

Cook, Heather G HLTH:EX

From: Barkman, Patricia <Patricia.Barkman@fraserhealth.ca>
Sent: Monday, April 23, 2018 4:25 PM
To: Cook, Heather G HLTH:EX
Subject: RE: OSA report on Residential Care and Acute Care Hospital Transfers

Yes it does, thanks very much.

Patricia Barkman

*Health and Business Analytics, Fraser Health
Suite 500 Central City Tower
13450 102 Ave, Surrey BC, V3T 0H1
Tel (604) 587-4476
Fax (604) 930-5412*



 please think of the environment before printing this email

From: Cook, Heather G HLTH:EX [mailto:Heather.G.Cook@gov.bc.ca]
Sent: Monday, April 23, 2018 3:51 PM
To: Barkman, Patricia
Subject: RE: OSA report on Residential Care and Acute Care Hospital Transfers

Hello Patricia,

We actually looked at the data across the length of stay in residential care. So...the data for the first year is what is noted in the report. We reported on the first year data only as an example to illustrate that not all residents are transferred to the ED, that in fact, it is a subset of the population. This holds true across length of stay in residential care.

The data that we received was person-level anonymized data, so we were able to follow a resident over their length of stay in residential care to track visits to ED, length of stay in acute hospital and their discharge disposition (as examples of the data available to us).

I'm not clear on your question related to "this group compared to overall group"? If you're asking if the data told us what was different about the group that DID NOT go to hospital, versus the group that did? We looked at who went, their diagnoses, RAI, admission history, discharge history... we could look at the data from the opposite lens, but I suspect what we would note is that they likely did not have COPD, falls resulting in #, CHF or other diagnostic criteria in the "top 5" reasons for admission to ED and hospital.

Does that help?

Thanks
Heather C

Heather Cook, RN, MScN
Director Systemic Reviews and Research
Office of the Seniors Advocate
1515 Blanshard Street
PO Box 9651 ST N
Provincial Government
Victoria, BC V8W-9P4
TEL: 1-778-698-9132
CELL: 1-250-893-9410

From: Barkman, Patricia [<mailto:Patricia.Barkman@fraserhealth.ca>]
Sent: Monday, April 23, 2018 3:39 PM
To: Cook, Heather G HLTH:EX
Subject: RE: OSA report on Residential Care and Acute Care Hospital Transfers

Hi Heather,

I have another question for you:


- 1) With regard to the following bullet on page 4 of the report
"Seniors in RC transfer to an ED about 13,800 times per year. On average, 60% of *new admissions in the first year of their stay in RC* will have no transfers to the ED, 24% will have one transfer, and 16% will have two or more ED transfers".
...I see you looked specifically at the first year clients were in RC, can you please tell me why, how did you determine this and did you do some analysis on this group compared to overall?

Thanks very much for your time and consideration.

Patricia Barkman

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13450 102 Ave, Surrey BC V3T 0H1
Tel (604) 587-4476
Fax (604) 930-5412



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From: Cook, Heather G HLTH:EX [<mailto:Heather.G.Cook@gov.bc.ca>]
Sent: Monday, April 16, 2018 10:42 AM
To: Barkman, Patricia
Cc: Ronayne, Bruce HLTH:EX
Subject: RE: OSA report on Residential Care and Acute Care Hospital Transfers

Hello Patricia,

Thanks for your interest in the Res Care Transfer to ED report! Yes, we used the DAD data to determine the most responsible diagnosis for the report.

Let me know if you have any other questions!

Thanks
Heather C

Heather Cook, RN, MScN
Director Systemic Reviews and Research
Office of the Seniors Advocate
1515 Blanshard Street
PO Box 9651 ST N
Provincial Government
Victoria, BC V8W-9P4
TEL: 1-778-698-9132
CELL: 1-250-893-9410

From: Ronayne, Bruce HLTH:EX
Sent: Monday, April 16, 2018 10:39 AM
To: 'Barkman, Patricia'
Cc: Cook, Heather G HLTH:EX
Subject: RE: OSA report on Residential Care and Acute Care Hospital Transfers

Hi Patricia,

Heather Cook, OSA Director of Systemic Reviews and Research, was the lead on this project. I have copied Heather so that she can respond to your question.

Best regards

Bruce

From: Barkman, Patricia [<mailto:Patricia.Barkman@fraserhealth.ca>]
Sent: Friday, April 13, 2018 12:27 PM
To: Ronayne, Bruce HLTH:EX
Subject: OSA report on Residential Care and Acute Care Hospital Transfers


Hi Bruce,

I am working with Irene Sheppard to build on some work you did for the OSA on 'Residential Care and Acute Care Hospital Transfers' for Fraser Health and would like to clarify the data you used to determine 'Reason for admission' to ER for residential care clients. I see you use the ED discharge diagnosis from NACRS for clients who go to ER and are not admitted to acute, I just want clarify the diagnosis you use for clients who are admitted to acute is the one provided in the DAD, which would be the most responsible diagnosis.

Patricia Barkman

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Tel (604) 587-4476
Fax (604) 930-5412*



 please think of the environment before printing this email

Cowan-Douglas, Rob J HLTH:EX

From: Cowan-Douglas, Rob J HLTH:EX
Sent: Wednesday, June 13, 2018 1:41 PM
To: 'Donna.Wunderlich@interiorhealth.ca'
Cc: Cook, Heather G HLTH:EX
Subject: RE: OSA data

Hi Donna,

I just want to confirm that you are referring to our Residential Care and Acute Care Hospital Transfers report, which was circulated to the five health authorities in April of this year? I ask only because, in that report, we use the term "potentially avoidable" rather than "unnecessary." We cannot definitively say an ED transfer is unnecessary, but we can say that we think some ED transfers are avoidable. In that particular report, we compared the ED transfer rate between owned-and-operated facilities and contracted facilities. We found that contracted facilities transfer residents to the ED at a higher rate. We then went on to conclude that the excess transfers among contracted facilities were potentially avoidable. If contracted facilities transferred residents to ED at the (lower) rate of owned-and-operated facilities, 1,700 transfers could potentially be avoided each year.

Please let me know if this clarifies things for you, or if you have further questions.

Regards,

.....
Rob Cowan-Douglas | Economist
Office: 250.952.3038 | Fax: 250.952.2970

6th Floor, 1405 Douglas Street
PO Box 9651 STN PROV GOVT
Victoria BC V8W 2G2

Toll Free: 1-877-952-3181
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-----Original Message-----

From: Ronayne, Bruce HLTH:EX
Sent: Wednesday, June 13, 2018 11:59 AM
To: 'Wunderlich, Donna'
Cc: Cook, Heather G HLTH:EX; Cowan-Douglas, Rob J HLTH:EX
Subject: RE: OSA data

Hi Donna,

I am copying Heather Cook and Rob Cowan-Douglas who will be able to respond to your question.

Best regards

Bruce

-----Original Message-----

From: Wunderlich, Donna [<mailto:Donna.Wunderlich@interiorhealth.ca>]

Sent: Tuesday, June 12, 2018 5:46 PM

To: Ronayne, Bruce HLTH:EX

Subject: OSA data

Bruce:

I'm wondering if you can assist or redirect me. We would like to understand what criteria the OSA team used to determine an "unnecessary ED transfer" in the most recent report.

Thank you

Donna

Donna Wunderlich

Interior Health

Sent from my iPhone

From: [Stewart, Sharon A HLTH:EX](#)
To: [Chouinor, Kathy HLTH:EX](#); [Archibald, Karen HLTH:EX](#); [Bedford, Sue HLTH:EX](#); [McLachlan, Debbie HLTH:EX](#); [Adams, Alix HLTH:EX](#)
Subject: FW: BC Care Provider's Letter re: From Residential Care to Hospital: An Emerging Pattern
Date: Friday, August 17, 2018 3:25:20 PM

FYI, as well. Also, it would be good for us to discuss and identify our concerns as part of the discussion – as well as any recommendations we may have on how to address.

thx

From: Stewart, Sharon A HLTH:EX
Sent: Friday, August 17, 2018 3:23 PM
To: XT:Marchbank, Michael HLTH:IN; XT:HLTH Mazurkewich, Chris; XT:Ulrich, Cathy HLTH:IN; XT:Ackenhusen, Mary HLTH:IN; XT:MacNeil, Kathryn HLTH:IN
Cc: XT:HLTH Schroeder, Tracey; 'catherine.bruch@interiorhealth.ca'; XT:Chipman, Desa HLTH:IN; XT:HLTH Price, Winnie; XT:James, Lisa HLTH:IN; Moulton, Holly HLTH:EX; XT:HLTH Sheppard, Irene; Zetes-Zanatta, Lisa; XT:HLTH Anton, Gayle; 'Kozak-Campbell, Cindy'; Mohsenzadeh, Doreh; Tim Orr; 'Tait, Jo-Ann (Program Director) [PH]'; 'Hopkins, Shannon [VC]'; XT:Price, April HLTH:IN; Patterson, Ted HLTH:EX
Subject: BC Care Provider's Letter re: From Residential Care to Hospital: An Emerging Pattern

Good afternoon – I understand that the BC Care Providers have reached out to you wanting to raise concerns regarding the Office of the Seniors Advocate's latest report: *From Residential Care to Hospital: An Emerging Pattern*. Concerns were also raised by your program leads about this report, and other related issues, at today's Home and Community Care Committee meeting. The Deputy has asked that I reach out to you and your staff to collect any concerns that you may have. Once we have received your information the Ministry will coordinate a dialogue with both the OSA and the BCCPA on the matter.

Thanks

Sharon

Sharon Stewart

Executive Director

Primary and Community Care Policy Division

Phone: 250 952-1274

Cell: 250 216-9748

Email: Sharon.Stewart@gov.bc.ca

This email message and any attachments thereto are intended solely for the use of the individual or entity to whom it is addressed. If you have received this email in error, please notify the sender immediately by return email and delete the message unread without making any copies.

From: [Stewart, Sharon A HLTH:EX](#)
To: [Archibald, Karen HLTH:EX](#)
Subject: FW: BC Care Provider's Letter re: From Residential Care to Hospital: An Emerging Pattern
Date: Friday, August 17, 2018 3:56:19 PM
Attachments: [RSAC Presentation June 2018 DRAFT.PPTX](#)
Importance: Low

FYI

From: Sheppard, Irene [<mailto:Irene.Sheppard@fraserhealth.ca>]
Sent: Friday, August 17, 2018 3:36 PM
To: Stewart, Sharon A HLTH:EX
Subject: RE: BC Care Provider's Letter re: From Residential Care to Hospital: An Emerging Pattern
Importance: Low

Our analytics did some quick comparisons using more recent data and I shared it with the contracted administrators in June – see attached.

My purpose was to make them aware that this is being reviewed, and to encourage them to participate in FHAs initiative with RC to reduce ER transfers – soft sell approach.

s.13

s.13 They are a seniors focussed advocacy group and fulfilling that role with passion and impact as appropriate to their mandate.

Irene Sheppard.

Executive Director, Community Health Services, Abbotsford & Mission
Residential & Assisted Living Contracts
Fraser Health

From: Stewart, Sharon A HLTH:EX [<mailto:Sharon.Stewart@gov.bc.ca>]
Sent: Friday, August 17, 2018 3:23 PM
To: Marchbank, Michael; Mazurkewich, Chris; Ulrich, Cathy; Ackenhusen, Mary [CORP]; MacNeil, Kathryn (Kathy)
Cc: Schroeder, Tracey; 'catherine.bruch@interiorhealth.ca'; Chipman, Desa; Price, Winnie [CORP]; James, Lisa; Moulton, Holly HLTH:EX; Sheppard, Irene; Zetes-Zanatta, Lisa; Anton, Gayle; Kozak-Campbell, Cindy; Mohsenzadeh, Doreh; Orr, Timothy; Tait, Jo-Ann (Program Director) [PH]; Hopkins, Shannon [VC]; Price, April; Patterson, Ted HLTH:EX
Subject: BC Care Provider's Letter re: From Residential Care to Hospital: An Emerging Pattern

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Thanks

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Residential Care & Assisted Living Network 2018/19 Priority Goals

Presentation by: Chelsea Greczi, Project Leader
Residential Care & Assisted Living

June 14th, 2018



fraserhealth

Better health.
Best in health care.

Overview



- OSA Report – Acute Transfers
 - Fraser Health data
- Residential Care & Assisted Living Network Goals for 2018/19

Office of the Seniors Advocate Report



Background

Seniors Advocate worked alongside clinicians in several EDs

Two themes:

1. Improved community supports for independent, community dwelling seniors
2. **Transfers to the acute care for seniors who reside in residential care**

Office of the Seniors Advocate Report



Residential Care Transfers to Acute Care

Subsidized residential beds in BC:

- ~1/3** operated directly by health authorities
- ~2/3** contracted service providers

**Question: Are there “operated based”
differences relating to transfers to ED?**

Office of the Seniors Advocate Report



Residential Care Transfers to Acute Care

Statistically significant difference between health authority operated care homes and those operated by a contracted service provider:

- **Rates of transfer to the Emergency Department (ED)**
- **Length of Stay in Acute**
- **Alternate Level of Care (ALC) designation**

Office of the Seniors Advocate Report



Residential Care Transfers to Acute Care

Provincially, seniors who live in **contracted residential care facilities** have a:

- **32% higher** rate of transfer to the ED
- **35% higher** rate of hospitalization
- **27% longer** length of stay
- **15% longer** ALC length of stay

Transfers to ED in Fraser Health



ED Visits per 100 residents:

2015/16

40.8 (Contracted)

36 (Owned + Operated)

2016/17

37.0 (Contracted)

32.1 (Owned + Operated)

2017/18

34.8 (Contracted)

27.7 (Owned + Operated)



Transfers Resulting in Admission in Fraser Health



Acute Admissions per 100 residents:

2015/16

2016/17

2017/18

20.1 (Contracted)

18.3 (Contracted)

16.9 (Contracted)

14.1 (Owned + Operated)

14.7 (Owned + Operated)

12.7 (Owned + Operated)



Length of Stay in Acute in Fraser Health



Length of Stay:

2015/16

2016/17

2017/18

8.4 (Contracted)

8.0 (Contracted)

7.6 (Contracted)

6.6 (Owned + Operated)

6.8 (Owned + Operated)

7.7 (Owned + Operated)



Average Length of
Stay

Impact



Transfers to ED or hospital are:

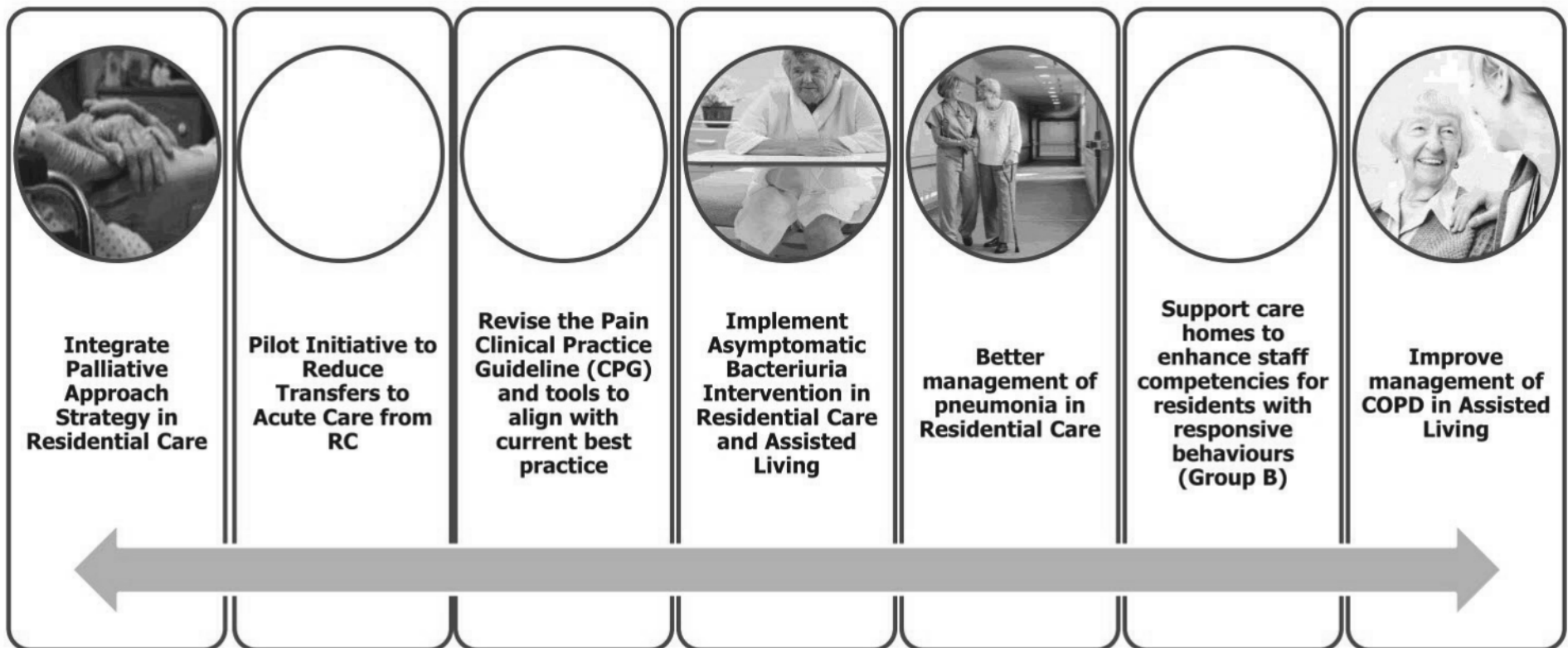
- Stressful
- Associated with risks
- Costly for the resident and the system



18/19 Residential Care & Assisted Living Goals



Clinical Quality: **Priority Initiatives**



Residential Care & Assisted Living Goals



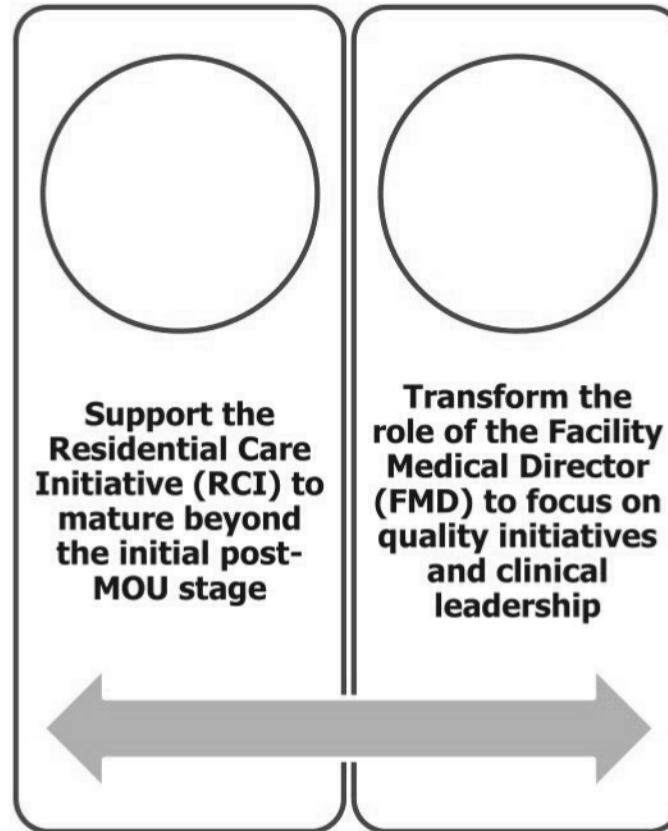
Clinical Quality: **Ongoing Implementation/Sustainment**



Residential Care & Assisted Living Goals



Physician Recruitment & Retention



Quarterly Site Quality Performance Dashboard



Draft – June 7, 2018

RCAL Network 18/19 Clinical Quality Goals – Indicator Matrix

Clinical Quality Initiatives	Clinical Quality Indicators									
	Residents with New Fracture	Residents who Fell in the Last 30 Days	Residents Using 9+ Medications	Residents with Urinary Tract Infections	Residents on Antipsychotics without a Diagnosis of Psychosis	Residents in Daily Physical Restraints	Unscheduled Transfers to Hospital per 100 Residents	Residents with Stage 2-4 Pressure Ulcers	Residents whose Behavioural Symptoms Worsened	Residents with Pain
Integrate Palliative Approach Strategy in Residential Care			✓				✓			✓
Pilot Initiative to Reduce Transfers to Acute Care							✓			
Revise Pain Clinical Practice Guideline (CPG) and tools to align with current best practice			✓				✓		✓	✓
Support care homes to enhance staff competencies for residents with responsive behaviours (Care Profile B)			✓		✓	✓	✓		✓	
Eliminate Polypharmacy in Residential Care	✓	✓	✓	✓	✓		✓		✓	
Implement Asymptomatic Bacteriuria Intervention in Residential Care and Assisted Living			✓	✓		✓	✓			✓
Better management of pneumonia in Residential Care							✓		✓	
Eliminate the use of inappropriate restraints in Residential Care	✓				✓	✓	✓		✓	✓
Improved management of COPD in Assisted Living							✓		✓	
SOS-Pressure Injury (Not current network goal)							✓	✓	✓	✓

June 7, 2018 DRAFT

*Further work will be done to differentiate between primary and secondary indicators for each initiative

From: [Tait, Jo-Ann \(Program Director\) \[PH\]](#)
To: [Stewart, Sharon A HLTH:EX](#)
Cc: [XT:Ackenhusen, Mary HLTH:IN](#); [XT:Yasmin Jetha HLTH:IN](#)
Subject: BC Care Provider's Letter re: From Residential Care to Hospital: An Emerging Pattern
Date: Saturday, August 25, 2018 10:17:45 AM
Attachments: [SET BN - ED Transfers - Response to OSA Report.doc](#)

Sent on behalf of Mary Ackenhusen, President and CEO, Vancouver Coastal Health

Good morning Sharon,

Please find the attached VCH Briefing Note that had been circulated internally in response to the first report that had been sent to me in April 2018 by my board member who was part of the research team for this report. There are a few issues that you will not find in the Briefing Note that I think are important as our Health Authority strives for care excellence, and takes reports, such as ones from the Office of the Seniors Advocate (OSA), seriously.

A few issues to note:

1. The report only presents provincial level data. As the CEO, I am interested in knowing how my health authority (HA) is performing, in comparison to the other health authorities and would have found this level of data incredibly helpful.
2. I understand that Jo-Ann Tait, our Regional Director for Residential Care had reached out to the OSA requesting HA data and was told "no, we don't have that level of data available at this time."
3. As well, in the absence of HA level data had requested the methodology and was given the response that it was not easily replicable, "The researcher employed a variety of sophisticated statistical analytics, including multi-variate analysis, descriptive modeling (Cox) analyses as examples."
4. Our VCH Decision Support Team completed an analysis to examine VCH's data (enclosed in the attached BN) and the data was presented to the (contracted care homes) Administrators along with our congratulations on a job well done in the reductions on ED visits from their (contracted) care homes.
5. It was a surprise to our Residential Care Program that the OSA report circulated a few weeks ago (July 2018) had been released to the public and I've been made aware that the contracted care homes are currently struggling with supporting the unnecessary concerns and worry that have arisen as a result from family members who have their loved ones in our (contracted) care homes.

Thank you for your e-mail, please let me know if you have any further questions.

Mary Ackenhusen
President and CEO
Vancouver Coastal Health
Tel: 604.875.4721

From: Stewart, Sharon A HLTH:EX [<mailto:Sharon.Stewart@gov.bc.ca>]
Sent: Friday, August 17, 2018 3:23 PM
To: [FHA] Marchbank, Michael; [IHA] Mazurkewich, Chris; [NHA] Ulrich, Cathy; Ackenhusen, Mary [CORP]; XT:MacNeil, Kathryn HLTH:IN
Cc: [FHA] Schroeder, Tracey; 'catherine.bruch@interiorhealth.ca'; [NHA] Chipman, Desa; Price, Winnie [CORP]; XT:James, Lisa HLTH:IN; Moulton, Holly HLTH:EX; [FHA] Sheppard, Irene; [FHA] Zetes-Zanatta, Lisa; [IHA] Anton, Gayle; [IHA] Kozak-Campbell, Cindy; Mohsenzadeh, Doreh; Tim Orr; Tait, Jo-Ann (Program Director) [PH]; Hopkins, Shannon [VC]; XT:Price, April HLTH:IN; Patterson, Ted HLTH:EX

Subject: BC Care Provider's Letter re: From Residential Care to Hospital: An Emerging Pattern

Good afternoon – I understand that the BC Care Providers have reached out to you wanting to raise concerns regarding the Office of the Seniors Advocate's latest report: From Residential Care to Hospital: An Emerging Pattern. Concerns were also raised by your program leads about this report, and other related issues, at today's Home and Community Care Committee meeting. The Deputy has asked that I reach out to you and your staff to collect any concerns that you may have. Once we have received your information the Ministry will coordinate a dialogue with both the OSA and the BCCPA on the matter.




Thanks

Sharon

Sharon Stewart
Executive Director
Primary and Community Care Policy Division
Phone: 250 952-1274
Cell: 250 216-9748
Email: Sharon.Stewart@gov.bc.ca

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SET
Briefing Note

TOPIC:	Residential Transfers to Acute Care – Analysis from the OSA Report
DATE:	1 June 2018
PURPOSE:	<input type="checkbox"/> DECISION <input checked="" type="checkbox"/> INFORMATION <input type="checkbox"/> DISCUSSION <input type="checkbox"/> SEEKING DIRECTION
ATTACHMENTS:	 OSA_RC_AcuteTransfers_v2.ppt
ADDITIONAL ATTACHMENTS (not mandatory/ time permitting reading)	 Residential Care Transfers to Acute Care  OSA Letter to CEO RC Transfers to Ac
PREPARED FOR:	Mary Ackenhuse, President and CEO Vancouver Coastal Health
PREPARED BY:	Jo-Ann Tait, Regional Program Director, Residential Care, Assisted Living and Supported Housing, VCH
VCH EXECUTIVE LEAD:	Yasmin Jetha, Vice President Vancouver Community, VCH

KEY POINTS:

- The Office of the Seniors Advocate (OSA) presented a report to Health Authority (HA) CEOs regarding Residential Care Transfers to Acute Care in April 2018. The findings in the report indicated that provincially: affiliate (contracted) homes had higher rates of resident transfers to Emergency Departments (ED); higher rates of admission from ED to inpatient acute; and longer lengths of stay in acute, compared to residents transferred from HA owned and operated (directly funded) care homes.
- The report did not provide HA level data. A request was made to the OSA to obtain this, along with the methodology, but the OSA advised it was not available at this time.
- VCH Decision Support conducted its own analysis for VCH (see attached Power Point), using its own data and methodology.
- Findings: Historically, some of the OSA's assertions were correct, however the magnitude of the variation between affiliate and owned and operated homes was not as large in VCH as described in the report. More notably, significant improvements have been made in the last two years, such that affiliate homes are now performing better on two of the three metrics identified in the report.
- Initiatives such as EPAIRS (Embedding a Palliative Approach in Residential Care), closer work with the Divisions of Family Practice, and expanded Nurse Practitioner and Wound Care Ostomy Continence Nurse services in residential care are contributing factors to the improvement.
- VCH will share the findings with the affiliate and owned and operated homes, monitor these metrics, and continue to identify opportunities to reduce (inappropriate) transfers from residential care to hospital.

Purpose:

To provide information about VCH Residential Care Transfers to Acute Care, in response to an April 2018 report from the Office of the Seniors Advocate (provincial-level findings only).

Situation:

- A letter from the Office of the Seniors Advocate (OSA) dated Apr. 5, 2018 was sent to the CEO of each B.C. Health Authority regarding an independent study on *Residential Care and Acute Care Hospital Transfers*
- The study was province-wide, with no Health Authority (HA)-specific level of detail or description of methodology provided

Background:

- The report looked at 3 specific metrics, and compared performance of affiliate (contracted) residential care (RC) homes to HA owned and operated homes.
- The key assertions were (compared to HA owned RC homes), seniors who live in contracted (affiliate) RC homes:
 1. Have a 32% higher rate of transfer to the emergency department (ED)
 2. Once at emergency, have a 35% higher rate of hospitalization
 3. Have a length of stay in hospital for their residents that is 27% longer

Analysis:

The following is a description of the VCH findings, in relation to each of the above assertions.

OSA Assertion #1: *Contracted RC homes had a 32% higher rate of transfer to the emergency department than HA owned and operated homes*

VCH Analysis and Findings:

- Between **FY2012/13 and FY2015/16**, VCH affiliated RC homes had on average an **18% higher** rate of transfer to ED (1.67 vs. 1.41 ED visits/1,000 RC bed days) than VCH/PHC owned and operated homes
- There has been a significant decrease in the rate of Transfers from RC to ED in affiliated RC homes. In fact, in **2017/18**, the affiliate rate was **13% lower** than the owned and operated RC homes.
- Year-over-year decreases in Transfers from RC to ED have been most evident in the affiliated RC homes in Coastal Urban and Vancouver, as well as the owned and operated RC homes in Coastal Urban.

OSA Assertion #2: *Contracted RC homes had a 35% higher rate of hospitalization than HA owned and operated homes*

VCH Analysis and Findings:

- Between **FY2012/13 and FY2015/16**, VCH affiliated RC homes had on average an **11% higher** rate of hospitalization (0.81 vs. 0.72 admissions via ED/1,000 RC bed days) than VCH/PHC owned and operated homes.
- Year-over-year, there has been a significant decrease in the rate of Acute Admissions via ED seen in affiliated RC homes; and in 2017/18 the rate was 22% lower than in the owned and operated RC homes.
- Year-over-year decreases in Acute Admissions via ED have been most evident in the affiliated RC homes in Coastal Urban and Vancouver, as well as the owned and operated RC homes in Coastal Urban.

OSA Assertion #3: *Contracted RC homes had a 27% longer length of stay in hospital than HA owned and operated homes*

VCH Analysis and Findings:

- VCH affiliated RC homes had on average a **15% longer** length of stay (11.1 vs. 9.6 days) than VCH/PHC owned and operated homes between **FY2012/13 and FY2015/16**.

- Acute ALOS values have not changed substantially over the past few years, however the reduction in the rate of Acute Admissions via ED by the affiliated RC homes implies a net reduction in Total Acute Days

Summary Analysis:

- VCH/PHC data confirms the general assertion by the OSA that from **2012/13 to 2015/16** the affiliated RC homes at VCH/PHC had higher average rates of ED/Acute utilization than the owned and operated RC homes. However, the historical discrepancy between the VCH/PHC affiliated and owned and operated RC homes for most ED/Acute measures is not as large as indicated in the overall provincial data cited by the OSA.
- Notably, in **2016/17 and 2017/18**, significant decreases have been seen in rates of ED/Acute utilization of the affiliated RC homes.
- Initiatives contributing to recent improvements include:
 - EPAIRS: Embedding Palliative Approach in Residential Services
 - Partnership with Divisions of Family Practice in education and research
 - Expansion of Nurse Practitioner coverage in residential care
 - Expansion of Wound Ostomy Continence Nurse services in residential care

Recommendation:

As noted, significant decreases have been seen in rates of ED/Acute utilization of the affiliated RC homes in Vancouver and Coastal Urban, especially in the two years since the scope of the report cited by the OSA (i.e. 2016/17 and 2017/18).

- It is recommended that the Residential Care Program continue to monitor and update these particular metrics annually
- Continue to identify initiatives that will support reduction for (inappropriate) RC transfers to ED
- That results of this analysis be shared with:
 - Senior Executive Team/Board Members
 - Divisions of Family Practice
 - Owned and Operated Homes and Affiliate Homes (e.g. at July Quarterly Administrators meeting)
 - VCH and PHC Communications

From: [Archibald, Karen HLTH:EX](#)
To: ["Orr, Timothy"; Stewart, Sharon A HLTH:EX](#)
Subject: RE: Emailing: Hospital Transfers 2018 vs 2017
Date: Friday, August 17, 2018 3:53:06 PM

Thanks Tim.

-----Original Message-----

From: Orr, Timothy [<mailto:Timothy.Orr@viha.ca>]
Sent: Friday, August 17, 2018 3:25 PM
To: Stewart, Sharon A HLTH:EX; Archibald, Karen HLTH:EX
Subject: FW: Emailing: Hospital Transfers 2018 vs 2017

Sharon, Karen:

Here is a document Dr Bailey, Res Care Medical Director pulled together for discussion with our clinical team, the physicians and divisions of family practice.

It demonstrates the contracted sites have a slightly higher rate of ED presentations than O&O, that there is significant variation between different communities and that overall there is improvement year over year.

tim

From: [Stewart, Sharon A HLTH:EX](#)
To: [Archibald, Karen HLTH:EX](#)
Subject: RE: Emailing: Hospital Transfers 2018 vs 2017
Date: Friday, August 17, 2018 3:56:58 PM

Yes. I expect that the emails will initially come to me

-----Original Message-----

From: Archibald, Karen HLTH:EX
Sent: Friday, August 17, 2018 3:54 PM
To: Stewart, Sharon A HLTH:EX
Subject: FW: Emailing: Hospital Transfers 2018 vs 2017

Sharon, would it be possible to have Deb's team take the lead on collecting and collating this information? We are drowning right now, and s.22

Thanks,
Karen

-----Original Message-----

From: Orr, Timothy [<mailto:Timothy.Orr@viha.ca>]
Sent: Friday, August 17, 2018 3:25 PM
To: Stewart, Sharon A HLTH:EX; Archibald, Karen HLTH:EX
Subject: FW: Emailing: Hospital Transfers 2018 vs 2017

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From: [Archibald, Karen HLTH:EX](#)
To: [Stewart, Sharon A HLTH:EX](#)
Subject: FW: Emailing: Hospital Transfers 2018 vs 2017
Date: Friday, August 17, 2018 3:53:59 PM
Attachments: [Hospital Transfers 2018 vs 2017.pdf](#)

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Thanks,
Karen

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From: Orr, Timothy [<mailto:Timothy.Orr@viha.ca>]
Sent: Friday, August 17, 2018 3:25 PM
To: Stewart, Sharon A HLTH:EX; Archibald, Karen HLTH:EX
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In comparing 2017-18 to 2016-17 Transfers

The total number of Emergency Department/Urgent Care Encounters

OVERALL were REDUCED by 6%

This number is the absolute number of ED/UC encounters from LTC sites

Affiliates Sites were down 8%

Owned and Operated Sites were unchanged

Geo 1 Sites were unchanged

Geo 2 Sites were down 5%

Geo 3 Sites were down 8%

Geo 4 Sites were down 7%

Hospital Act Sites were down 6%

CCALA Sites were down 6%

Alberni was **UP** 14%

Campbell River was down 3%

Comox Valley was down 3%

Cowichan Valley was down 10%

Nanaimo was down 8%

Oceanside was down 11%

Rural Communities were down 16%

Greater Victoria was down 6%

The total Inpatient Admissions via ED/UC

OVERALL were INCREASED by 4%

This represents the absolute number of admissions resulting from a transfer to the ED/UC

Affiliate Sites were increased by 2%

Owned and Operated Sites were increased by 7%

Geo 1 Sites were up 7%

Geo 2 Sites were up 7%

Geo 3 Sites were DOWN 11%

Geo 4 Sites were up 5%

Hospital Act Sites were DOWN 3%

CCALA Sites were UP 6%

Alberni was up 24%

Campbell River was up 3%

Comox Valley was up 2%

Cowichan Valley was DOWN 6%

Nanaimo was up 18%

Oceanside was DOWN 21%

Rural Communities were DOWN 35%

Greater Victoria was up 5%

**The total number of individual residents who were transferred (at least once)
Overall were DECREASED by 7%**

Affiliates Sites were down 7%

Owned and Operated Sites were down 6%

Geo 1 Sites were UP 3%

Geo 2 Sites were down 2%

Geo 3 Sites were down 13%

Geo 4 Sites were down 10%

Hospital Act Sites were down 11%

CCALA Sites were down 5%

Alberni was **UP** 21%
 Campbell River was down 1%
 Comox Valley was **UP** 6%
 Cowichan Valley was down 8%
 Nanaimo was down 4%
 Oceanside was down 11%
 Rural Communities were down 33%
 Greater Victoria was down 10%

Percentage of individuals resident in a LTC and visited the ED/UC at least once
23% of the LTC population were transferred to the ED/UC at least one

21% of the Owned and Operated population
 24% of the Affiliate population

Overall this represents a DECREASE of 10%

Affiliates Sites were down 13% to 24%
 Owned and Operated Sites were down 5% to 21%

Geo 1 Sites were down 16% to 19%
 Geo 2 Sites were down 9% to 27%
 Geo 3 Sites were down 14% to 20%
 Geo 4 Sites were down 8% to 23%

Hospital Act Sites were down 15% to 18%
 CCALA Sites were down 9% to 26%

Alberni was **UP** 10% to 37%
 Campbell River was down 6% to 31%
 Comox Valley was down 20% to 13%
 Cowichan Valley was down 10% to 24%
 Nanaimo was down 14% to 28%
 Oceanside was down 11% to 21%
 Rural Communities were down 33% to 20%
 Greater Victoria was down 9% to 22%

The percentage of individuals whose visit to the ED/UC resulted in an admission

42% of visits resulted in an admission

42% of visits from Owned and Operated Sites
 42% of visits from Affiliate Sites

Overall this represents an INCREASE of 10%

This could be an indicator of the appropriateness of a transfer

Affiliates Sites were up 12% to 42%
 Owned and Operated Sites were up 7% to 42%

Geo 1 Sites were up 7% to 42%
 Geo 2 Sites were up 13% to 40%
 Geo 3 Sites were **DOWN** 3% to 32%
 Geo 4 Sites were up 14% to 49%

Hospital Act Sites were up 4% to 42%
 CCALA Sites were up 13% to 42%

Alberni was up 9% to 30%
 Campbell River was up 6% to 42%
 Comox Valley was up 5% to 41%
 Cowichan Valley was up 4% to 36%
 Nanaimo was up **29% to 45%**
 Oceanside was **DOWN** 11% to 34%
 Rural Communities were **DOWN** 23% to 20%
 Greater Victoria was up 11% to 46%

From: [Archibald, Karen HLTH:EX](#)
To: [Stewart, Sharon A HLTH:EX](#)
Subject: RE: Emailing: Hospital Transfers 2018 vs 2017
Date: Friday, August 17, 2018 3:57:16 PM

OK, thanks. Much appreciated.

-----Original Message-----

From: Stewart, Sharon A HLTH:EX
Sent: Friday, August 17, 2018 3:57 PM
To: Archibald, Karen HLTH:EX
Subject: RE: Emailing: Hospital Transfers 2018 vs 2017

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Sent: Friday, August 17, 2018 3:54 PM
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From: Stewart, Sharon A HLTH:EX
To: XT:Marchbank, Michael HLTH:IN; XT:HLTH Mazurkewich, Chris; XT:Ulrich, Cathy HLTH:IN; XT:Ackenhusen, Mary HLTH:IN; XT:MacNeil, Kathryn HLTH:IN
Cc: XT:HLTH Schroeder, Tracey; "catherine.bruch@interiorhealth.ca"; XT:Chipman, Desa HLTH:IN; XT:HLTH Price, Winnie; XT:James, Lisa HLTH:IN; Moulton, Holly HLTH:EX; XT:HLTH Sheppard, Irene; Zetes-Zanatta, Lisa; XT:HLTH Anton, Gayle; "Kozak-Campbell, Cindy"; Mohsenzadeh, Doreh; Tim Orr; "Tait, Jo-Ann (Program Director) [PH]"; "Hopkins, Shannon [VC]"; XT:Price, April HLTH:IN; Patterson, Ted HLTH:EX
Subject: BC Care Provider's Letter re: From Residential Care to Hospital: An Emerging Pattern
Date: Friday, August 17, 2018 3:23:23 PM

Good afternoon – I understand that the BC Care Providers have reached out to you wanting to raise concerns regarding the Office of the Seniors Advocate's latest report: *From Residential Care to Hospital: An Emerging Pattern*. Concerns were also raised by your program leads about this report, and other related issues, at today's Home and Community Care Committee meeting. The Deputy has asked that I reach out to you and your staff to collect any concerns that you may have. Once we have received your information the Ministry will coordinate a dialogue with both the OSA and the BCCPA on the matter.

Thanks

Sharon

Sharon Stewart

Executive Director

Primary and Community Care Policy Division

Phone: 250 952-1274

Cell: 250 216-9748

Email: Sharon.Stewart @gov.bc.ca

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From: [Stewart, Sharon A HLTH:EX](#)
To: [XT:MacNeil, Kathryn HLTH:IN](#)
Cc: [XT:HLTH Peters, Norman](#); [Orr, Timothy](#); [XT:Bozoian, Ann GCPE:IN](#); [XT:James, Lisa HLTH:IN](#); [Salim, Lauren](#)
Subject: RE: BC Care Provider's Letter re: From Residential Care to Hospital: An Emerging Pattern
Date: Thursday, August 23, 2018 11:46:52 AM

Hi Kathy – thanks for this

Sharon

From: MacNeil, Kathryn (Kathy) [<mailto:Kathryn.Macneil@viha.ca>]
Sent: Thursday, August 23, 2018 11:12 AM
To: Stewart, Sharon A HLTH:EX
Cc: XT:HLTH Peters, Norman; Orr, Timothy; XT:Bozoian, Ann GCPE:IN; XT:James, Lisa HLTH:IN; Salim, Lauren
Subject: RE: BC Care Provider's Letter re: From Residential Care to Hospital: An Emerging Pattern
Hi Sharon

Thank you for the opportunity to provide input. From Island Health's perspective, we would offer the following:

- As we were not able to get Health Authority specific data, Island Health is not able to analyze and verify the conclusions made in the report. However, Island Health's own data would not support the conclusions made by the Office of the Seniors Advocate. Island Health is undertaking a similar review, which we expect to finalize in the fall.
- We also note that the appropriateness of the admission is not considered in the evaluation and makes general conclusions about the financial impact and potential bed savings that we cannot confirm.
- While Island Health may question the conclusions, the benefit of this report is to draw attention to the potential impact of seniors being transferred to the Emergency Department. We share the same concern that we want to avoid unnecessary transfers and provide appropriate care were the individual resides. However, this is not always possible and a transfer to higher levels of care may be appropriate.

Once again, thank you for the opportunity to provide input. Should you have any questions or require further information, please feel free to contact Norm Peters or Tim Orr.

Sincerely,

Kathy MacNeil

From: Stewart, Sharon A HLTH:EX [<mailto:Sharon.Stewart@gov.bc.ca>]
Sent: Friday, August 17, 2018 3:23 PM
To: XT:Marchbank, Michael HLTH:IN; XT:HLTH Mazurkewich, Chris; XT:Ulrich, Cathy HLTH:IN; XT:Ackenhusen, Mary HLTH:IN; MacNeil, Kathryn (Kathy)
Cc: XT:HLTH Schroeder, Tracey; 'catherine.bruch@interiorhealth.ca'; XT:Chipman, Desa HLTH:IN; XT:HLTH Price, Winnie; James, Lisa; Moulton, Holly HLTH:EX; XT:HLTH Sheppard, Irene; Zetes-Zanatta, Lisa; XT:HLTH Anton, Gayle; 'Kozak-Campbell, Cindy'; Mohsenzadeh, Doreh; Orr, Timothy; 'Tait, Jo-Ann (Program Director) [PH]'; 'Hopkins, Shannon [VC]'; XT:Price, April HLTH:IN; Patterson, Ted HLTH:EX
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