




**SET  
 Briefing Note**

<b>TOPIC:</b>	Residential Transfers to Acute Care – Analysis from the OSA Report
<b>DATE:</b>	1 June 2018
<b>PURPOSE:</b>	<input type="checkbox"/> <b>DECISION</b> <span style="margin-left: 150px;"><input checked="" type="checkbox"/> <b>INFORMATION</b></span> <input type="checkbox"/> <b>DISCUSSION</b> <span style="margin-left: 150px;"><input type="checkbox"/> <b>SEEKING DIRECTION</b></span>
<b>ATTACHMENTS:</b>	 OSA_RC_AcuteTransfers_v2.ppt
<b>ADDITIONAL ATTACHMENTS (not mandatory/ time permitting reading)</b>	 Residential Care Transfers to Acute Care  OSA Letter to CEO RC Transfers to Ac
<b>PREPARED FOR:</b>	Mary Ackenhusen, President and CEO Vancouver Coastal Health

**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