

Improving Seniors Care

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Learnings from these divisions and extensive consultation with other stakeholders helped establish five best practice expectations and three system-level outcomes for the provincial initiative.

5 BEST PRACTICE EXPECTATIONS



24/7 availability and on-site attendance when required



Proactive visits to residents



Meaningful medication reviews



Completed documentation



Attendance at case conferences

3 SYSTEM LEVEL OUTCOMES



Improved patient/provider experience



Reduced unnecessary or inappropriate hospital transfers



Reduced cost per patient

EARLY RESULTS:

In the first few years, the five prototype divisions achieved improvements in consistency of care, polypharmacy, proactive care, and transitions in care.

White Rock-South Surrey	60% ↓	drop in Emergency Department transfers
South Okanagan Similkameen	58% ↑	increase in proactive visits
Abbotsford	10% ↓	reduce polypharmacy
Prince George	24 / 365	on-call coverage for all local residential facilities
Chilliwack	25 physicians	caring for about 8 patients each at 7 facilities

Building on the significant learnings of the prototype communities, the GPSC — a joint partnership of the BC Government and Doctors of BC — expanded the initiative in 2015. The GPSC committed up to \$12m annually to expand the initiative to residential care patients in more than 90 communities across BC. As of July 2016, almost 68% of these communities have implemented a local solution.

Making strides in residential care

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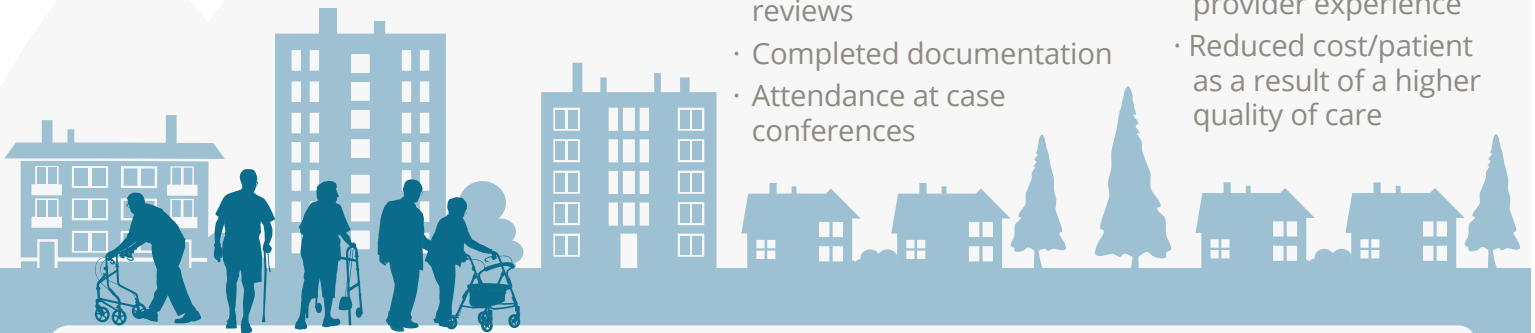
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System-Level Outcomes

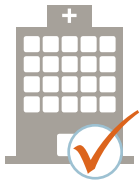

- Reduced unnecessary or inappropriate hospital transfers
- Improved patient/provider experience
- Reduced cost/patient as a result of a higher quality of care



The Abbotsford Division of Family Practice was fueled by desire to tackle residential care. With approved program funding, the division was provided the right opportunity to plan to support stronger residential care for seniors.

When developing their well-organized program, Abbotsford physicians set concrete goals. Since then, their program has been achieving positive trends in care for seniors.

EARLY RESULTS:

GOALS	SOLUTIONS	RESULTS
Reduce polypharmacy by 10%	Polypharmacy made a key focus of medication reviews	Reduced polypharmacy by 10%↓
Increase onsite patient care	Created a roster of Extended Residential Care Physicians interested in providing compensated residential care ----- Each doctor provides scheduled visit time at facilities and 24-hour phone support on visit days ----- Intramuscular antibiotics made available at facilities	Improved continuity of care and increased in-facility patient support 
Reduce Emergency Department transfers and acute care transfers due to falls by 10% each	Regularly scheduled visit by Extended Residential Care Physicians and 24-hour phone support increased onsite proactive and urgent care	 Decreased Emergency Department visits and acute care transfers

“For patients who would otherwise need to go to elsewhere for intravenous treatment, being able to offer an intramuscular option right in the care facility is much less taxing on them.”

—Dr Alf Chafe, Residential Care Medical Coordinator

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Working together to enhance residential care



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With its local residential care program, the Chilliwack Division of Family Practice focused on creating a solution that enabled facility staff to connect with a physician as early as possible when a patient needed medical attention.

The division focused its plan on clustering physicians. This meant that a small number of physicians would support most of the patients in particular care homes, rather than having many physicians with one or two patients in each facility.

EARLY RESULTS:

GOALS	SOLUTIONS	RESULTS
Concentrate physician visits: Each doctor sees more patients at fewer facilities	Collaborate with facilities to identify physicians with a passion for residential care ----- Invite those physicians to take on an increased presence at facilities	25 physicians each caring for about 8 patients at 7 facilities ----- Increased onsite presence, patient knowledge, proactive care and patient attachment ----- 80% of invited physicians accepted
Reduce Emergency Department transfers	Increase presence of doctors in facilities	↑ Increased in both reactive and proactive care at facilities ----- ↓  Decreased Emergency Department transfers
Reduce polypharmacy	Increased onsite presence of physicians ----- Greater focus on patients' medication mix	 Decreased polypharmacy rate

"Clustering isn't easy. The patient mix is always changing and physicians are used to caring for their own patients. Of course, when you only have one patient it's hard to justify leaving your busy practice, especially during the day. We worked hard to show people that clustering is in everyone's best interests."

—Dr Ralph Jones, Lead Physician and a Residential Care Coordinator

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Enabling consistent residential care

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Continuity of care is vital to maintaining the health of elderly people in residential care facilities. When doctors in Prince George set out to find solutions for the residential care challenges facing their community, they chose to address good communications and consistent care between health care providers.

EARLY RESULTS:

GOALS	SOLUTIONS	RESULTS
Increase physician presence in residential facilities and enhanced continuity of care	Provide 24/365 physician on-call support	 Decreased emergency transfers 50% – 60% of patients transferred have seen a physician at their facility first and required diagnostic care not available at a residential care home; this is an increase from 20% before the prototype period
	More frequent proactive physician visits Equip facilities with tools to make more care possible at facilities	
Reduced polypharmacy	Expand focus of in-patient call group to include coverage for care facilities	24/365 on-call coverage for all Prince George residential facilities
	Target funding to support weekend physician visits to change the culture and create a physician interest group Polypharmacy education and coached medication reviews	 Greater onsite physician presence Improved communications and relationships amongst physicians, families and facility staff  Increased physician in-person attendance at the bi-annual medication reviews Reduced polypharmacy

“The reality is, residential care is changing. In the past, residents typically lived in facilities for three to five years. Now, the average length of stay is less than a year. Folks are living longer and by the time they come to us, most have complex health conditions so the care they need is different. For most, residential care is palliative and it’s in the patient’s best interest to approach it that way.”

—Dr Ian Schokking, Residential Care Lead

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Working together to care for seniors

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Through funding from the GPSC's residential care initiative, the South Okanagan Similkameen Division of Family Practice built and put in a place a plan to enhance care for seniors in its local communities.

Over three years, the division made significant strides.

EARLY RESULTS:

GOALS	SOLUTIONS	RESULTS
Increase doctors' participation in annual care conferences where facility staff, doctors and patients/ families review patient health, medication and future care	Hold the conferences outside doctors' practice hours to make it easier for them to attend	<p>175% ↑  Increased doctors' participation in annual care conferences</p> <hr/> <p>Solid patient care plan finalized in 90% of cases</p>
Reduce patient transfers to the hospital Emergency Department	Extended the responsibility of the hospital's Doctor of the Day to include seeing patients in residential facilities who needed urgent care	<p>90% of care requests from facilities responded to within 4 hours </p> <hr/> <p>25% ↓  reduction in Emergency Department transfers</p>
Improve doctors' response time to facilities' care request	Situation-Background-Assessment-Recommendation (SBAR) form to provide doctors with all the information needed to make an informed care decision	<p>75% of care requests from facilities responded to within 4 hours</p> <hr/> <p>Dramatic streamlining of communication between doctors' offices and facilities.</p> <hr/> <p>SBAR form adopted for broad use by Interior Health Authority</p>
Increase doctors' presence at residential facilities	Compensate doctors for proactive visits to facility residents (more than twice in 6 months)	<p>58% ↑ increase in proactive visits </p>

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Enhancing residential care using a community-wide approach



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With the launch of its local residential care program in 2011, the White Rock-South Surrey Division of Family Practice developed a community-wide approach to facility-based medical support. The local solution focused on a coordinated system that enabled physicians to meet residential patients' needs and system-level outcomes. And, the early results have been impressive.

EARLY RESULTS:

GOALS	SOLUTIONS	RESULTS
Reduce patient transfers to the hospital Emergency Department	<p>Provided doctors with specialized medical education sessions for optimized residential care</p> <p>24/7 call group to respond to in-facility care needs</p> <p>Equipped facilities with tools such as suture kits to enable more in-facility treatment</p>	<p>60% ↓ </p> <p>drop in Emergency Department transfers by the second year</p>
Reduce polypharmacy	<p>Doctors' shared real-world learnings at education sessions</p> <p>More frequent medication review through increased in-facility visits</p>	<p> Polypharmacy decreased in some facilities and remained stable in those with lower initial rates</p>
Timely in-facility care for patients	<p>Local doctors formed a call group to provide in-facility care 24/7</p>	<p>Doctors are now available to provide as-needed care at facilities </p>

WHAT'S NEXT: White Rock-South Surrey physicians plan to further reduce polypharmacy, expand the prototype's reach by inviting the medical directors of the area's two private residential facilities to join the education sessions and call group, and build the initiative's sustainability by mentoring new physicians with an interest in frail elderly care.

"Working together to share knowledge and in-facility patient support has led to better continuity of care."

—Dr Steve Larigakis, Residential Care Physician Lead

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