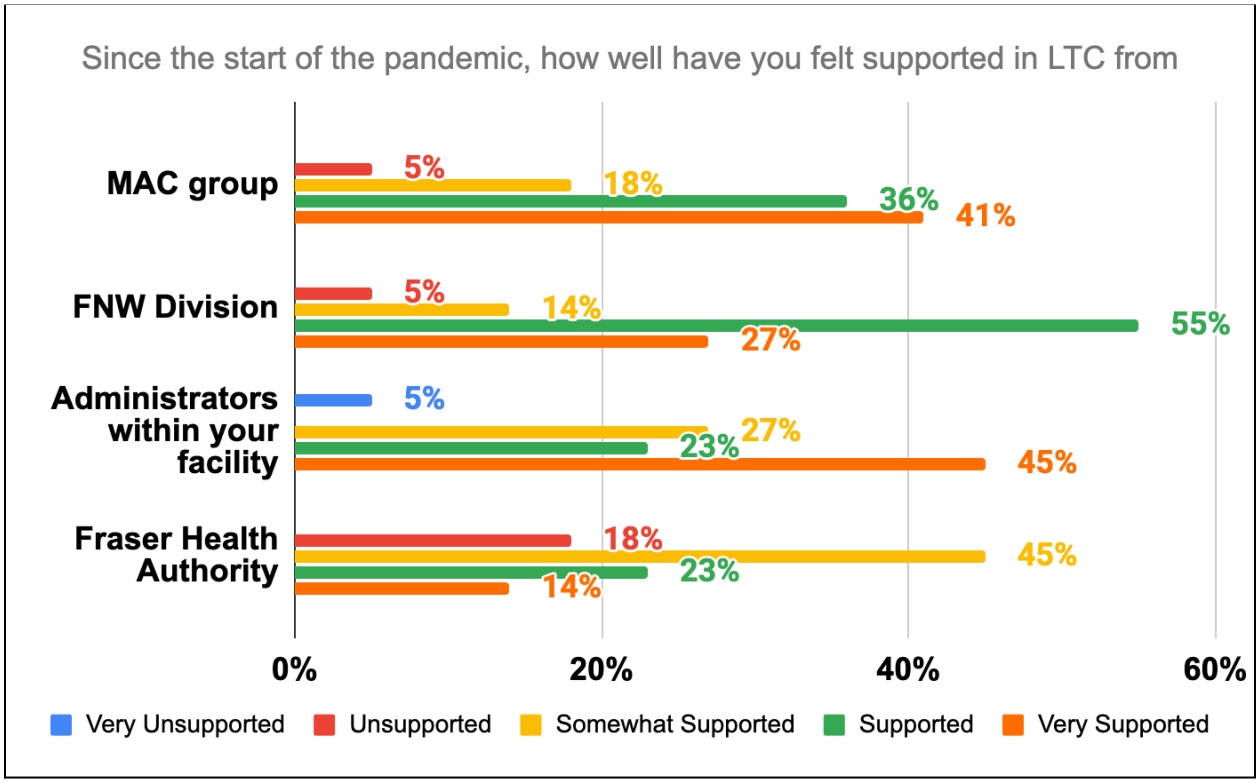
Feedback from Physicians on the introduction of virtual care to support access between patients at LTC facilities and providers noted how dependent the success of a virtual visit is on both the LTC facility staff, the patient, and the provider easily being able to access the virtual health platform without technology disruptions. An additional factor that emerged was the complexity of patients and the recognition that the nature of patients' health concerns may indirectly interfere with the ability to clearly communicate between patients, facility staff and physicians when virtual.



65% of Physicians also indicated experiencing burnout in some capacity over the last year and indicated interest in the FNW Division providing additional levels of support to reduce burnout moving forward. The Medical Advisory Committee continues to be highlighted for its collaboration, leadership and peer networking support. Physicians' anecdotal feedback noted how supportive the group and leadership has been throughout the pandemic and the adaptive and flexible nature of the network in creating a learning environment.

The Medical Advisory Committee (MAC) was identified as a key source of support for Physicians over this last year as it provides an avenue for discussion around overall standard of care for residents and a strengthened Physician peer network. Since inception, there have been 28 formal engagement sessions for the committee - with 6 occurring in this last year. Member attendance continues to be high and is the driving force behind discussion topics with the peer network and CME topics. Although much of the meetings focused on the pandemic, there were also CME topics at 50% of these meetings. The CME

topics included presentations on Traumatic Brain Injuries, Palliative Approach to Care and a presentation on reporting deaths and medical certificates of death from the BC Coroners Services.



Health Outcomes of Residents

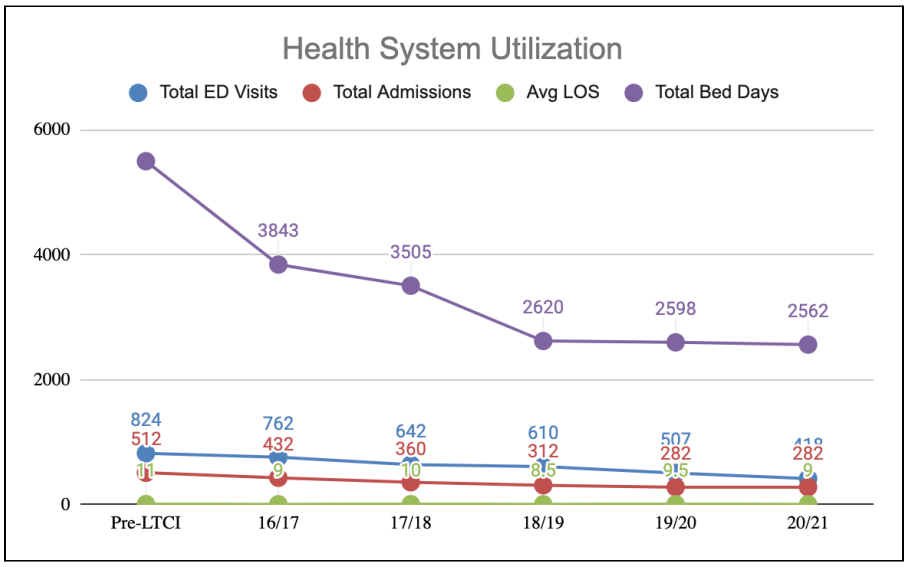
Measuring health outcomes of residents and quality of care requires the review of a number of data sets:

- Visits to the Emergency Departments, admissions and length of stay
- Aggregated call volume data pulled from the FNW on-call reports
- Qualitative feedback from patients (although with this population, families and caregivers who had loved ones residing in a LTC facility were engaged)

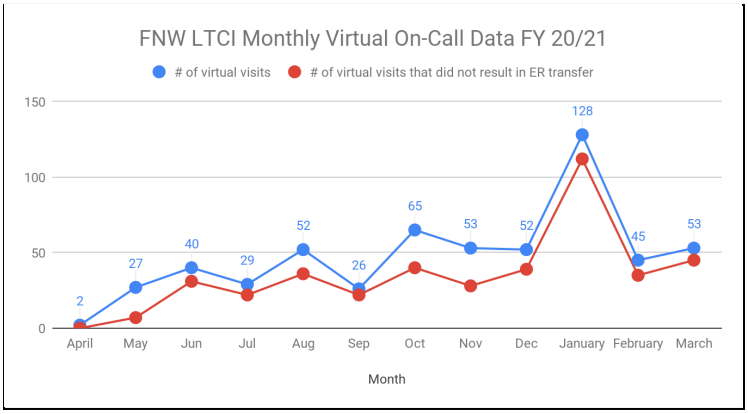
In the last year, decreased measures of acute care utilization continued when comparing data from FY 19/20 to FY 20/21. A significant factor to be considered is the impact that the pandemic had on acute care utilization and the impacts on long term care homes.

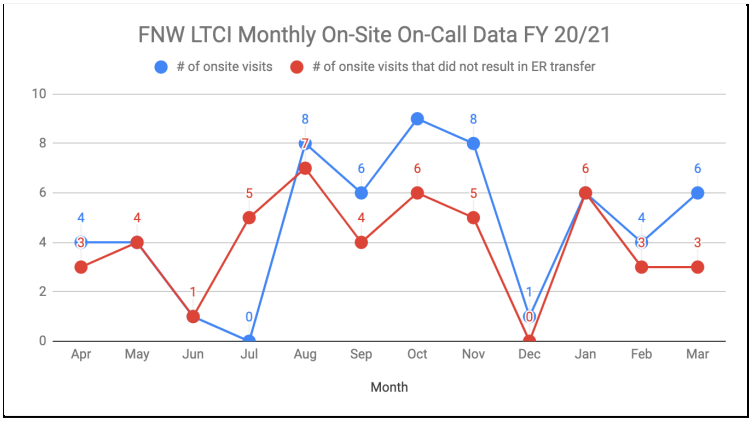
	% Difference in ED Visits	% Difference in Admissions	% Difference in Length of Stay	% Difference in Bed Days
Comparison between FY 19/20 and FY 20/21	-18%	0%	-5%	-1%

Since this initiative's inception, there continues to be a downward trend in hospital utilization which indicates an increase in the continuity and coordination of care experienced by residents by Physicians and health care staff onsite at the LTC facilities.



On-call data collected on a monthly basis denotes the distribution of onsite visits, virtual visits and the comparison between those that didn't result in transfers to the ER. The below graphs reflect both the virtual visits and the onsite visit date:

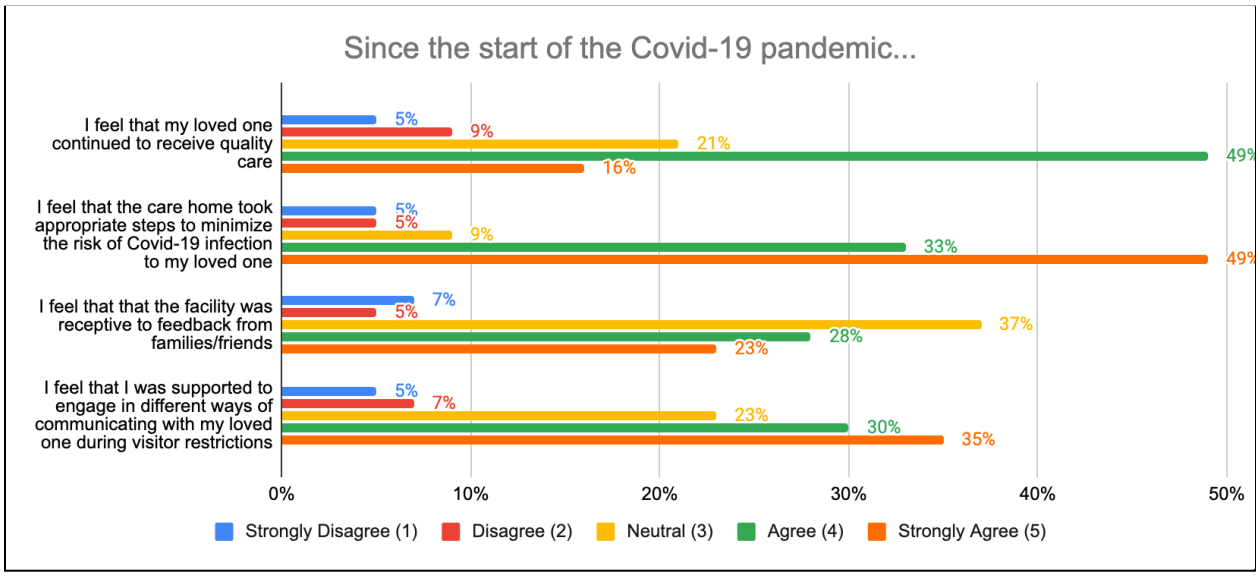




Families and caregivers of residents were encouraged to share their feedback and experiences of their loved one living in the FNW facilities. Feedback collected from a recent survey indicated how the pandemic has affected not only loved ones residing in LTC facilities, but also their families and caregivers. 78% of respondents felt that over this last year, there had been opportunities to provide feedback at the care home through:

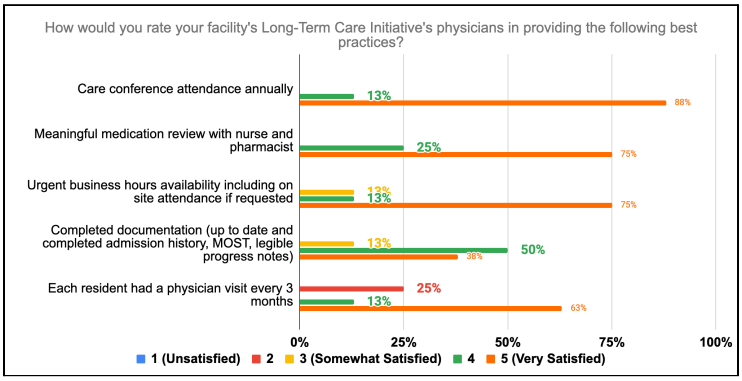
- Video conferences
- Town Hall meetings
- Email communication

Further feedback did indicate opportunities for further improvement in communication between families/caregivers, LTC facilities and Physicians.



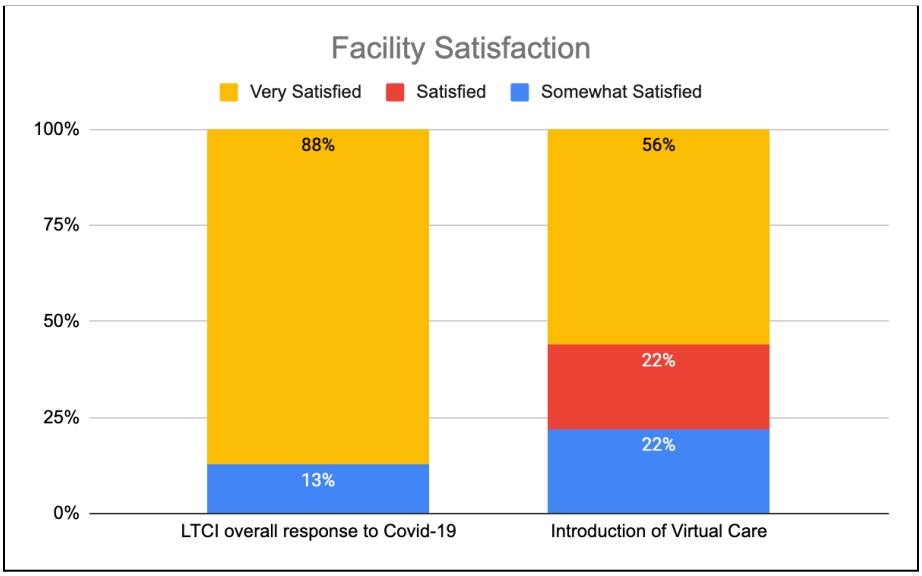
LTC Facility Feedback

Facility engagement continues to be integral to the success of this initiative and it's no different with the impact of collaborative partnerships between facilities, healthcare providers, HA, and Division staff throughout the pandemic. Facilities shared their satisfaction with the ability of the LTCI Physicians to provide the 5 best practices throughout the pandemic and how it's affected the delivery of care.



Facility feedback focused heavily on how the shift towards virtual has impacted the facility; however, facilities also identified that "*there are ways that LTCI Physicians can still see and assess residents and at the same time make a good medical decision via virtual consultation.*" Another facility identified that "*LTCI Physicians still visit the homes safely by observing and following COVID19 IPC safety measures and practices*."

Overall, satisfaction levels around how the LTCI responded to the pandemic were extremely positive and 88% of facility respondents were very satisfied with this response. That being said, satisfaction levels around the use of virtual care to support access between residents and Physicians for health-related needs/concerns slightly dipped and varied:



Additional opportunities for improvement that were identified by facilities focused primarily on Physician recruitment.

Data continued to be collected from the quarterly LTCI Quality Improvement Report conducted by GPSC throughout the Covid-19 pandemic. The GPSC provided an overview of the facility satisfaction levels across the 5 best practice deliverables since LTCI inception. The figures below reflect the comparison between FNW, FHA and BC overall.

Figure 1. Average non-urgent visits per resident per fiscal year (by division, division and health authority)[3]

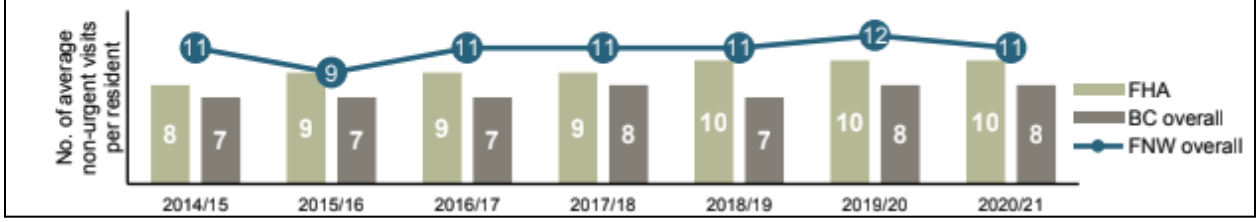


Figure 2. Proportion of residents who did not receive a proactive visit, per fiscal year (by DoFP, Health Authority and BC overall)[5]

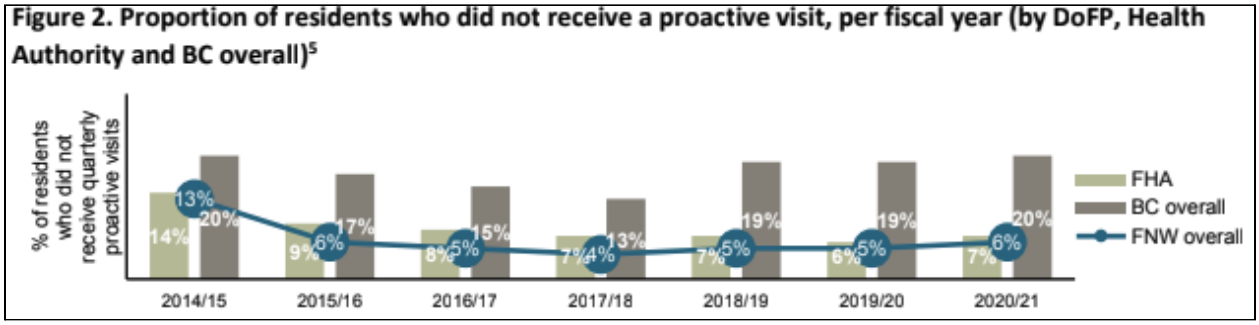


Figure 3. Percentage of residents who had a case conference with a family physician or nurse practitioner, per fiscal year (by DoFP, Health Authority and BC overall)[6]

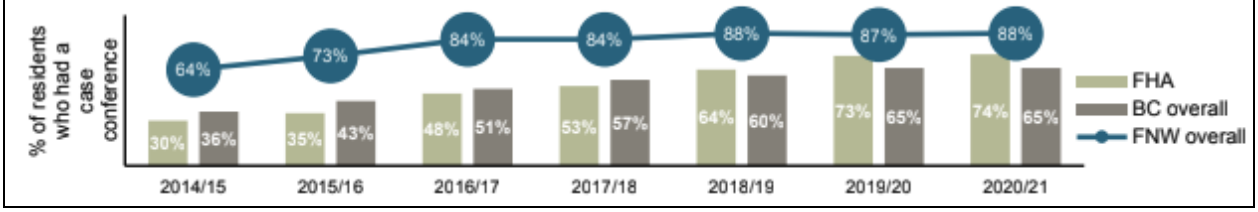


Figure 4. Average number of ordered drugs per resident, per fiscal year (by DoFP, Health Authority and BC overall)[8]

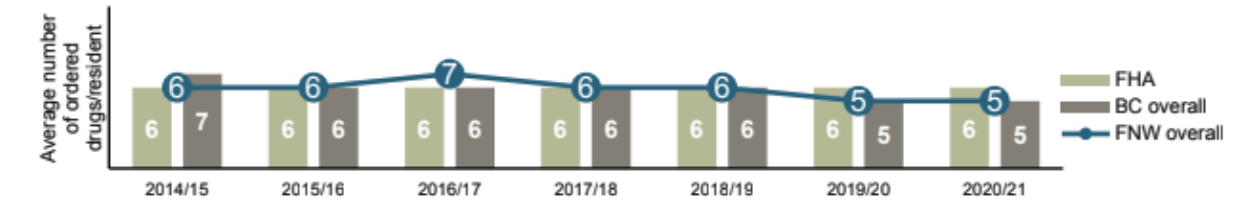
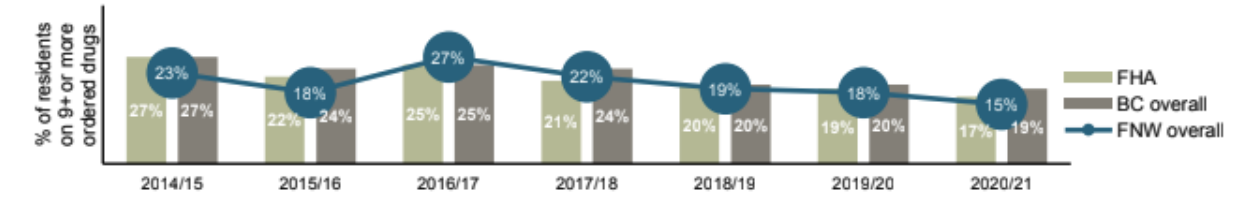


Figure 5. Proportion of residents on nine or more ordered drugs per facility, per year[9,10]



The trends identified throughout these surveys indicate the extensive impacts that the FNW LTCI has had, and continues to have, on care homes in the New Westminster and Tri-Cities communities.

Lessons Learned

COVID-19 Impacts

Physicians continue to participate in the on-call network

Throughout the pandemic, the LTCI physicians remained willing to provide after hours on-call work. Filling the schedule calendar for shifts was not problematic and call volumes continued to increase from the previous reporting periods. It can be speculated that due to prompt MAC meetings dedicated to COVID-19 updates and the management of COVID-19 infections, along with a strong MAC peer network, encouraged physician willingness to continue their on-call responsibilities.

Relationship building across the healthcare system

As in previous LTCI evaluation reports, this reporting period has displayed that the FNW LTCI has maintained a high standard of care. Multiple PDSA cycles continue to occur to guide the initiative. In regards to COVID-19 specifically, this engaged physician group was able to troubleshoot with the FNW Division in dealing with facility outbreaks, implement Fraser Health Authority COVID protocols as they were issued, and communicate within the network. Having a strong relationship with the care home administrators, acute care, and FHA, the COVID Task Force representatives supported communication and coordination.

Another lesson in relationship building during the pandemic came from physician and care home communication. It is crucial that the physicians, nurses and administrators are all in agreement and understanding in regards to onsite visit schedules. During the beginning of the reporting period, on-call onsite visits were considered high risk if a physician needed to attend multiple sites in one shift. Clear communication about when physicians would be onsite is important for the care home morale and confidence.

The Long Term Care Facilities have shared that there was a challenge with documentation completion in a timely manner. As not all physicians were comfortable with returning onsite with their regular schedules,some paperwork for admission documentation took longer than usual. This is reflected in the physician response this year in their opinion of the ease of completed documentation as a best practice. Last fiscal year this item was rated second easiest, whereas this year it was rated second hardest to deliver.

Family, patient focused care

The LTCI focuses 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.

Orientation still needs to be a priority

We continue to focus on physician wellness and have increased time for peer support during scheduled meetings. Physicians have found this helpful for their clinical practice questions, support with difficult situations and overall physician well-being. We continue to focus on physician wellness without our MAC group as this has been a very difficult time for all healthcare workers. High levels of burnout have been discussed throughout the medical system and we continue to focus on physician wellness.

The importance of creating a supportive and clear understanding of the LTCI program to new physicians continues to be relevant. This was made more of a challenge during the pandemic. Not having the MAC meetings in person made it much more difficult for peer support and networking within the LTC community. Each year the LTCI program learns more about how best to support new LTC physicians, but mentoring & peer support was harder to supply without the face to face interactions as previous onboarding allowed.

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

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
2020/2021	1. Apr - Jun	1439	62	41	8.1	334
2020/2021	2. Jul - Sep	1416	91	66	9	591
2020/2021	3. Oct - Dec	1392	90	50	10.8	541
2020/2021	4. Jan - Mar	1440	103	77	10.6	817

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
2020/2021	1. Apr - Jun	1722	74	49	8	392
2020/2021	2. Jul - Sep	1722	110	80	8	640
2020/2021	3. Oct - Dec	1722	111	61	10	610
2020/2021	4. Jan - Mar	1722	123	92	10	920

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**
2020/2021	Q1	$53,502	$484,120
2020/2021	Q2	$79,530	$790,400
2020/2021	Q3	$80,253	$753,350
2020/2021	Q4	$88,929	$1,136,200
FY 20/21 total		**$302,214**	**$3,164,070**

Appendix B: Program Funding

Fraser Northwest Division of Family Practice Society		
Profit and Loss		
All Dates (October 1, 2015 - Mar 31, 2021)		
Income **(*October 1, 2015 - March 31, 2021*)**	$ 3,773,235.06	
Physician Payment Costs **(*October 1, 2015 - March 31, 2021*)**		
LTCI On Call Sessionals	$ 1,878,648.83	
Sessional Fees (Physician Leads, LTCI MRP sessional fees)	$ 420,014.59	
LTCI Quality Enhanced Patient Support Incentive Fee	$ 538,917.58	
Other physician payments (mentoring, CME, meeting costs)	$ 118,306.73	
Quality Improvement Project Funds fess	$ 3,593.78	
	$ 2,959,481.51	83%
Administrative Costs **(*October 1, 2015 - March 31, 2021*)**		
Employee (admin, staff salaries, bookkeeping, evaluation, stats)	$ 567,980.62	
LTCI Phone System for on call network	$ 27,594.84	
Supplies/Equipment (office, rent, LTCI supplies)	$ 17,074.46	
Travel, Mileage, Parking	$ 4,857.46	
	$ 617,507.38	17%
Income **(*October 1, 2015 - March 31, 2021*)**	$ 3,773,235.06	
Total Expenses **(*October 1, 2015 - March 31, 2021*)**	$ 3,576,988.89	
Total Balance	**$ 196,246.17**	