

Population Health Global Summit

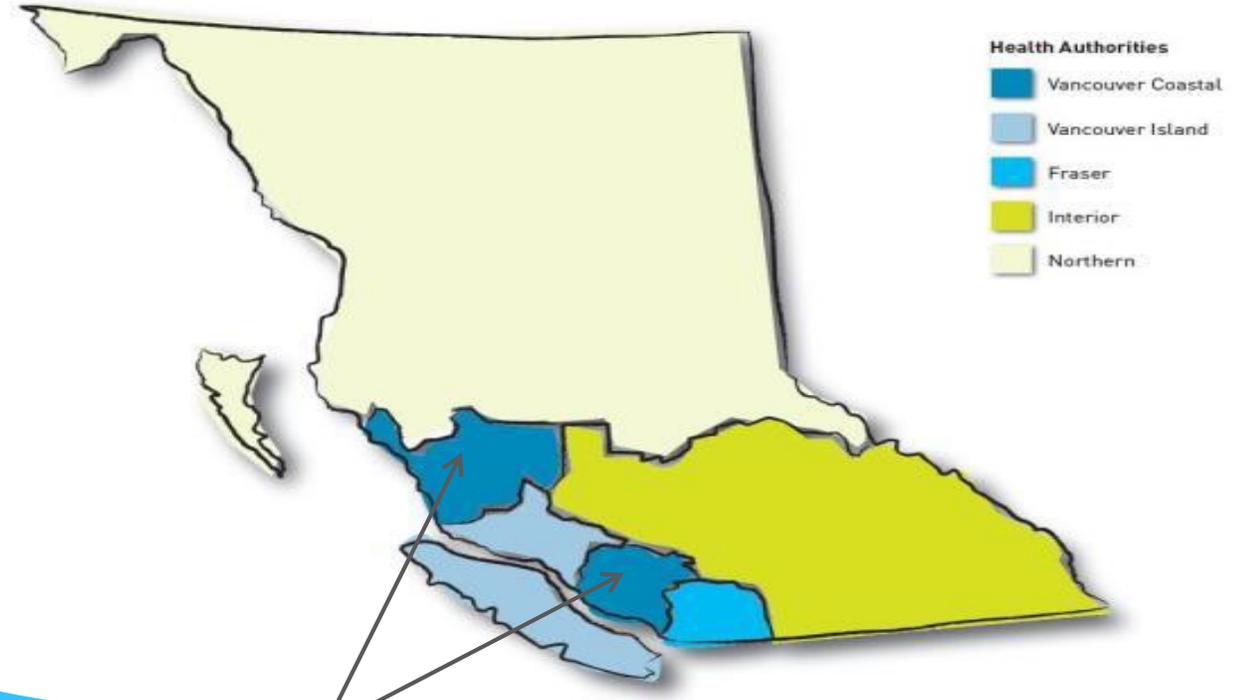
Technology Enabled Access to Care

Megan Stowe, RN, BScN, MScN (megan.stowe@vch.ca)

Executive Director, Virtual Health & Clinical Informatics

Vancouver Coastal Health Authority, British Columbia, Canada

Vancouver Coastal Health



Vancouver Coastal Health

Vancouver Coastal Health

Serving over
1.2 million
people



24% of BC's
population



Urban, rural and
remote communities
serving patients from the
full spectrum of socio-
economic and cultural
diverse backgrounds

Over **17,000**
dedicated staff
and physicians



\$3.8 billion

annually in
community,
hospital and
long term care
services



Highest funded UBC
affiliated research institute

\$103 million

in research funding
last year



Top 5

Foundation in Canada
in terms of dollars
raised with a mandate
of investing in health
system innovation



Interpreting and Translation Services

- Transforming Access

The Need for Change



20% of our patients have no english proficiency

Care impact

- 86% of staff **cannot** understand my preferences, values and needs
- 88% of staff **cannot** gather a full assessment and history from me
- 72% of staff were **unable** to create staff/patient relationship with me

Resulting in



A longer time in emergency



A longer hospital stay
(almost double)

Risks

- This puts us at a higher risk for functional decline 
- This puts us at a higher risk for hospital aquired infections 
- This puts us at a greater risk for falls



The Need



VCH makes about 35,000 requests to Provincial Language Service (PLS) annually



8% of those request are unfilled



Of the filled request there was 4221 inactive hours (total cost \$160,360)



Short notice cancellation (less than 1 business day) cost \$91,9887



This results in \$252,247 of waste (25% of overall costs)

A Transformational Solution – Virtual Interpreter (Just in time)



Connects patients/staff with a just-in-time professional medical interpreter



Medically trained professional interpreters available 24x7



Hundreds of languages in audio and quite a few top languages in video



Hands-free device includes a tablet and stand on wheels with sound amplifier

Virtual Interpreter is part of an overall approach for access to translation/interpretation



Machine Translation

- Daily activities
- Non-medical conversations (i.e. please sit up, are you thirsty, lunch time)



Virtual Interpreter

- Time sensitive, emergent situation and going without language support may pose more risk
- Mental Health
- Visual cues and facial expressions needed
- Deaf, hard of hearing
- Interpreter needed for part duration of the appointment such as surgery or tests
- Group education
- Interview
- Registration, pharmacy refill, triage, form completion
- Medical imaging / diagnostics



In-person Interpretation

- Patient in a serious or critical condition
- Emotional content, heavily medicated, intoxicated or in a lot of pain, trauma
- Dementia and Cognitive impairment
- Hands-on instructions
- Multiple patient, family and health care providers
- Deaf and blind

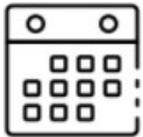
What difference did it make?



47% reduction
on average length of stay for low English proficiency inpatients (P=0.007)



69% reduction
on 7 day readmission rate (P=0.049)



No significant change
on 28 day readmission rate



27% reduction on time required for admission decision (patient arrival to admission decision) in the Emergency Department (A&E)

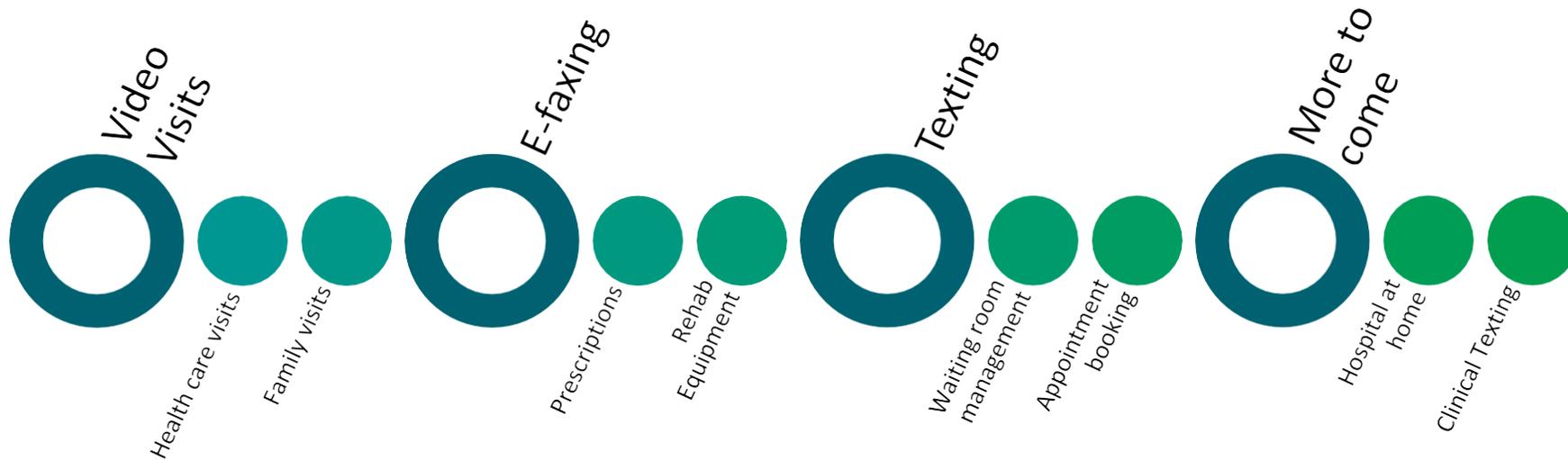
Virtual Health

- Accessing Care at a Distance

Virtual connections

At start of Pandemic, there was a need to move a number of services virtually to maintain the ability to provide care but minimize impacts of physical connections.

Virtual Health Foci:

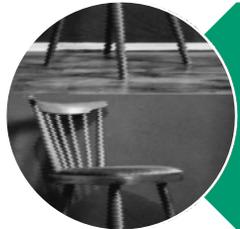


Virtual Connections



Host 4500-7000 visits virtually/week since March

- Physician consults
- Allied Health and Nursing visits
- Large group rehabilitation
- Long Term Care Virtual Choir
- ICU Rounds for with Family



Avoided close to six thousand waiting room waits since September

- ED waiting management
- Flu Vaccine Campaign
- Ambulatory waiting management



E-faxed nearly 17000 scripts since April

- Prescriptions
- Rehab Equipment requisitions

Virtual care and appropriateness

1

With COVID-19 we had a rapid transition to virtual health, it was **extreme** and we likely need to land somewhere between pre-COVID and post-COVID virtual health volumes to ensure that patients are getting the right care, in the right place, at the right time, with the right provider



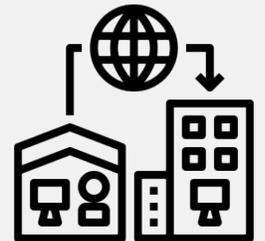
2

guidance but not be prescriptive as clinical judgment will always have role in deciding the modality of care.



3

The approach was to develop a number of ideas and meet with leaders, physicians and clinicians to see what would be a fit across all care settings and all types of clinicians



BC Quality Matrix Dimensions of Quality

| | Dimension of Quality | Trigger Questions | Yes/No/NA |
|------------------------|--|---|-----------|
| Individual Perspective | RESPECT Honouring a person's choices, needs and values | Does the client/patient want to have a virtual visit? | |
| | SAFETY Avoiding harm and fostering security | Can having a virtual visit minimize harm? | |
| | ACCESSIBILITY Ease with which health and wellness services are reached | Can having the virtual visit increase or maintain accessibility? | |
| | APPROPRIATENESS Care that is specific to a person's or community's context | Is a virtual visit an appropriate choice for this client or population? | |
| | EFFECTIVENESS Care that is known to achieve intended outcomes | Can effective care be provided by this virtual visit? | |
| System Perspective | EQUITY Fair distribution of services and benefits according to population need | Can the virtual visit support or maintain equity of care? | |
| | EFFICIENCY Optimal and sustainable use of resources to yield | Can the virtual visit introduce or maintain efficiency for either the client/patient or the provider (or both)? | |

<https://bcpsqc.ca/resource/bc-health-quality-matrix/>

Instructions: Answer the questions above— and if you answer NO for any questions, further exploration should take place to make sure a virtual visit is the right option.

What difference does Virtual visits make?



18.5 million dollars is saved annually by patients



28 day emergency department (A&E) utilization is reduced by 33% for Virtual visits
4% for virtual visits and 6% for in-person visits



Between 30%- 50% increase in education attendance

Thank you!