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**When your hand is raised,** the button will look like this:



You may also send a message to the facilitator through the questions window.

The screenshot shows the GoToWebinar interface. At the top, there is a menu bar with 'File', 'View', and 'Help'. Below the menu bar, there are several icons in a vertical column: a red arrow pointing right, a green microphone icon, a blue square icon, and a blue hand icon with fingers spread. An orange arrow points from the text 'please raise your hand.' to the hand icon. The main window is titled 'Audio' and has a menu bar with 'File', 'View', and 'Help'. It contains several sections: 'Audio' settings with radio buttons for 'Telephone' and 'Mic & Speakers', a 'Sound Check' link, a 'MUTED' status, a dropdown menu for 'Microphone (High Definition Aud...)', a volume indicator '000000000', and a dropdown menu for 'Speakers (High Definition Audio...)'. Below the audio settings is an 'Attendees' section showing 'Attendees: 2 out of 101' and a list of attendees with a search bar. The 'Attendees (1)' section shows 'R R (Me)'. Below the attendees is a 'Questions' section with a message 'Welcome to the webinar. We will begin shortly.' and a text input field with the placeholder '[Enter a question for staff]' and a 'Send' button. At the bottom of the window, there is a footer with 'PRACTICE WEBINAR', 'Webinar ID: 133-060-251', and the 'GoToWebinar' logo. An orange arrow points from the text 'You may also send a message to the facilitator through the questions window.' to the 'Send' button in the questions section.

# GPSC Residential care initiative (RCI)

- Funding model with 5+3 expectations

## ***Best practice expectations:***

- 24/7 availability and on-site attendance, when required
- Proactive visits to residents
- Meaningful medication reviews
- Completed documentation
- Attendance at case conferences

## ***System level outcomes:***

- Reduced unnecessary or inappropriate hospital transfers
- Improved patient-provider experience
- Reduced cost/patient as a result of a higher quality of care

- How do we know if we achieve these goals?

# GPSC Residential care initiative (RCI)

- “The GPSC will work with divisions and health authorities to introduce evaluation processes to help monitor and measure expectations and outcomes as well as establish a process to share these learnings with all stakeholders.”
- **Reduced unnecessary or inappropriate hospital transfers:** The GPSC will work with health authorities to obtain and report on the unscheduled hospital transfer rates where this information is available.
- **Improved patient and provider experiences:** The GPSC will develop a provincial process for capturing and reporting on patient and provider experiences.
- **Reduced cost per patient as a result of a higher quality of care:** The GPSC will develop a process and methodology for determining cost per patient, which will be provided to communities.

# Agenda

## Residential Care: Supporting Physicians Leading Change

- 1. Intro to the webinar and review of technology** - *Dr. Bekker and Michelle Briere*
- 2. Short description of current challenges with evaluation (official and independent processes)** *Jen Bitz, Michelle Favero - 10 mins*
- 3. Description of RCI evaluation plan from Doctors of BC and Ministry of Health** *Alana/Darcy - 10 mins*
- 4. Description of how evaluation is being done independently** - *Belinda Chen, Jaimie Ashton - 20 mins*
- 5. Discussion and question from the audience** - *20 mins*

# Residential Care Initiative Evaluation Update

## **Alana Godin**

Executive Lead, Joint Clinical Committees  
and Practice Support

## **Darcy Eyres**

TOM Project Director and GPSC co-lead  
for the Residential Care & In-patient Care  
Initiatives

# Background

- In 2015 we confirmed that evaluation would focus on the **5 best practices** in support of **3 system level outcomes**
- RCI Evaluation Framework developed in May 2015 but not fully implemented after feedback from working group

# Progress to date

- Facility specific QI reports (a component of the RCI framework) are occurring quarterly
- The data sources for the QI reports include both the facility surveys and administrative data (which has not been available to date)

## Next Steps

- Independent data collection is not advisable until MOH allocates analyst time to populate the administrative part of the report
- MOH finalising process of re-org of analytics teams. This should result in better access to data by end of September
- RCI Evaluation can be revisited in early fall 2016





Thank you



# RCI – Fraser Northwest Division



**PHYSICIAN CO-LEADS:**

**DR. NICK PETROPOLIS  
DR. AMBER JARVIE**

**PROGRAM MANAGER:**

**BELINDA CHEN**

# Why collect extra data?



- Division Board has a strong fiduciary duty to ensure work being done
- Thus need to collect proof all 5 deliverables completed
- Accountability to division members
  - “How come these 20 docs get paid \$700,000 and not me”
- Useful for evaluation/research purposes

# How We are Collecting



- Originally through two separate email surveys to facilities (monthly and quarterly)
- Poor completion rate so...
- Now changing to quarterly survey, with option for online or paper format
- Program manager to follow-up individually with facilities to assess barriers to gathering data
- Considering hiring a 3<sup>rd</sup> party to collect data if facilities don't improve completion rate

# Survey Questions:



- 1) In the past quarter, how many MOST forms were up to date (i.e. signed within the past year)
- 2) In the past quarter, how many patients had at least one visit from their PMRP/Community GP(s)?
- 3) In the past quarter, how many care conferences did the Program MRP/Community GP(s) attend?
- 4) In the past quarter, how many medication reviews did the Program MRP/Community GP(s) attend?

# Discussion Questions:

1. Which of the two evaluation process: GPSC/PSP or Home grown appeal to you and your community more and why?
2. What are the unintended consequences of evaluation that you are concerned about and how are you mitigating against it?