

**For Immediate Release**  
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**Contracted Residential Care Facilities Responsible for Substantially More Hospital Visits and More than Double the Rate of Deaths in Hospital when Compared to Publicly Operated Care Facilities**

**Victoria** – B.C Seniors Advocate, Isobel Mackenzie, today released a report that compared hospitalization rates for residents of contracted long term care facilities (both not- for- profits and private companies) with residents from publicly operated care facilities.

“After careful review of multi-year data, a consistent pattern emerges that shows a demonstrably greater use of the emergency department and hospital beds by residents from contracted long term care facilities versus residents from publicly run facilities and a stunning 54% greater likelihood that you will die in the hospital if you live in a contracted care facility versus a publicly operated facility,” stated Mackenzie.

The report draws on data from Canadian Institute for Health Information’s (CIHI) National Ambulatory Care Reporting System (NACRS) from 24 hospitals in BC linked to 212 residential care facilities and their interRAI MDS 2.0 data for emergency department transfers, and the Discharge Abstract Database (DAD) for all hospitals and facilities. The data demonstrate that, compared to care homes operated directly by the health authority, residents who live in a care home that is operated by a contracted provider are:

- **32% more likely** to be sent to the emergency department
- **34% more likely** to be hospitalized
- their length of stay in hospital is **32% longer**
- their chance of not returning to the care home converting to an alternative level of care (ALC) patient is **47% higher**
- **54% more likely** to die in the hospital

The Seniors Advocate advances the case that the numbers in the report require attention and raise a number of questions that need to be answered. “At every turn whether it is the decision to call the ambulance, the decision to admit the resident as in-patient, the decision on when or if to discharge the resident back to the care facility we see the contracted care facilities persistently failing relative to the health authority operated facilities,” continued Mackenzie.

The report highlights a financial impact of \$16 million saved annually, if contracted facilities were able to match the performance of the public facilities and it would also create an additional 15,481 bed days for an already congested system. However, perhaps most importantly to the Seniors Advocate it would reduce the risk of hospital acquired infections or delirium, which combine to affect an estimated 50% of frail elderly patients. “Hospitals are not the best place for the frail elderly. Issues related to deconditioning and the anxiety of unfamiliar places and interrupted routines can have a significant impact on the health and well- being of the frail elderly population. We also know that most people want to die at home and for many of our frail and elderly seniors, “home” is the residential care facility. With a rate more than double the public facilities we really need to ask why contracted care facilities are seeing their residents die in the hospital,” said Mackenzie, who commenced the study in response to findings from working shifts in six hospitals throughout B.C.

The report highlights that contracted facilities care for less frail and complex residents than public facilities yet they send more residents to the hospital. The report adjusted for resident complexity as well as funded hours of care and the same pattern held, higher hospitalization for residents of private care homes and much higher rates of death in the hospital.

"We looked at the obvious reasons you might see this pattern, such as the residents are sicker or there is less funded care staff, however neither of those variables explained the results. This means we need to look at other issues related to the experience and continuity of the staff and the financial incentives for contracted care home operators," stated Mackenzie

Private care facilities, on average pay lower wages than public facilities. Only 54 out of 184 private care facilities pay the top wages and benefits of the master collective agreement. The report highlights that lower wages could result in less experienced staff and/or more staff turnover as care aides will leave for a position in a facility paying higher wages. These factors could contribute to staff who are less confident in their practice and more likely to send a resident to the hospital. Constantly changing staff could also be problematic as continuity of care in nursing homes is proven to link with better health outcomes including lower rates of hospitalization.

The report poses a number of questions related to the lack of consistent data and information from private care facilities related to staffing. "We currently have no provincial data on staff turnover in contracted facilities. In public facilities where the wages and benefits are both consistent and better there is a low staff turnover as supported by data from the Health Employers of BC, we cannot currently compare this with private facilities.

"We do not know the level of clinical support offered to care staff in private facilities, the mix of RN and LPN, the use of Allied Health professionals, the practice for sick and vacation relief, the use of casual versus regular staff, the age and experience of the care staff are all variables that may be affecting the performance of the private residential care facilities and despite the fact they are funded by the Health Authorities, we are not consistently and systematically collected this information," continued Mackenzie.

The report also questions whether the contractual nature of the relationship between health authorities and the care home are appropriate. The report highlights that most contracted operators receive the same amount of money whether the resident is in the facility or the hospital and that facilities are funded to pay higher wages than they are actually paying.

The report calls upon the Ministry of Health to work with the Health Authorities to get more information and data to answer the many questions raised in the report.