Long Term Care Initiative (LTCI)
Evaluation Report
2022/2023

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. 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 2021/2022 (April 1, 2021 - March 31, 2022) and fiscal year 2022/2023 (April 1, 2022 - March 31, 2023).

Conclusions

The FNW Long Term Care Initiative, since inception has fulfilled the requirement of all residents having access to a dedicated MRP. The program continues to contribute to improved patient care through supporting physician recruitment, physician engagement and maintaining relationships with long term care facility staff. The number of emergency department (ED) visits, admissions and number of bed days for patients living in long-term care have increased significantly, which highlights the need to further explore quality improvement processes to focus on the system level outcomes of the program: improved patient health outcomes; improved patient, family, and provider experiences; and optimized cost per patient. Continued work to build and maintain communication methods and relationships within the healthcare system is an ongoing goal of the initiative. The healthcare system is still experiencing the lingering effects of the pandemic, manifesting as fatigue and burnout among long-term care providers. These challenges also influence how people practice and utilize the healthcare system.

1. About Us

The Fraser Northwest Division of Family Practice (FNW DoFP) encompasses family physicians in New Westminster, Coquitlam, Port Coquitlam, Port Moody, Belcarra and Anmore, 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

In January 2016, the FNW DoFP implemented the Long Term Care Initiative (LTCI) into the long-term care facilities within the communities of New Westminster, Coquitlam, Port Moody, and Port Coquitlam. These communities consist of 15 facilities with a total of 1722 residents. The LTCI has intended to ensure that all residents living 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 residents charts

This report is a continuation of the previous 6 years of program implementation to continue exploring 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 healthcare 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.

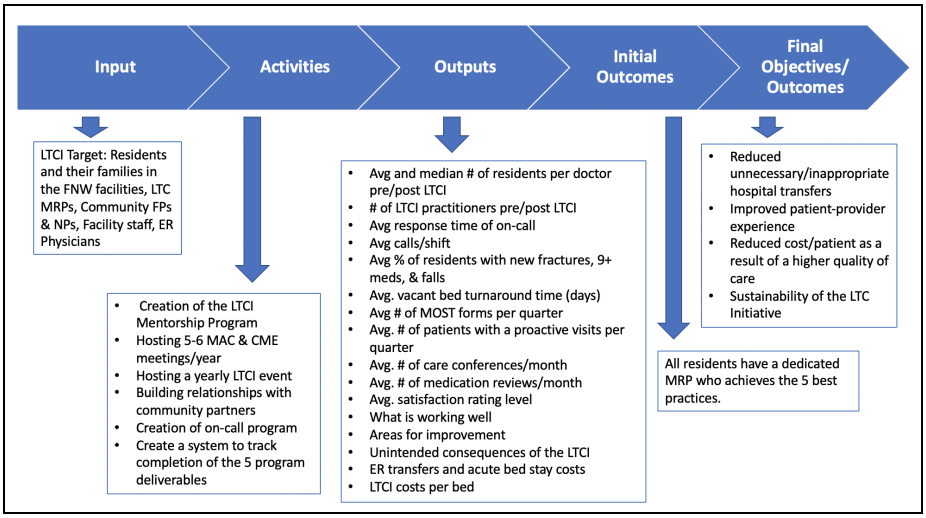


Figure 1: Fraser Northwest Long Term Care Initiative Logic Model

3. Evaluation Objectives and Questions

The evaluation for the 2022/2023 fiscal year had two main objectives:

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 from the seventh year of the LTCI**
    a. What worked well, what were the challenges, and what can be improved?

4. Indicators for Evaluation Objectives and Questions

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	FPSC 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 -Physician evaluation survey results - Documents that were created post-LTCI implementation	LTCI Meeting Evaluation Surveys 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 -Number of ER transfers -Number of onsite visits	ER Statistics LTCI Call Data	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	LTCI Physician satisfaction survey LTCI Physician Exit survey LTCI Facility satisfaction survey LTCI 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 was collected from surveys and interviews with facility staff, physicians, patients, families and/or caregivers, and FNW division staff was collected over the past year.

To build on this evaluation report and to support future planning, this report compares data from fiscal year 2021/2022 (April 1, 2021 - March 31, 2022) and fiscal year 2022/2023 (April 1, 2022 - March 31, 2023). It is acknowledged that some qualitative data may extend beyond these timeframes and that is due to the 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) 2021/2022 and FY 2022/2023 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 physicians committing to providing the 5 best practices in long term care has increased to 45. This is more than quadruple the number of physicians since the program began. Over the last year, the average number of years of practice for physicians in the LTCI has been 14 years. Interestingly, the number of patients per MRP grew over the last year. In previous years, the initial trend indicated a downward trend in patients per MRP; however, in the last 3 years that number has grown. There continues to be significant growth in the number of female MRPs practicing with an 125% increase compared to the first year of the LCTI. See Table 3 for a summary of changes in the LTCI program metrics.

LTCI Program Metrics	Difference in Change	
	FY 21/22	FY 22/23
# of MRPs practicing in LTCI	40	45
Median # of residents per MRP	39	40
Female MRPs	18	18
Average years of practice per MRP	13	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.

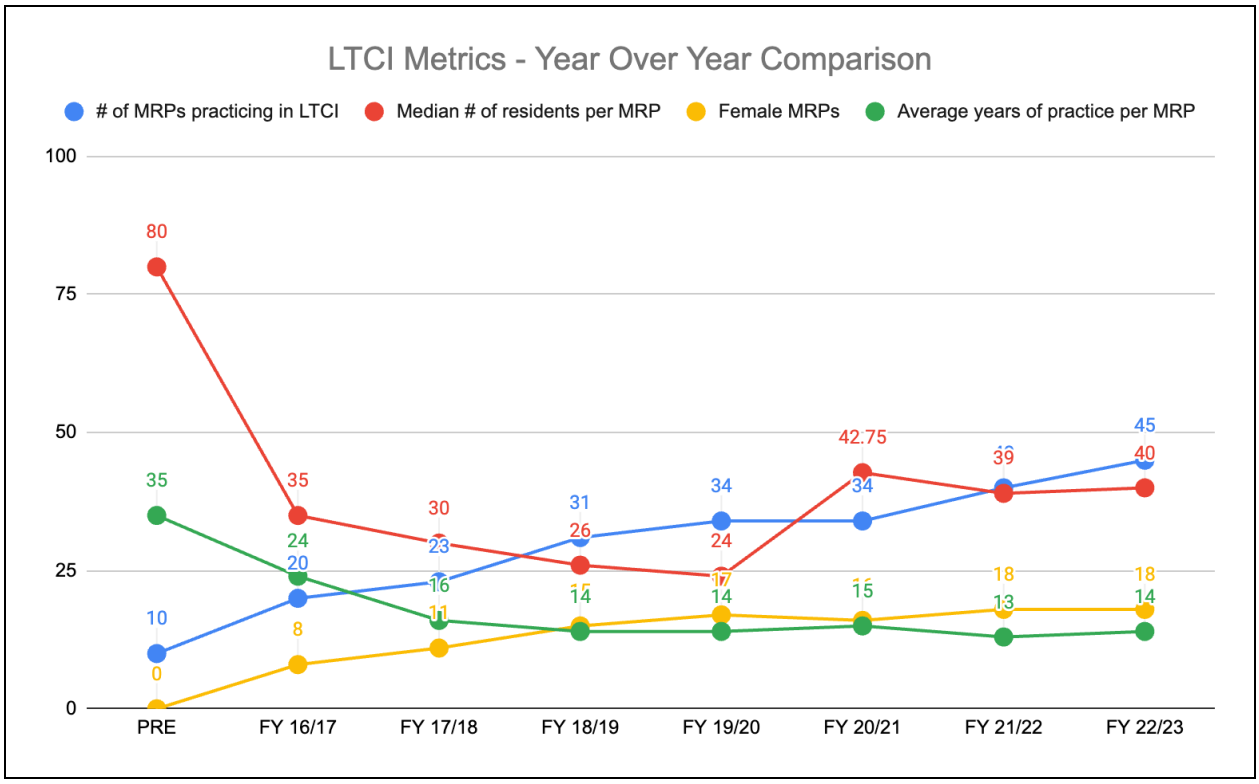


Figure 2. LTCI Metrics Year over Year Comparison

Over the last year, there was an increase in the number of unscheduled ER transfers per 100 residents, number of residents on antipsychotics without diagnosis and in the average % of residents on 9+ medications. It's important to note that some Q4 data (January - March 2023) was not available for residents on 9+ medications and residents on antipsychotics without a diagnosis.

Facility Metrics for Quality of Care	FY 21/22	FY 22/23	Difference in Change
Average % residents on 9+ medications	34%	39%	↑
Average % residents on antipsychotics without diagnosis	24%	25%	↑
Average # of unscheduled ER transfers per 100 residents	10	13	↑

Table 4. Comparison of Facility Quality of Care Metrics Between FY 21/22 & FY 22/23 of LTCI program implementation[2].

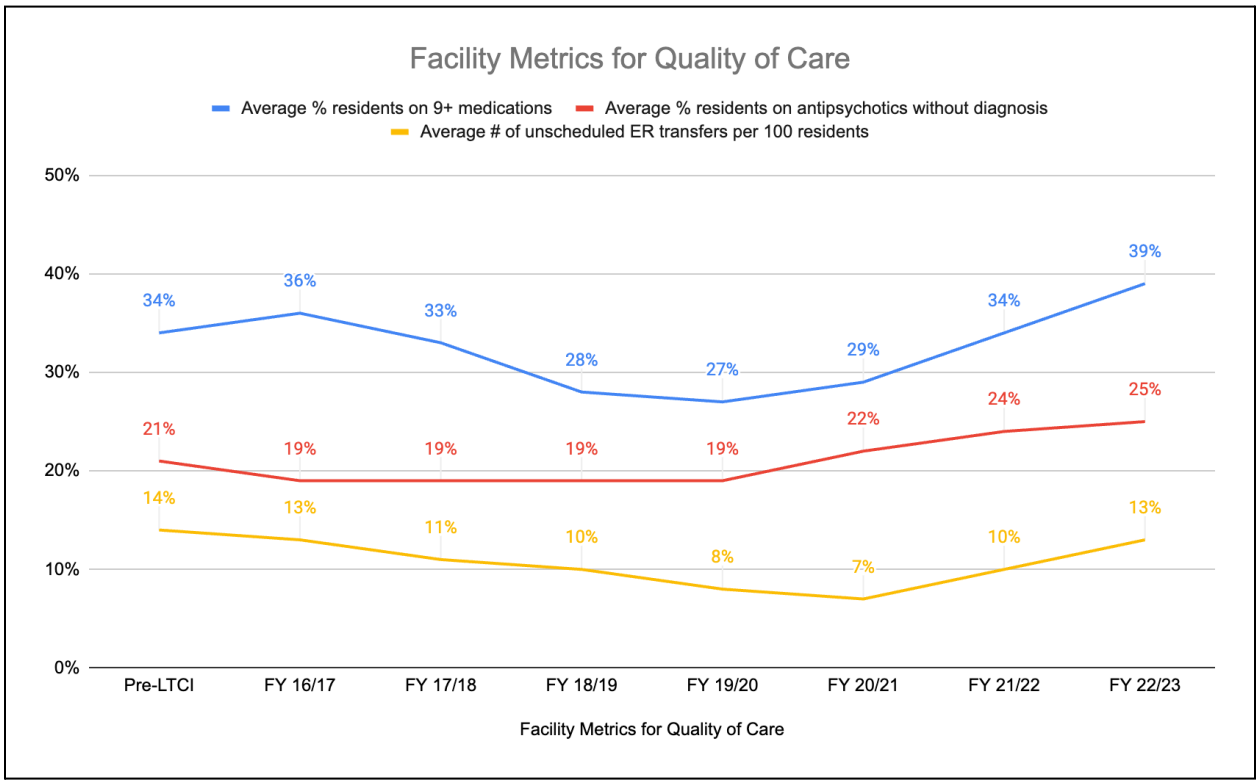


Figure 3. LTCI Metrics for Quality of Care[3]

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 Family Practice Services Committee (FPSC) indicates that the comparative data between FY 2021/22 and FY 2022/23 shows a slight decrease in satisfaction for some program outcomes while others remained consistent.

In FY 22/23, the Quality Improvement survey pivoted to focus on feedback directly from facilities and so the regional (FHA) and provincial (BC) comparative data was not available to include in this report. Local (FNW) comparative data from FY 21/22 and FY 22/23 shows the changes in satisfaction for facilities across the 5 best practice deliverables with decreases in 24/7

[2] Information shared in Table 4 is from the Long Term Care Site Quality Performance Analysis Dashboard.
[3] Information shared in Figure 3 is from the Long Term Care Site Quality Performance Analysis Dashboard.

availability, proactive visits and completed documentation. The remaining metrics remained consistent.

Program Outcomes	Difference in Satisfaction from FNW Facilities (*comparing FY 21/22 to FY 22/23)*
24/7 Availability	⬇
Proactive Visits	⬇
Medication Reviews	=
Completed Documentation	⬇
Care Conferences	=
Provider Experience	=

Table 5. Comparison of Changes in Satisfaction for Facilities (FY 21/22 & 22/23) Across FNW[4]

Continued work to build relationships with care home leadership has also contributed to improved practice environments. This has included Division staff coordinating individualized meetings with new facility leadership to share an overview of the LTCI and the support available for facilities, and provide an opportunity to share feedback or suggestions. Additionally, the LTCI developed a website that compiles all facility specific resources and information into an online information database for leadership to refer back to for ease of access. Feedback is also collected through the facility data collection survey that is sent out to care home leadership on a monthly basis.

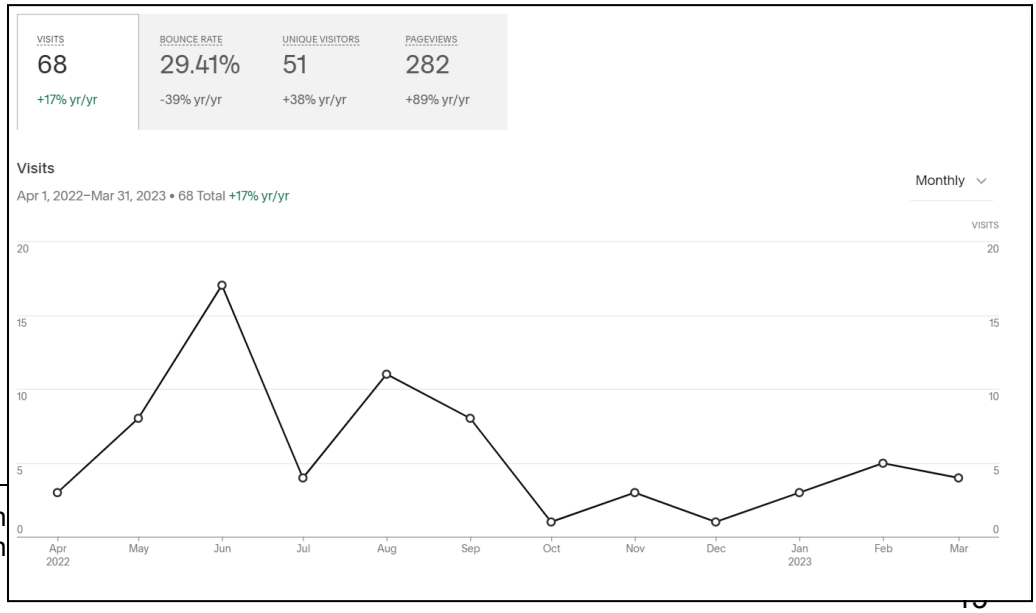


Figure 4. Fraser Northwest LTC Hub Website Views Month by Month Comparison[5]

[4] Information shared in
[5] Information shared in

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

Data that was collected over FY 22/23 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 increase in physician engagement. Since its inception in early 2016, there continue to be formal engagement sessions happening regularly, with 4 meetings occurring in this past year. In addition to these MAC meetings, additional engagement sessions occurred to support and strengthen access and information sharing between the LTC Physicians. The sessions during this reporting period were as follows:

- MAC: Point Click Care (May 2022)
- CareConnect Enrollment Session (June 2022)
- MAC: Development of FNW LTCI Standards of Care (September 2022)
- MAC: Covid-19 PPO & Treatment in LTC; Transfers from Acute to Alternate Levels of Care (November 2022)
- New to Long Term Care Meeting (November 2022)
- MAC: Emergency Department Communication and Transfers (February 2022)

In the evaluation survey after each event, the attendees were asked questions to gauge their engagement levels, share feedback, and provide suggestions for future education sessions. See Table 6 and Figures 5-6 for the physician's satisfaction ratings of these engagement sessions.

During the LTCI MAC meeting, how helpful did you find the engagement session to be?
Scaling 1-5 (1 = Not Helpful at All, 5 = Extremely Helpful)

Engagement Session	Response Average
Point Click Care	3 *(n=26)*
Development of FNW LTCI Standards of Care	N/A
Covid-19 PPO & Treatment in LTC	3.8 *(n=35)*
Transfers from Acute to Alternate Levels of Care	3.6 *(n=35)*
Emergency Department Communication and Transfers	4 *(n=21)*

Table 6. Physician Satisfaction Ratings of Engagement Sessions[6].

[6] Information shared in Table 6 is from the LTCI Event Evaluation Surveys, detailed in Appendix B.

Below is some positive feedback about the education sessions as reported by the physicians in the event evaluation surveys:

- *"Great to do it in person again, so much networking and catching up with colleagues!"* (MAC September 2022 - Development of FNW LTCI Standards of Care)
- *"Improving communication with ER is always a great topic. Both teams from different perspectives but with the ultimate goal to improve patient care. I would like to support the ER as best as we can and appreciate their supports also."* (MAC February 2023 - Emergency Department Communication and Transfers)
- *"Great discussion. I'm very open to ER doc calling any time if they require more info."*(MAC February 2023 - Emergency Department Communication and Transfers)

When asked in the evaluation survey if physicians had any feedback and/or suggestions to improve future LTCI MAC meetings, below were some recommendations:

- *"I think asking one of the physicians who is versed in using PCC [to provide the education session] would be more helpful."* (MAC May 2022 - Point Click Care)
- *"Enjoyed the round table talk, maybe do it again next in person meeting? We had so much to say on just that one issue."* (MAC September 2022 - Development of FNW LTCI Standards of Care)
- *"Asking for challenges faced with providing a better quality of care. Perhaps a platform where questions or comments can be sent into. These can then be addressed during the meetings."* (MAC February 2023 - Emergency Department Communication and Transfers)

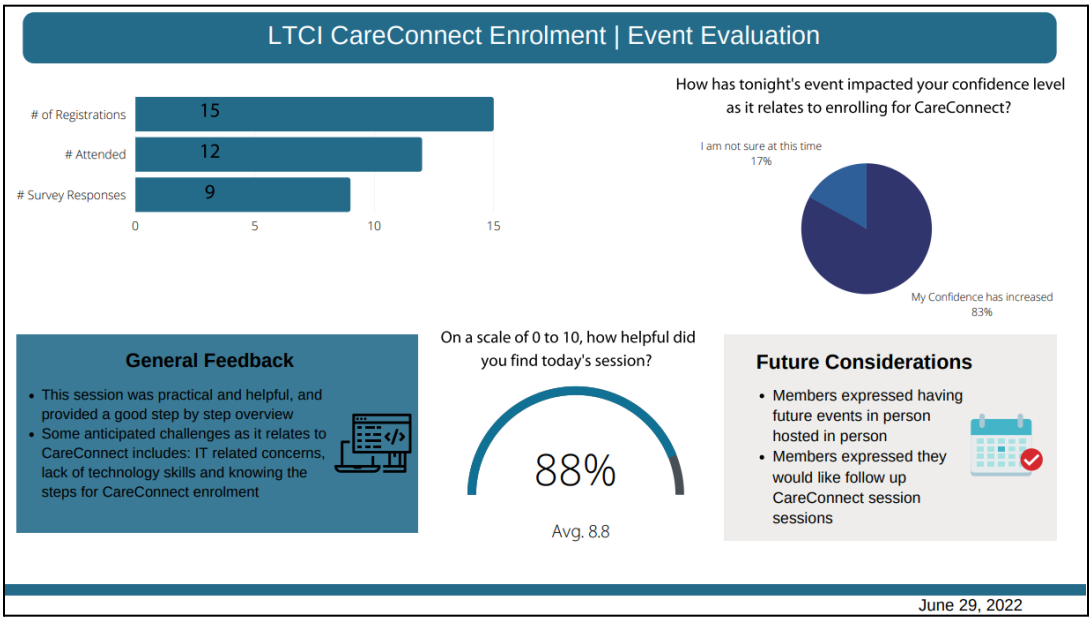


Figure 5. Fraser Northwest LTCI CareConnect Enrollment Session Event Evaluation - June 2022[7].

[7] Information shared in Figure 5 is from the LTCI Event Evaluation Surveys, detailed in Appendix B.

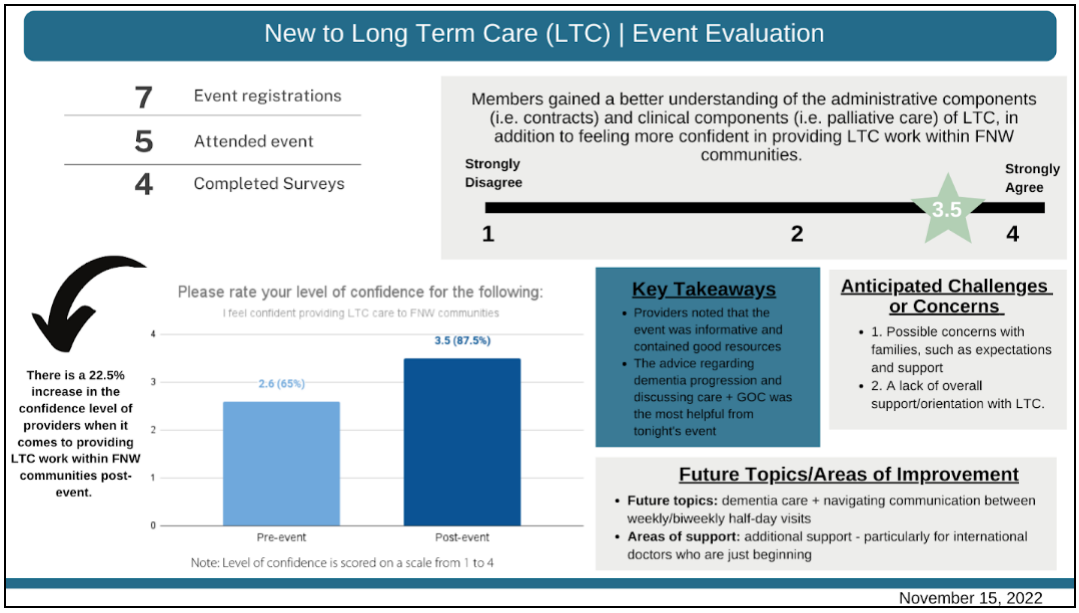


Figure 6. Fraser Northwest LTCI New to Long-Term Care Event Evaluation - November 2022[8]**.**

In follow-up to the engagement sessions, the LTCI conducted quality improvement projects over the reporting period in partnership with the facilities, physician leadership team, medical directors, and the health authority (FHA), projects included:

- Supporting the inclusion of the FHA "Request to Change Dedicated Family Doctor" form in the admission process.
- The implementation of the FHA "Actively Dying Pre-Printed Order" as a standardized process across sites.
- Creation of a standardized SBAR template for facility use.
- Providing on-call physicians with access to electronically chart on PointClickCare at the majority of facilities in the community.
- Individualized education and support for LTCI physicians to register for access to CareConnect.

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 has seen changes in the use of acute care services. Increased measures of acute care utilization were found when comparing data within the FNW community from FY 21/22 to FY 22/23 on emergency department (ED) visits, acute care admission, length of stay (LOS) and total bed days (Table 7).

[8] Information shared in Figure 6 is from the LTCI Event Evaluation Surveys, detailed in Appendix B.

	% Difference ED Visits	% Acute Care Admissions	% Difference Admission LOS	% Difference in Bed Days
Comparison between FY 21/22 & FY 22/23	+33%	+27%	+67%	+43%

Table 7. Comparison of Emergency Department Statistics Between FY 21/22 and FY 22/23[9].

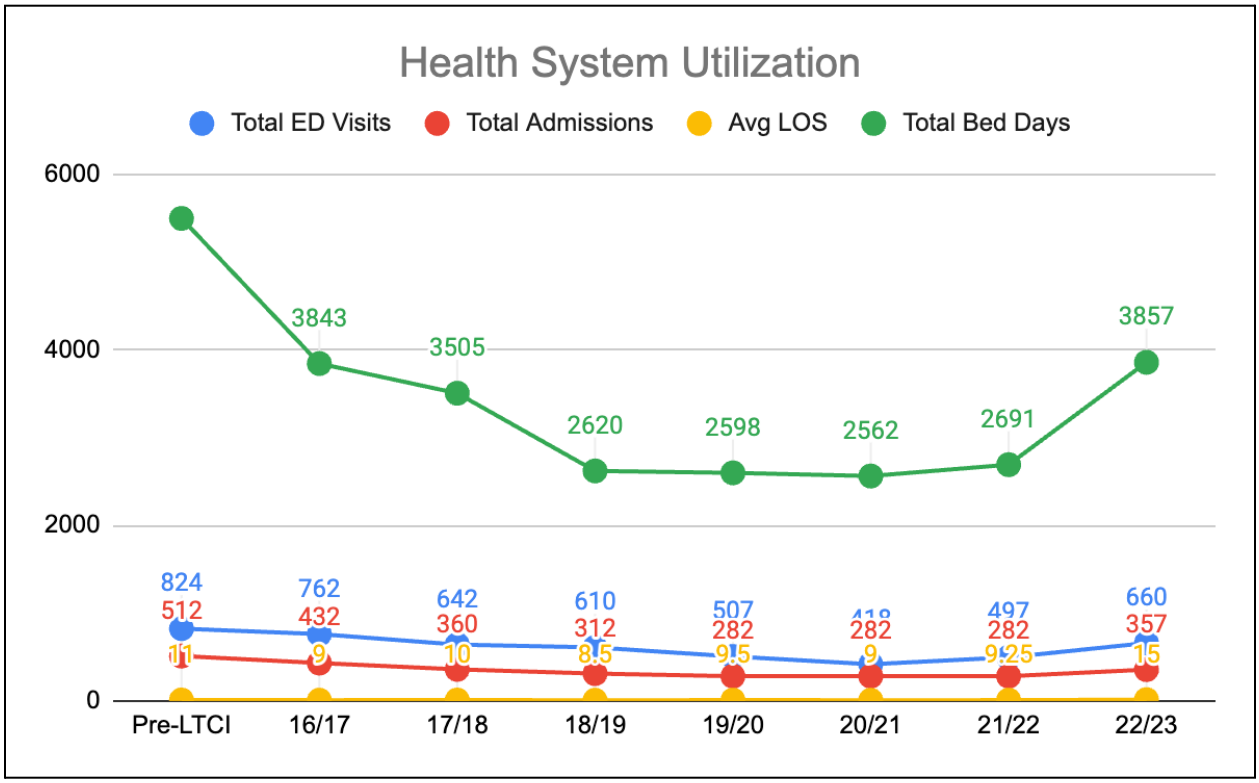


Figure 7. Health System Utilization Statistics between Pre-LTCI and FY 22/23[10].

[9] Information shared in Table 7 is detailed in Appendix A, from the Fraser Health Authority Analytics, Paris & Meditech extract- MA 16211.
[10] Information shared in Figure 7 is detailed in Appendix A, from the Fraser Health Authority Analytics, Paris & Meditech extract- MA 16211.

Analysis of ED data reveals that there has been an increase in utilization with regards to ED visits, acute care admissions, average LOS and bed days.

The change in healthcare costs can be compared by looking at the changes between FY 2021/2022 and FY 2022/2023. 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 the FNW, and using an estimate provided by FHA to estimate the average cost for an ED visit to be $723 and the cost per day for a standard ward medical bed stay to be $1,235. The trend in overall costs for ED visits and number of admissions from long term care clients reflects a 95% increase over the last two years of $3,484,459.

Year	ED Visit Cost	Admission Cost	Total Cost
FY 2020/2021	$287,754	$2,598,440	$2,886,194
FY 2021/2022	$359,331	$3,323,385	$3,682,716
FY 2022/2023	$477,180	$6,689,995	$7,167,175
Total change in health care costs between FY 21/22 & 22/23			**$3,484,459 increase**

Table 8. Comparison of yearly ED visit costs and ED admission costs including LOS for FNW Long Term Care clients.[11]

Despite the rise in these indicator values, the LTCI program has continued to support long term care patients through the on-call system providing after hours communication between the care homes and the physicians, and encouraging physician onsite visits to help reduce ED visits and admissions when appropriate. See Table 9 for LTCI call program data.

LTCI Program Metrics	Difference in Change		
	FY 21/22	FY 22/23	Difference
Total # of call outs	1522	2361	↑

[11] Information shared in Table 8 is detailed in Appendix A, from the Fraser Health Authority Analytics, Paris & Meditech extract - MA 16211.

Average # of calls per MRP during weekday shift (Mon-Thurs)	4	8	↑
Average # of calls per MRP during weekday shift (Fri-Sun)	11	14	↑
Total # of onsite visits	74	56	↓
# of onsite visits that avoided ER transfer	59	46	↓
# of onsite visits that used suture kit equipment to avoid ER transfer	Not available	12	
# of onsite visits that resulted in an ER transfer	15	12	↓
Total # of ER transfers	178	245	↑
# of ER transfers arranged by phone	168	238	↑
# of ER transfers arranged onsite	15	14	↓

Table 9. Comparison of FNW LTCI call data between FY 21/22 and FY 22/23.[12]

[12] Information shared in Table 9 is from the LTCI Call Program Data.

The on-call system is being highly utilized, with a 33% increase in the level of after-hours call volume from fiscal year 21/22 to fiscal year 22/23. There was a 37% increase in the number of ER transfers during this reporting period, which can be partially attributed to the higher number of calls. However, there was a 24% decrease in the number of onsite visits which requires further investigation and quality improvement work. The LTCI is continuing to deliver suture kit equipment to LTC facilities to support in the avoidance of ER transfers; 82% of onsite visits avoided an ER transfer which was directly correlated to the availability of suture kit equipment as the equipment was used in 100% of these onsite visits. However, it is important to note that the data collection methods for the LTCI Call Program are inherently flawed, as there are limitations with the self-reporting methods used to collect call program data.

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 Perspective

1) There have been improved LTCI physicians' ratings on themselves in delivering all five best practice expectations. Self-reported scaling from 1-5 pre-LTCI implementation was 3.4, and since implementation has increased to 4.8. This indicator reveals increased optimization of the five 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. Medication Reviews
3. Completed Documentation
4. On-call Shifts
5. Proactive Visits

Feedback from multiple physicians noted that all best practices were achievable with some physicians noting changes in nursing and allied health staff impacting the delivery and support they feel around medication reviews and care conferences.

2) There have been improvements for the LTCI physician's access to relevant education, networking and learning opportunities within the initiative. 80% of Physicians felt supported or very supported by both the MAC and the FNW Division. The MAC continues to be a strong network of support for providers, and physicians highly praised the support from the MAC meetings, Whatsapp groups and the leadership team. A few anecdotes from physicians include:

- *"Educational sessions and MAC meeting that encourage the interaction with other professionals doing LTC"*
- *"Good leadership, effective MAC meetings, supportive staff from FNW division"*
- *"Very supportive group/ leadership, providing a positive environment to learn , practice and grow. I'm very fortunate to be part of this wonderful group."*

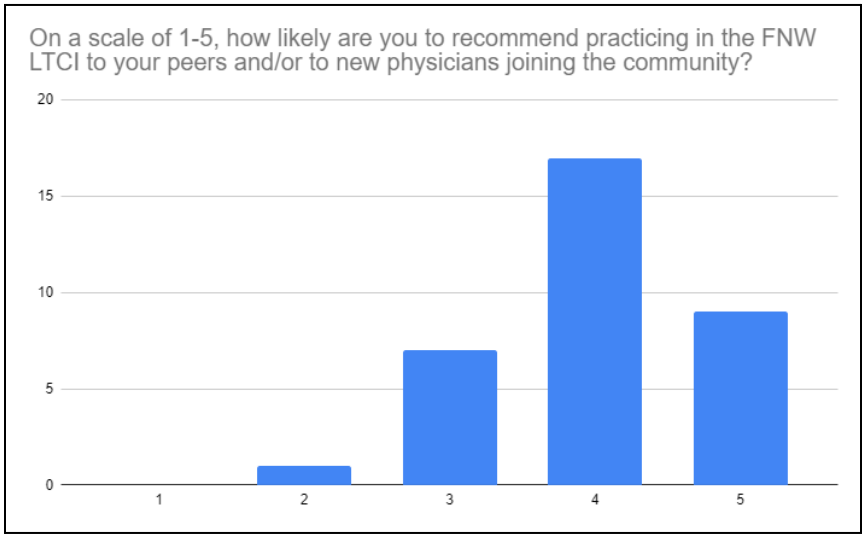


Figure 8. Physician Rating of Likelihood of Recommending their Peers to Practice in the FNW LTCI[13]

Main themes of areas for improvement - LTCI Physician Perspective

1) There are increasing pressures and responsibilities being placed on physicians which increases feelings of burnout. Some feedback relating to this shared by physicians who left the initiative include:

- *"I did find that there was a push to take a larger panel than I desired and maybe more flexibility on the number of residents that a person needs to take can be improved."*
- *"Having a designated person following on issues that would be followed by an MOA or unit clerk in other settings: such as specialist appointments or referrals. I found this to increase the load of a physician making it more difficult to carry more patients or care properly for them."*

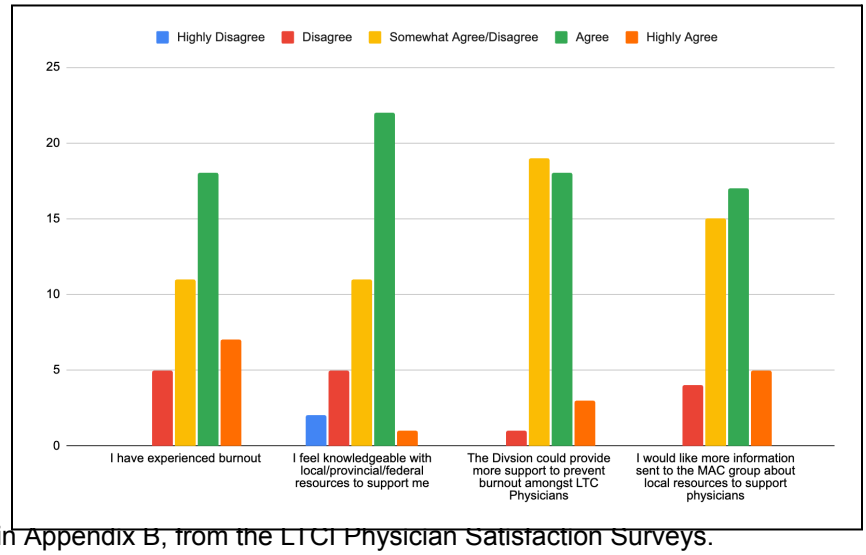


Figure 9. Comparison of LTCI Physician levels of agreement on statements. [14]

[13] Information shared in Figure 8 is detailed in Appendix B, from the LTCI Physician Satisfaction Surveys.
[14] Information shared in Figure 8 is detailed in Appendix B, from the LTCI Physician Satisfaction Surveys.

2) Coverage for leaves is currently not always available. Physicians indicated that support to find coverage would be an opportunity for improvement within the initiative.

3) There is a lack of uniformity in charting methods and the types of EMR across sites, which reduces the accessibility for physicians to access patient charts, especially while on-call.

4) Physicians felt that the quality in meetings and information sessions have seen a shift over the past year.

5) Limitations within the compensation model for long-term care work were highlighted as a source of discontent.

6) There is a need for increased support for nursing staff, including further training on providing patient handover and using the SBAR tool. Physicians felt that the amount of support available within the individual facilities is lacking.

Main themes of successes - Facility Perspective

1) Facilities shared there is consistent and improved onsite and on-call medical coverage. The overall satisfaction from facilities with the LTCI MRPs providing the 5 best practices increased to 4.9 on a scale of 1-5 at their sites.

2) Overall satisfaction with the openness to feedback from the LTCI was a 4.7 on a scale of 1-5. When asked what areas the LTCI should continue to do, one facility noted 4 key areas of continued support:

> *"Supporting Family Physicians with any challenges presented during their practice in LTC.*
> *Supporting LTC homes with on call Physician services.*
> *Supporting tracking meaningful participation of Physicians in LTC.*
> *Supporting LTC with suture supplies."*

Main themes of areas for improvement - Facility Perspective

1) The high MRP turnover rate amongst some facilities has led to a lack of consistency in physicians at LTC facilities. One facility noted that the *"recruitment of physicians [continues to impact the facility]. [Our facility] has been very lucky with the continuity of care provided by our current physicians; however we usually lose a physician per year."*

Main themes of successes - Patient and Family Perspective

A survey distributed to caregivers and families of patients living in LTC facilities in the FNW was distributed in Fall 2022 and Summer 2023. The combined themes were identified and noted the following themes of satisfaction:

1) Families noted that they were generally advised of any changes in their loved one's health and feedback from residents noted feeling satisfied with the coordination of care. Approximately 78% of families and caregivers had been contacted by their loved ones' physician and 50% of families and caregivers were satisfied with the communication between themselves, their loved one and the physician. There continue to be some discrepancies in communication flow around care conferences and medication reviews. A key theme that emerged was that family and caregivers noted that they appreciated being connected with the physician after a visit. One respondent noted that *"[The doctor] is responsive to our need for a call when we want to discuss medication or treatments for our Mom."*

2) When asked about opportunities to provide feedback at the care home, the great majority of family/caregivers felt that they were notified of any medication changes or changes to treatment for their loved ones. Some noted a quick turnaround time when their loved one experienced a fall, in which they were notified by facility staff either the same day or the next day.

Main themes of areas of improvement - Patient and Family Perspective

1) Approximately 30% of families and caregivers did note that they had not been contacted by their loved one's physician or commented on noticing a shift in communication and not feeling informed about changes to care. Themes from the feedback surveys included:

- Some family/caregivers felt they weren't as informed as they would like with regards to their loved one's healthcare needs.
- There were a handful of responses noting that they were not at all, or not always contacted about changes in medication or medical treatment. In some cases, the respondents noted that the turnaround time in communication has decreased more recently. One respondent noted that: *"When my dad first went to long term care he had a 3 month check in Nov 2022 and nothing since. [I feel that the doctor] does not make regular visits which he is supposed to do every Thursday. I find [that the doctor] to not be responsive to concerns."*

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

To evaluate patient care, the indicators included the number of physicians practicing in the initiative, the median number of residents per physician, the number of female physicians and the average years of practice per physician. Each year the number of physicians increases and this continued upward trend still suggests a growing engagement and interest in physicians wanting to practice in long-term care. It is worth noting that the median number of patients per physician has also increased over time. There have been physicians over time who have increased their patient panel numbers, whereas in previous years, the trend was opposite as more physicians joined, they took on patients from physicians who had significantly large patient panels. The sustained participation of female physicians in the initiative reveals a continuance of overall engagement and interest in long-term care. The indicator of average years of practice per physician has shown a slight increase over time, demonstrating that there are many physicians who have committed to the LTCI and continue to practice in this program, accumulating their experience and years in practice.

Patient Care was also evaluated through data results on average percent of residents on 9 or more medications, average percent of residents on antipsychotic medications without a diagnosis, and the average number of unscheduled ER transfers per 100 residents. All of these indicators have increased in this reporting period, trending higher than pre-LTCI implementation. These metrics shed light on the delayed consequences of the impacts from the Covid-19 pandemic, as well as the increased complexity of medical conditions among admitted patients and the challenges faced in managing their care. Frequent ER visits could also affect the reasons that the data results relating to medication have seen an increase. This data highlights the need to continue collecting data and monitoring these trends over time.

2. Long Term Care facility staff practice environments

Building and sustaining relationships and communication methods between the LTCI physicians and the care home facility staff is something the program has continuously worked on. During this reporting period, there has been a noteworthy amount of physician turnover and recruitment. The program was able to find coverage for the panels of 10 physicians who provided notice during this reporting period, covering a total of approximately 450 beds. This high number of beds can be partially attributed to a retiring physician who worked at five different care facilities in the community, with approximately 250 beds under their care.

The on-call system for all of the facilities in the community has continued to support after-hours communication between the care homes and the physicians and is being highly utilized. Feedback collected from the FPSC Best Practice survey shows a slight decrease in reported outcomes for the ability to reach the physicians on 24/7 basis, including during business hours times, partially due to the methods of communication between the physician and the care home. Knowing this, the program can connect back with the facilities to work on addressing concerns and improving these methods of communication. Facility satisfaction surveys relay more positive responses for 24/7 availability and the initiative will continue to use both feedback mechanisms to work on conducting PDSA cycles. The LTCI program continues to support facilities in their ability to track and provide feedback on the best practices.

3. Improved practice environments for physicians

The LTCI continues to show a strong network of physicians in the Medical Advisory Committee (MAC). The MAC meetings and communication platforms, including the WhatsApp groups, allow LTC physicians to collaborate on common long-term care issues within the community and provide the opportunity to increase collegiality and relationship building. This plays a crucial role in maintaining physician engagement and allows for a culture of peer support, especially for those who are new to practicing in long-term care. Educational opportunities continue to be supported by the initiative to support physicians in maintaining LTC clinical and administrative skills. Specific technology based topics for quality improvement included holding information sessions on how to effectively use the platforms PointClickCare and CareConnect.

Quality improvement projects completed over the reporting period have supported the improvement of physician's practice environments. Physicians that are on-call are now able to electronically chart on PointClickCare at 80% of the facilities, which has greatly increased knowledge and information sharing. The Division has provided support and education for LTCI physicians on how to register for access to CareConnect to view their patient's medical information, with individualized support provided to 16 LTC physicians, of which 68% reported

that they are now able to access CareConnect. The LTCI also supported the standardization of various processes across facilities, with 80% of facilities now implementing the FHA Request to Change Designated Family Doctor form in the admission process and 86% of the facilities having now implemented the Actively Dying Pre-Printed Order set. A standardized SBAR template created by the LTCI has also been provided to the facilities with a 60% implementation rate, and the LTCI has been working with facilities to share feedback and suggestions to improve this communication tool.

A total of 9 physicians were recruited to help support the needs of the initiative during this reporting period. Work to support new to long term care physicians has included streamlining the orientation process to assist with sustainability. The orientation materials have been standardized and a manual was developed to ensure that each new physician is familiar with the support and resources available from the initiative. The logistics for handover and orientation are coordinated by the Division staff, and a checklist of facility specific information to prepare for the orientation is provided to the facility administration. The orientation is completed at the facility altogether with Division staff, facility administration and the facility medical director. During the orientation, there is a comprehensive discussion about the initiative including the clinical expectations and logistics, and afterwards a tour of the facility is conducted. Check-ins with the new long-term care physicians are conducted on a regular basis over the next year to ensure that they have everything they need to succeed in their role.

An LTCI Exit Survey was developed during this reporting period to gain feedback from physicians who have left the initiative. Survey results from physicians who have left the initiative during this reporting period demonstrated that their reasons for leaving include challenges with the facility's communication and workflow, lack of experienced nursing staff, poor compensation, lack of locum coverage, and lack of confidence with caring for elderly populations. However, the survey found that the physicians reported that they felt well supported by the LTCI and listed the MAC group, the Whatsapp groups, the leadership team, the mentorship program and the Division staff as being supportive.

4. Healthcare utilization by residents

The indicators used to evaluate healthcare utilization by LTC patients were Emergency Department Visits, Acute Care Admissions and Length of Stay. This reporting period has shown significant increases in these indicators as well as the call volumes of the LTCI on-call system.

This is a multifactorial issue, however it may be suggested that patients who are being admitted into the care facilities are increasingly more medically complex. These patients commonly have acute illnesses or conditions that are difficult to manage at the facility, leading to multiple ER admissions in a shortened time period. This is compounded with issues of over capacity and under-staffing in acute care, which may lead to LTC patients being pushed through as quickly as possible. In addition, similar staffing issues in long-term care sites may lead to new or less experienced nursing staff at care homes who lack confidence in their skills or in-depth knowledge of the patients' conditions. Additionally, many families are not completely aware of the capacity and limitations involved with long-term care. Increased family

demands and unrealistic expectations for care also contributes to an increase in these indicators, as the family may advocate for ER transfers and full code status. High workloads for physicians leads to a lack of adequate time for them to spend on goals of care conversations with families, and there are concerns of medicolegal risk to consider if physicians were to disagree with a request for an ER transfer. Additionally, the lack of access to rapid diagnostic tests, including lab work and medical imaging, leads to hospital transfers that may have been avoided if more options in the community existed.

The increases in these indicators reveal that further monitoring of these statistics needs to be completed and ongoing quality improvement work is recommended. Despite the rise in these indicator values, the LTCI program has continued to support long term care patients through the availability of the on-call system and by providing suture kit equipment to help reduce ED visits and admissions.

8. Lessons Learned

Major themes surrounding the lessons learned for the FNW LTCI continue to revolve around the importance of continuing quality improvement work and evaluation, physician engagement, relationship building and family and patient focus care.

Annual evaluation is crucial for quality improvement

This reporting period has demonstrated that although the FNW LTCI has matured and continues to engage the LTC physicians, continued PDSA cycles are necessary throughout the year to keep up with current trends. Through continuous PDSA cycles, the program can focus on specific education, communication and relationship building efforts to help understand and address changes in the system. Since the initiative's inception, this program has maintained a high standard of care and evolved through quality improvement. A formal evaluation had not been performed in the past few years and it is a lesson learned to continuously review and share data that is specific to this initiative. Beyond the annual evaluation, it is important to proactively review and share out new data with the physician group on a regular basis to support the continuous improvement of the initiative, and this will be a focus of the next year. Additionally, the importance of continuing to remain accountable to the program's intent by focusing on achieving the system level outcomes has been an important lesson learned.

Physician engagement

The importance of physician engagement continues to play a pivotal role in ensuring the success and growth of the LTCI program. Peer support, networking opportunities, and providing support for physicians who are new to long term care have contributed to the commitment and dedication of this group of physicians. The opportunity to share common experiences, challenges and successes have allowed physicians to gain insights on ways to effectively improve patient care, optimize their workflows, and handle challenging situations. Both the MAC meetings and the MAC WhatsApp groups have played a crucial role in building and maintaining networks of physicians who can lean on each other to share advice and solutions. Peer support opportunities are encouraged through the MAC, and time is often put aside during meetings to facilitate this opportunity. Physicians that are new to working in long term care are engaged

through specifically tailored education sessions hosted by the LTCI physician leads, and are supported throughout the onboarding process.

Relationship building across the healthcare system

Building and sustaining positive relationships and promoting effective methods of communication between the LTCI physicians and the care home facility staff is something the program has continuously worked on. During this reporting period, there has been a noteworthy amount of physician turnover and recruitment. Built relationships between the LTCI Program Manager and facility administration has supported the ability to keep open channels of feedback and assisted with a smoother and coordinated onboarding process for new physicians.

In reflection of the health care utilization indicators, this evaluation has revealed that more quality improvement work needs to be focused on the communication between the MRP, the facility and the hospital. This work was started during this reporting period by involving the ER department heads in a MAC meeting to discuss opportunities for improvement and make adjustments to the expectations for communication. A formal strategy is recommended to further strengthen relationships and feedback channels between the LTCI physicians and ER and Acute care physicians. As reported in previous evaluations, building these relationships allows for a stronger network of care by fostering an environment of collaboration and respect.

There is a need for more preventative work to be done with families, including goals of care conversations as well as education to manage expectations about the end stages of life, what can be expected in long-term care, and the challenges patients face with repeated ER transfers. This work can be completed at different levels of the LTC admission process, including by the teams in acute care as well as in long-term care. There is a need to encourage further education for nursing staff on the MOST and what constitutes an appropriate hospital transfer, so that they in turn can help support with managing family expectations. There is an additional need to advocate for improvements within the health authority for increased access to diagnostic tests in the community, including lab work and mobile imaging.

Although the immediate risks of the pandemic have stabilized due to vaccines and public health measures, the impacts on the healthcare workforce persist, significantly affecting communication and education processes within the facilities. Care homes have mentioned a high turnover rate of nursing staff due to a variety of challenges. On-call physicians have needed to take on the role of coaching less experienced care home staff in various situations. The combination of staff shortages, high turnover rates, burnout and challenges in navigating the healthcare system, compounded with the increased complexity of patients, have contributed to the notable rise in patient hospital transfers. During the pandemic, long term care homes were reluctant to make transfers to the ER because of the COVID-19 risk, but now the significant increase in the volume of transfers has resulted in further strain on the healthcare system.

Patient and family focused care

Patient and family focused care is a centrepoint of the initiative's intent, and the reporting from this period has demonstrated the importance of engaging patients and families to better understand their experiences and expectations. Many care homes have begun implementing methods to reach their patients and families through electronic means, which has supported the

capacity for the initiative to gather feedback. Through the feedback collected, it was learned that frequent communication between the physicians and the family is appreciated, however there is a need to educate families on the capacity of physicians and the frequency that they will see their patients if there are no acute concerns. Through the implementation of a standardized reporting process, there is also the opportunity to focus on educating families on what can be expected for their loved ones when living in long-term care, and what the physicians and the initiative can do to support.

9. Limitations of Evaluation

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 mainly measured through qualitative data and feedback provided from the patients' families and/or caregivers. Although the opportunity was provided for care homes to share the surveys with patients, many care homes do not have the means to distribute these surveys electronically to patients. Additionally, given the complexity of physical and cognitive conditions within this patient population, it can be difficult to fully understand the patient experience through direct engagement. However, feedback from families and caregivers was able to provide insight into the patient experience.

(2) Available Data

Due to the multiple systems of care that exist within the healthcare system, accessing data from a variety of sources is required. That being said, utilizing a variety of data sources may result in an overlap of the data collected and it can be difficult to gauge an accurate representation of the trends when data from various sources differs. Additionally, some methods of collecting data are inherently flawed as they rely on self reporting.

10. Conclusion

Since inception, the FNW Long Term Care Initiative has fulfilled the requirement for all patients living in long-term care to have access to a dedicated physician. The program continues to contribute to improved patient care through increasing physician engagement and developing relationships with long term care facility staff. The number of ER visits, admissions and number of bed days have increased significantly, which highlights the need to further explore quality improvement processes to return to focus on the system level outcomes of the program. Continuous work on building and maintaining relationships within the healthcare system to further streamline communication methods will strengthen efficiencies in this work. The healthcare system is still experiencing the lingering effects of the pandemic, manifesting as

fatigue and burnout among long-term care providers. These challenges influence how people practice and utilize the healthcare 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

Year	Quarter	# of LTC 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
2021/2022	1. Apr - Jun	***Unavailable from FHA at the time of report writing***	87	53	5	265
2021/2022	2. Jul - Sep		122	69	10	690
2021/2022	3. Oct - Dec		212	74	13	962
2021/2022	4. Jan - Mar		159	86	9	774
2022/2023	1. Apr - Jun		139	74	11	814
2022/2023	2. Jul - Sep		141	88	17	1496
2022/2023	3. Oct - Dec		181	91	17	1547
2022/2023	4. Jan - Mar		199	104	15	1560

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
2021/2022	1. Apr - Jun	1722	87	53	5	265
2021/2022	2. Jul - Sep	1722	122	69	10	690
2021/2022	3. Oct - Dec	1722	129	74	13	962
2021/2022	4. Jan - Mar	1722	159	86	9	774
2022/2023	1. Apr - Jun	1722	139	74	11	814
2022/2023	2. Jul - Sep	1722	141	88	17	1496
2022/2023	3. Oct - Dec	1722	181	91	17	1547
2022/2023	4. Jan - Mar	1722	199	104	15	1560

Cost Saving Calculations			
Fiscal Year	**Quarter**	**Cost of ED Visit = $723 (2015-2020)**	**Cost of Admit= $1235 (2015-2020)**
		(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	$74,469	$570,570
FY 20/21 total		**$287,754**	**$2,598,440**
2021/2022	Q1	$62,901	$327,275
2021/2022	Q2	$88,206	$852,150
2021/2022	Q3	$93,267	$1,188,070
2021/2022	Q4	$114,957	$955,890
FY 21/22 total		**$359,331**	**$3,323,385**
2022/2023	Q1	$100,497	$1,005,290
2022/2023	Q2	$101,943	$1,847,560
2022/2023	Q3	$130,863	$1,910,545
2022/2023	Q4	$143,877	$1,926,600
FY 22/23 total		**$477,180**	**$6,689,995**

Physician Survey Responses

Fall 2022 Collection (N=34)

On a scale of 1-5, how likely are you to recommend practicing in the FNW LTCI to your peers and/or to new physicians joining the community?

Rating (1-5)	# of Responses
1	0
2	1
3	7
4	17
5	9
Average	**21**

What strengths do you appreciate about the Fraser Northwest LTCI?

- *Great group of staff who support a great group of docs*
- *Great support from other physicians and the divisions staff. Great on call system*
- *There is a good collegiate atmosphere amongst doctors*
- *Good support from division*
- *Support*
- *Supportive community*
- *Great support Staff*
- *Excellent group to work with. Very supportive.*
- *Well organized, supportive team advocating for long term care patients and physicians who care for them!*
- *Supportive team*
- *Network of support in the facility you practice as well as across other facility practitioners*
- *congenial group*
- *Regular updates, supportive team*
- *Excellent communication and collaboration*
- *Provides good CME and a forum for discussion.*
- *Supportive*
- *Collegiality, networking*
- *Very supportive, very organized, helpful meetings*
- *Team work*
- *Well organized and lots of support*
- *Collegiality among members*

Do you see any areas of improvement for the Fraser Northwest LTCI?

- *As a new doctor, I feel that there could have been preparation for me before taking up my position. I am having to organise access to blood tests myself and I also am finding that my neighbourhood can be disorganised (a computer was broken for two weeks in a row - I had to spend more than thirty minutes calling IT to get it fixed).*
- *Payments*
- *The amount of support at the individual facilities is lacking compared to the other divisions*

Physician Survey Responses

Summer 2023 Collection (N=21)

Years in Practice	# of Responses
0-5 yrs	13
6-10 yrs	6
36-40	1
41-45	1
Total	**21**

How would you rate yourself in delivering the 5 best practices to your residents since RCI implementation? *(Scaling 1-5)*

	On-Call shifts	Proactive Visits	Medication Reviews	Completed Documentation	Care Conferences
Response Average	4.55	4	4.95	3.9	4.3

Last year, LTCI Physicians scored the following best practices from easiest to most challenging:
Easiest: Care conferences
Completed documentation
On-call shifts
Medication reviews
Most Challenging: Proactive visits
Over this last year, has your ability to achieve these from easiest to most challenging changed?

	On-Call shifts	Proactive Visits	Medication Reviews	Completed Documentation	Care Conferences
Response Average	3.4	3.6	3.6	3.4	3.6
Please describe any changes you've experienced.	No change in my ability I do not do on-call shifts x2	No change in my ability	No change in my ability New Pharmacy	Improved	The chair of the conference seems inexperienced. No change in my ability

How satisfied are you with the introduction of virtual care to support access between yourself and your patients at the LTC facilities? *(Scaling 1-5)*

	# of Responses	Average
How satisfied are you with the introduction of virtual care to support access between yourself and your patients at the LTC facilities?	19	4

Please describe.

- The lighting is not good enough for video review. So it's mostly phone calls, and there are many things that translate poorly through verbal interactions. The only certainty is to be direct in the interaction. This may be less of a concern if there is a high trust level between RN and MD.
- There were a few occasions where I could not attend because I had covid or other possibly contagious symptoms but was able to do my work with the LTC well.
- I have never participated in this format.
- It can be helpful when off site on clinic days, but I mostly try to evaluate my patients in person

Over this last year, how well have you felt supported in LTC from:
Scaling 1-5 (1 = Very Unsupported, 5 = Very Supported)

	MAC	FNW Division	Fraser Health Authority	Administrators within your facility
Response Average	4.25	4.05	3.25	3.56

Please describe			Excellent CME's	

Thinking back to your experience over the last year, please rate your level of agreement on the following:

	Highly Disagree	Disagree	Neutral	Agree	Highly Agree
I have experienced burnout		5	11	18	7
I feel knowledgeable with local/provincial/federal resources to support me	2	6	11	22	1
The Division could provide more support to prevent burnout amongst LTC Physicians		1	19	18	3
I would like more information sent to the MAC group about local resources to support physicians		4	15	17	5

What are the strengths of the Fraser Northwest LTC initiative?

- *There is still much energy and enthusiasm to make this initiative work.*
- *The LTC group of physicians is amazingly supportive*
- *Good physician network who are supportive, also organized admin part*
- *well organized and collegial atmosphere*
- *supportive*
- *So far being able to provide support for admin and also setting up the call group has been the greatest strengths of this initiative.*
- *Good communication.*
- *Staff pleasant & helpful.*
- *Organizing events that bring Practitioners together- CMEs, Social events, compensations for time spent on events*
- *Not in my realm of concern*
- *Collegial group that is always willing to help one another*
- *great group of physicians and staff that support each other.*
- *collegiality and trust*
- *Well organized and responsive*
- *very supportive staff*

Do you see any areas of improvement for the Fraser Northwest LTC Initiative?

- *Sites need better vacation coverage.*

- *Payment for on calls has been stagnant for years*
- *recruit more doctors ;)*
- *n/a*
- *The LTCI group lacks transparency and accountability, particularly in regards to the recent budget decisions. It is unclear why we were kept uninformed until the last minute, and even then, the leadership did not provide transparent information about the budget or its management, or rather, mismanagement. The leadership's style appears to be more reactionary than proactive. Additionally, the quality of the CMEs at LTCI MAC meetings is below expectation. The sense of community and passion for geriatric medicine that once defined LTCI seems to have diminished, resulting in low morale among the group. Personally, I am uncertain about my continued involvement with LTCI if there are significant changes to our call system that compromise coverage or jeopardize its continuity, and I believe many others share this sentiment.*
- *Coverage if person going on holidays!*

LTCI Physician Exit Survey Responses

(N=7)

On a scale of 0 to 10, how would you rate your experience working in long-term care?

Rating (0-10)	# of Responses
6	2
9	3
10	1
Average	**8.6**

On a scale of 0-10, how likely are you to recommend practicing in the Fraser Northwest Long-Term Care Initiative to a colleague?

Rating (0-10)	# of Responses
5	1
9	3
10	2
Average	**8.6**

What did you find helpful about the Fraser Northwest Division's Long-Term Care Initiative?

- *Division helped set up a meeting with the outgoing doc to get an idea of what LTC is like, WhatsApp group to ask each other questions, LTC staff were nice and tried to be helpful, Division quarterly incentive was nice.*

- *Supportive MAC group, great leadership, responsive and supportive division staff*
- *I believe the divisions did a great job at supporting me when I had some struggles at the home and they were very responsive to my concerns .*
- *Great communication between the people involved in patient care*
- *Well supported - good mentor and staff. The whatsapp group was very helpful and monthly meetings.*
- *The support from the group*

Where could the Fraser Northwest Division's Long-Term Care Initiative have provided more support?
honestly nothing more

- *I believe the divisions did a good job. The struggles I had were more related to how the home itself worked and the medical director/ DOC lack of response to my concerns. I am not sure if that is something the divisions may be able to improve.*
- *I did find that there was a push to take a larger panel than I desired and maybe more flexibility on the number of residents that a person needs to take can be improved."*
- *I thought it was very well supported*
- *none*

Do you have any feedback about the orientation process for long-term care?

- *No, It was adequate*
- *I believe everything was very clear and well explained.*
- *No comment*
- *None*

What is your experience with the compensation associated with working in long-term care?

- *I dislike the fee for service model. Should be based on time spent in LTC*
- *Intake of new residents takes a long time and is not well compensated by MSP.*
- *I believe the limitations from MSP to bill the regular visits is not right as there are some more acute cases that require more follow up or some patient that need more emotional support on a regular basis.*
- *I believe compensation should be given for big things such as admission(filling papers, physical and family conversations) as well as filling death certificates.*
- *I believe there should be compensation for the time spent with families as this is also part of the job .*
- *Could be compensated more - BC poorly compensates its GPs and its no different in LTC*
- *Satisfied but increased compensation always welcomed*

What could have kept you working in long-term care?

- *Sessional payments and having the facility right by home. I was working in New West but living in Coquitlam and could not manage having to see patients urgently on call which happened more often than I'd like (I could accept going in urgently a few times a year but not more than once a month).*

- *Fewer work and personal commitments*
- *I like long term care and I wish to return to the division probably at a different facility if there is an opportunity.*
- *I believe more support with nursing is needed. They are a great part of the team and have a hard job.*
- *Working with new LPNs or RPNs can be difficult when you have a patient that is not verbal or can't account for things.*
- *Also a lot of casual nurses with what it seems inadequate handover increases the risk of missing things.*
- *Having a designated person following on issues that would be followed by and MOA or unit clerk in other setting: such as specialist appointment, referral or referrals. I found this to increase the load of a physician making it more difficult to carry more patients or care properly for them.*
- *Better training for nurses using the SBAR tool. Just writing skin concern on a folder is difficult when you are in on the day that a different nurse is present and they do not know anything about it.*
- *Become familiar with elderly populations*
- *Left because of poor BC compensation in general*
- *A locum that could have covered for me when I needed time off*

Event Evaluation - Physician Survey Responses

MAC Meeting May 2022 - Point Click Care (N=26)

On a scale of 1-5, how helpful did you find this evening's CME session on PCC to be?

Rating (1-5)	# of Responses
1	2
2	4
3	11
4	7
5	2
Average	**3.1**

Do you have any additional feedback about this evening's CME on PCC?

- *I did not attend the CME as I do not have PCC at [my facility] nor do I participate in call group*
- *I think asking one of the physicians who is versed in using PCC would be more helpful.*
- *Too superficial*
- *Unless PCC offers more services for Canadian users, I think it would be in our best interest and as far and good patient care goes, to switch to a different more physician and patient centered EMR.*

- *Doesn't seem to be many solution for physicians workflow issues.*
- *No*
- *Only able to attend MAC mtg*
- *Need more help with PCC*
- *[The presenter] was brutally honest with his feedback on potential upgrades for physician needs.*

Do you have any suggestions for future CME topics?

- *Geri Dermatology CME*
- *Revisit Current COVID management guidelines*
- *COPD on long term oxygen*

Event Evaluation - Physician Survey Responses

MAC Meeting September 2022 - Development of FNW LTCI Standards of Care (N=9)

How has today's event impacted your confidence level when it comes to the steps taken to enrol in CareConnect?

Rating	# of Responses
my confidence has increased	8
my confidence has remained the same	0
my confidence has decreased	0
I am not sure at this time	1

On a scale of 0 to 10, how helpful did you find today's session?

Rating (0-10)	# of Responses
5	1
7	1
9	2
10	5
Average	**8.8**

Please explain.

- *I think I lost one step of the process and couldn't catch up the rest of the steps.*
- *Very practical*
- *Very efficient and helpful session. Much appreciated.*

- *Step by step guide to setup*

Is there anything that could have been improved with today's session?

- *NA*
- *None*
- *In person rather than virtual would be better so someone can walk around and help those that are struggling*
- *Connection was easier to learn*

If any, what challenges do you anticipate with applying the information from today's session?

- *Steps for care connect enrolment*
- *Forgetting to do the privacy course/forms*
- *Lack of technology skills*
- *None*
- *IT issues as expected*

Is there any additional support the division can provide you at this time as it relates to CareConnect enrolment?

- *I already requested this from FNW division*
- *Fu on how things are going*
- *Follow up session in a one or two months*
- *None*

Do you have any additional questions or comments after attending today's session?

- *Already requested*
- *No*
- *No thanks for setting up*
- *None*

Event Evaluation - Physician Survey Responses

MAC Meeting September 2022 - Development of FNW LTCI Standards of Care (N=33)

Do you have any feedback and/or suggestions to improve future MAC meetings?

- *No*
- *Starting and finishing on time would be good*
- *None, well run!*
- *Great to do it in person again, so much networking and catching up with colleagues!*
- *Enjoyed the round table talk, maybe do it again next in person meeting? We had so much to say on just that one issue.*
- *Allow virtual attendance as Covid-19 numbers expected to increase in the fall Thank you*

Event Evaluation - Physician Survey Responses

MAC Meeting November 2022 - Covid-19 PPO & Treatment in LTC & Transfers from Acute to Alternate Levels of Care (N=35)

On a scale of 1-5, how helpful did you find this evening's session on Covid-19 Protocols to be?

Rating (1-5)	# of Responses
3	8
4	23
5	3
Average	**3.8**

On a scale of 1-5, how helpful did you find this evening's session on the Acute Care Transfer Checklist to be?

Rating (1-5)	# of Responses
1	1
2	1
3	10
4	20
5	2
Average	**3.6**

Do you have any feedback about any of the topics discussed at the meeting tonight?

- *I found the transfer checklist to be redundant, as I am able to access the pertinent reports from meditech at the hospital.*
- *Reasonable review, but not groundbreaking in terms of new information.*
- *Good session overall, but could consider limiting it to 1 hour 30 mins,*
- *We had hard-wired requirements for admission to [my facility]. The attending MD at hospital needed to SPEAK directly to the MRP adopting the pt, or the community GP would need to call FIRST. Only after that, would RCM accept the admission. That was a great system - about 10 yr ago.*
- *Would be beneficial to have a checklist of some sort for patients coming from the community to ease the information flow.*

Do you have any suggestions for future CME topics?

- *respiratory conditions*
- *Dermatology*
- *Nausea and vomiting management*

- *MH act/ certification under MH act/ involuntary admission of pts*
- *Wound care*
- *Wound care and chronic pain*
- *Common skin lesions in the elderly*

What could improve your experience at future LTCI MAC meetings?

- *Nil*
- *No issues*

Event Evaluation - Physician Survey Responses

New to Long-Term Care Meeting - November 2022 (N=4)

On a scale of 0 to 10, how informative did you find tonight's Long Term Care (LTC) session?

Rating (0-10)	# of Responses
7	1
8	2
10	1
Average	**8.25**

Please rate your level of agreement for the following: (1-strongly disagree, 4- strongly agree, I am not sure at this time):

I have a good understanding of the administrative components of tonight's presentation (i.e. contracts, funding, etc.)

Rating (1-4)	# of Responses
3	2
4	2
Average	**3.5**

I have a good understanding of the clinical components of tonight's presentation (i.e. advanced care planning, palliative care, etc.)

Rating (1-4)	# of Responses
3	2
4	2

Average	**3.5**

Please rate your level of confidence for the following: (1-very unconfident, 4 - very confident, I am not sure at this time)

I feel more confident providing LTC work within FNW communities after today's session

Rating (1-4)	# of Responses
3	2
4	2
Average	**3.5**

I feel confident applying the information gained in today's session into practice

Rating (1-4)	# of Responses
3	2
4	2
Average	**3.5**

What did you find the most helpful from tonight's discussion?

- *Processes of discussing care and GOC*
- *Very informative and good flow of information and resources.*
- *Advice r.e. dementia progression*

What are your biggest concerns about working in LTC?

- *Issues with families*
- *Mostly around support and patient family expectations.*
- *I feel that there is a lack of orientation and support with set up at LTC. I sort of have been able to set myself up to review bloods on Excelleris now, but it's a shame that this sort of thing isn't organised to begin with. I also am concerned about referrals from nurses (my calls seems to come almost at the end of my shift) and expectations of family members*

What are other topics you would like to learn more about or areas you would like support with?

- *How to navigate communication in between your weekly/biweekly half-day visits.*
- *Dementia care*

What feedback or suggestions can you provide to improve future events like today?

- *Today was good - I think there needs to be more support, especially for international doctors at the beginning.*

Do you have any questions after attending tonight's session?

- *If possible sending the slides out, thanks.*
- *No*

Event Evaluation - Physician Survey Responses

MAC February 2023 - Emergency Department Communication and Transfers (N=21)

On a scale of 1-5, how helpful did you find the discussion about ER Communication and Transfers?

Rating (1-5)	# of Responses
3	2
4	8
5	11
Average	**4**

Do you have any feedback about any of the topics discussed at the meeting tonight?

- *I still don't think that the LTC Physician calling the ER intake physician prior to a transfer should be discontinued. Perhaps because so far, I've only had good experiences in communicating my expectations from the hospital visit and having those patient needs met.*
- *Improving communication with ER is always a great topic. both teams from different perspectives but with the ultimate goal to improve patient care. I would like to support the ER as best as we can and appreciate their supports also"*
- *As identified during the meeting ,being a physician providing medical services to LTC patients is becoming more difficult...a bit of an underpaid slog. I expect that going forward the LTC initiative will unfortunately die simply due to the unattractiveness of providing such care such that fewer and fewer physicians will take it on.*
- *Great discussion. I'm very open to EM doc calling any time if they require more info.*
- *Another note is if I feel there are specific information that is absolutely vital (which isn't often), I'm open to making the judgement myself and call or fax them anyways*
- *I feel if we have a standard History and physical form to send to ER with pt information (reason for transfer, relevant history, medical hx of pt, exam findings, important lab and imaging findings, medication list and expectations of transfer from MRP, etc) that would be easier to view by anyone who accept this pt for care and it will be available to view later rather than verbal communication as whoever calling MRP may not record all relevant information in patient record as they are always busy and not reliable as written communication. Also, this form should be readily available to fill in computer or by hand.*

- *Even when they transfer back to LTC from hospital if sending facility complete brief summary of stay and care plan suggested moving forward that would be helpful. There should be a standard form for this as well.*
- *The PCC system is not very user friendly and consumes lot of time in review records as well as entering chart notes and even we did minor mistake we have to writ it off and redo the note which is really not comfortable. If we have more user friendly system such as EMR that is really helpful.*

Do you have any suggestions for future CME topics?

- *I would love to see an update on the epidemiology of cancers in canada and world wide actually. seems I am seeing more and more malignancies in my community practice. Still would relate to LTC as often folks also affected*
- *CMPA related talks*
- *Strategies for handling challenging dementia patients and challenging overly involved family members*
- *involuntary admission of pt in Canada- form 4 / any other forms involved in involuntary admission*
- *Review MOST for new physicians*

What could improve your experience at future LTCI MAC meetings?

- *Asking for challenges faced with providing a better quality of care. Perhaps a platform where questions or comments can be sent into. These can then be addressed during the meetings*
- *small and minor thing outside of your control but the room was very cold last night*
- *n/a*
- *They are always interesting*
- *none, it was a great meeting!*

Facility Survey Responses

(N=7)

How would you rate your facility's Long-Term Care Initiative's physicians in providing the following best practices? *(Scaling 1-5)*

	On-call Shifts	**Proactive Visits**	**Completed Documentation**	**Care Conference**	**Meaningful Medication**
Response Average	4.7	5	5	5	5
Comments				Doctors are attending in	

				person and on phone	

Over the last year, how satisfied have you been with your facility's Long-Term Care Initiative Physicians' openness to feedback? *(Scaling 1-5)*

	# of Responses	**Average**
Over the last year, how satisfied have you been with your facility's Long-Term Care Initiative Physicians' openness to feedback?	7	4.7

How satisfied are you with the use of virtual care to support access between residents and Physicians for health-related needs and concerns?

	# of Responses	**Average**
How satisfied are you with the use of virtual care to support access between residents and Physicians for health-related needs and concerns?	7	4.3

Please share any comments

- *We have not utilized completely this resource. We have the tablet provided by FNW division and utilize it to send pictures mostly. Our Physicians are here very regularly and we do not require the use of virtual tools very often.*
- *We very rarely need to use virtual care as our physicians come in regularly and on an as needed basis for urgent concerns. If occasionally we have to use the iPad, we are very happy with the virtual care support.*

In reflecting on areas of improvement for the Fraser Northwest LTC Initiative, what should the program start doing?

- *Recruitment of Physicians. Lakeshore has been very lucky with the continuity of care provided by our current Physicians however we usually lose a Physician per year.*

In reflecting on areas of improvement for the Fraser Northwest LTC Initiative, what should the program stop doing?

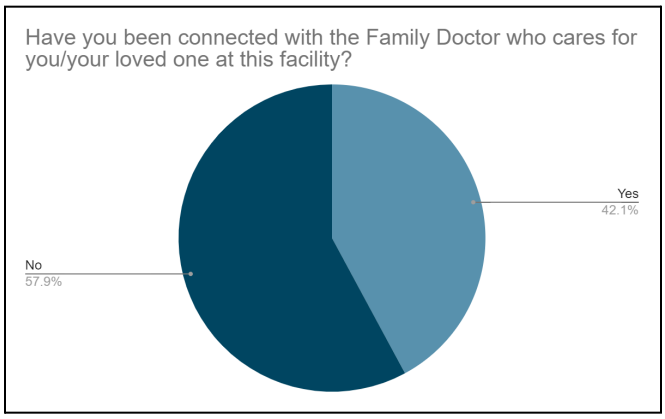
- *Nothing at this moment.*

In reflecting on areas of improvement for the Fraser Northwest LTC Initiative, what should the program continue to do?

- *Continuous support during weekends and after hours.*
- *"Supporting Family Physicians with any challenges presented during their practice in LTC.*
  Supporting LTC homes with on call Physician services.
  Supporting tracking meaningful participation of Physicians in LTC.
  Supporting LTC with suture supplies."

Family/Caregiver Survey Responses

Fall 2022 Collection (N=75)



Are you satisfied with the communication between yourself/your loved one and their Family Doctor?

Themes:

1. Family and caregivers noted that they appreciate being connected with the physician supporting their loved one when the physician has seen them. Some discrepancies in communication flow around care conferences and medication reviews
2. Some family/caregivers felt they weren't as informed as they would like with regards to their loved ones health care needs
3. Recognition of other healthcare supports enabling communication back to the family/caregiver as being important - e.g. Nurses communication

Are you contacted if there are changes to medications and/or the medical treatment of yourself/your loved one?

Themes:

1. The great majority of family/caregivers felt that they were notified of any medication changes or changes to treatment for their loved ones. Some noted turnaround time being same day, or next

day in cases of loved ones experiencing falls. The facility staff is excellent at notifying these changes to the family/caregivers.

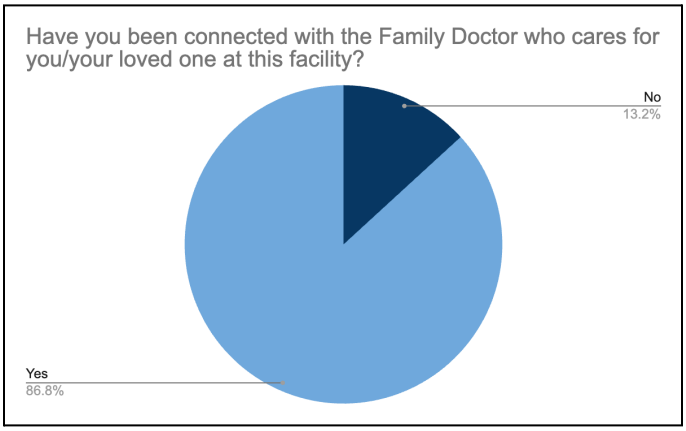
2. There were a handful of responses noting that they were not at all, or not always contacted about these changes. In some cases, the respondents noted that the turnaround time in communication has decreased more recently.

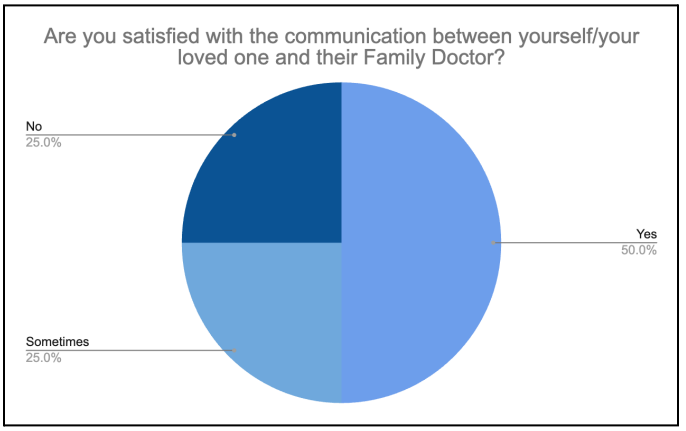
Are there any additional comments about your interaction with the Family Doctors working in Long Term Care in the Fraser Northwest (New Westminster & Tri-Cities communities)?

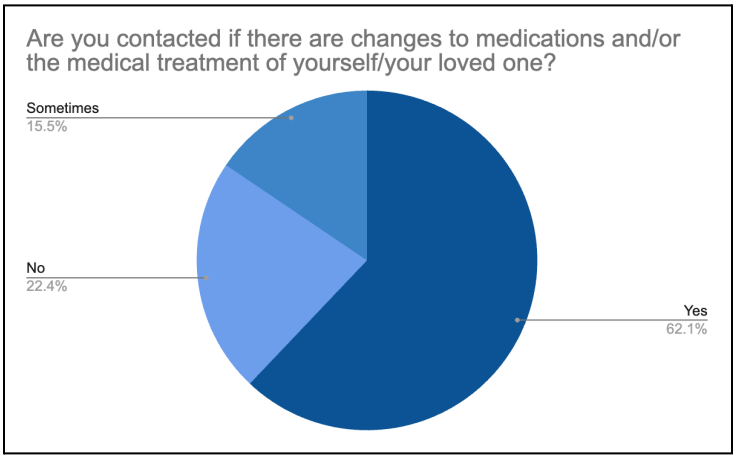
Themes:

1. Communication between the staff and the family regarding their loved ones has been excellent, efficient, clear, and with minimal delays. This communication provides not only clarity but reassurance to family and caregivers that their loved ones are being taken care of and supported in the care home.
2. Opportunities persist for some respondents around feeling that there gaps in communication exist, hoping to be more in contact with the physician, changes in provider aren't communicated, and the importance of articulating the loved one's health condition/changes in more accessible language for the family/caregivers.

Spring/Summer 2023 Collection (N=60)







Are there any additional comments about your interaction with the Family Doctors working in Long Term Care in the Fraser Northwest (New Westminster & Tri-Cities communities)?

Themes:

1. Communication from caregivers and loved ones indicating that they would appreciate further communication from the physician's supporting their loved ones care. Specific areas highlighted through feedback indicates satisfaction with knowledge around dementia, updating on medication changes/updates,
2. Recognition that difficulties continue to persist - unrelated to the physicians specifically - but regarding supports and services available to support loved ones within the care facilities.