



**VCH Riverview Redesign**

**Access Tracking Project**

**Report**

**September 2007**

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## **Executive Summary**

The Vancouver Coastal Health (VCH) Riverview Redesign Access Tracking Project was established to provide ongoing follow-up information on clients who have been discharged from Riverview Hospital (RVH) to VCH under the Access Project.

In addition to providing ongoing treatment to the clients, care providers for the clients in VCH are providing follow-up information on clients every six months.

The Access Project clients were discharged from RVH to VCH between July 2002 and March 2004. The Access Tracking Project has been reporting regularly on client outcomes since June 2004. This report provides outcome information for clients who have now been in the community for a range of 24 to 54 months and includes data collected to May 31, 2007.

### **Client Description**

Sixty clients in total were discharged from RVH to VCH under the Access Project. Forty-one clients were discharged to Vancouver, 10 clients were discharged to Richmond and nine clients went to the North Shore.

Of the 60 clients discharged to VCH, 34 are men and 26 are women. At the time they came to VCH, the clients ranged in age from 20 to 71 years, with an average age of 45 years. The majority of the clients had a DSM-IV Axis 1 Diagnosis of schizophrenia.

Before being transferred to VCH, the 60 Access Project clients had a total of 141 admissions to Riverview Hospital, with an average of 2.3 admissions per client. The average length of stay per admission was 1.6 years, with a range from one day to 16.4 years.

### **Client Outcomes**

#### ***Information Provided by Care Providers***

Of the 60 clients that went to VCH, at the time of this report 56 remained (one is deceased, one is in RVH, one is receiving treatment in the Fraser Health Authority and one is receiving treatment in the Interior Health Authority). Outcome information on these 56 clients shows:

- 96% of care providers felt that their client's living arrangements were appropriate
- 93% of clients' mental status had remained unchanged or improved since transfer
- 82% of clients' physical health had reportedly remained the same or improved
- 95% of care providers felt that all of their client's essential needs were being met
- 59% of care providers reported that their client had a rehabilitation plan developed and that it was being followed, 7% reported that the plan had been developed, but it had not been implemented yet and 34% reported that no plan had been developed as yet
- 88% of the clients required the same or less time than care providers' other clients
- 91% of clients had no effect or only a slight effect on other clients in the facilities where they live
- 87% of clients were moderately or significantly satisfied with their placements
- 69% of family members that were involved in their relative's treatment reported being moderately or significantly satisfied

These findings are generally consistent with all previous Access Tracking Project reports.

### ***Service Utilization***

- Twenty-six case managers from 9 mental health teams provided services for 51 clients. Private psychiatrists provided services for 3 clients, while one client received services from a general practitioner, and one client received care from a Semi-Independent Living (SIL) Outreach Worker.
- Since leaving RVH, 36 clients had 93 admissions/visits to either hospitals or emergency services, totaling 5,180 days
- In the past six months, 34 clients have at some point used 18 services in the community (eg. Kettle Programs, Community Link and Coast Programs)

### ***Client Moves***

- Since leaving RVH, there were a total of 48 moves by 30 clients within VCH
- Two clients are living outside of VCH. One is living in Fraser Health Authority and another is living in the Interior Health Authority. Both clients are connected to Mental Health services.

### **Conclusion**

This report and the previous Access Tracking Project reports have indicated that, according to care providers, the large majority of clients who came to VCH from RVH as a part of the Access Project have been doing well.

Follow up will continue for these 59 clients to determine how they are managing over time.

## **VCH Riverview Redesign - Access Tracking Project September 2007 Report**

### **(A) INTRODUCTION**

The Vancouver Coastal Health (VCH) Riverview Redesign Access Tracking Project was established to provide ongoing follow-up information on clients who have been discharged from Riverview Hospital (RVH) to VCH under the Access Project. (Other patients are discharged from Riverview Hospital to VCH on a regular basis, but are not included in this report, as they were not discharged as a part of the Access Project).

In addition to providing ongoing treatment to the clients, care providers for the clients (mostly case managers from mental health teams) in VCH are providing follow-up information on clients every six months.

The Access Project clients were discharged from RVH to VCH between July 2002 and March 2004. The Access Tracking Project has been producing reports regularly on client outcomes since June 2004. This report provides outcome information for clients who have now been in the community for a range of 24 to 54 months and includes data collected to May 31, 2007.

### **(B) CLIENT DESCRIPTION**

#### ***Number of Clients Transferred to VCH***

Sixty clients in total were discharged from RVH to VCH under the Access Project. Forty-one clients were discharged to Vancouver, 10 clients were discharged to Richmond, and nine clients went to the North Shore.

#### ***Gender***

Of the 60 clients discharged to VCH, 34 are men and 26 are women.

#### ***Age***

At the time they came to VCH, the clients ranged in age from 20 to 71 years, with an average age of 45 years.

## Diagnosis

The majority of the clients had an Axis 1 Diagnosis of schizophrenia. Table 1 details the diagnoses for the 60 Access Project clients.

Table 1. Axis 1 Diagnosis of Clients at Transfer	
Diagnosis	Number of Clients
Schizophrenia, Paranoid Type	21
Schizophrenia, Undifferentiated	19
Schizoaffective Disorder	15
Psychosis, Not Otherwise Specified	1
Schizophrenia, Catatonic Features	1
Bipolar Affective Disorder	1
Major Depressive Disorder with Psychotic Features	1
Organic Brain Syndrome; Psychotic Mood Disorder	1
Delusional Disorder	1
<b>TOTAL</b>	<b>60</b>

### Admissions to Riverview Hospital Pre-Transfer to VCH

Before being transferred to VCH under the Access Project, the 60 clients had a total of 141 admissions to Riverview Hospital, an average of 2.3 admissions per client, with a range from one admission to 10 admissions. Ninety percent of the Access Project clients had three RVH admissions or less pre-transfer.

The average length of stay per admission was 1.6 years, with a range of one day to 16.4 years.

## (C) CLIENT OUTCOMES

### This Report

Of the 60 clients transferred from RVH to VCH under the Access Project, 56 currently remain. Two clients are currently residing in other health authorities in British Columbia. (Both clients are connected to mental health services.) One client is currently in Riverview Hospital and one client is deceased. Therefore, this report will include detailed outcome information on 56 of the 60 clients discharged to VCH, as of May 31, 2007.

## Length of Time in Community

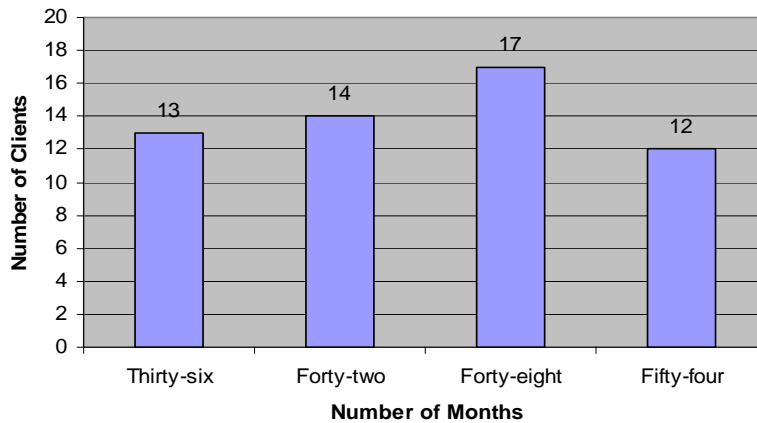


Figure 1. Length of Time Client Was in Community At Reporting Time

Under the Access Project, clients were discharged from Riverview Hospital to VCH over a period of approximately two years. This report includes outcomes for clients, who have now been living in the community for a range of 24 to 54 months, as shown in Figure 1.

## Housing Arrangements

At transfer from RVH, over half of the clients went to licensed care facilities, as shown in Table 2. Ten of the 60 clients were placed in Super Supported Independent Living (SSIL) apartments and another ten to Enhanced Supported Apartments (ESA).

Table 2. Housing Arrangements											
Health Service Delivery Area	Type of Housing										TOTAL
	Licensed Care		Supported Housing							Private Residence	
	Licensed Care Facility (LCF)	Continuing Care	Enhanced Supported Apartment	Super Supported Independent Living (SSIL)	Assisted Living	24 Hour Staffed Hotel (Not LCF)	Unlicensed Group Home	Supported Independent Living (SIL)	Shared Townhouse with supervision		
<b>HOUSING ARRANGEMENTS AT TRANSFER:</b>											
Vancouver	13	2	10	10	2	1	1	1	0	1	<b>41</b>
Richmond	10	0	0	0	0	0	0	0	0	0	<b>10</b>
North Shore	7	1	0	0	0	0	0	0	0	1	<b>9</b>
<b>TOTAL</b>	<b>30</b>	<b>3</b>	<b>10</b>	<b>10</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>2</b>	<b>60</b>
<b>HOUSING ARRANGEMENTS AT REPORT (MAY 31, 2007):</b>											
Vancouver	12	5	13	3	0	0	0	4	0	1	<b>38</b>
Richmond	3	0	0	3	0	0	0	0	4	0	<b>10</b>
North Shore	6	1	0	0	0	0	0	0	0	0	<b>7</b>
<b>TOTAL</b>	<b>21</b>	<b>6</b>	<b>13</b>	<b>6</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4</b>	<b>4</b>	<b>1</b>	<b>55<sup>1</sup></b>

<sup>1</sup> At the time of the report, one client's previously stable housing arrangement had deteriorated to the point of eviction due to his drug use and drug-related behaviours. He has spent time in various settings such as an emergency shelter, an apartment, a hotel, as well as periods of homelessness. The Mental Health Team and Act/Bridging worked closely with the client to find suitable housing. Past the timeframe covered in this report, the client was later admitted to Riverview Hospital.

As of May 31, 2007, housing arrangements included 21 clients living in licensed care facilities, 13 clients were in Enhanced Supported Apartments, and 6 clients were living in Super SILs.

### Client Information Provided by Care Providers

Care providers were asked a series of questions regarding the outcomes for their clients after transfer from Riverview Hospital. (For care provider comments on client outcome questions, please see Appendix A.)

#### *Appropriateness of the Placement*

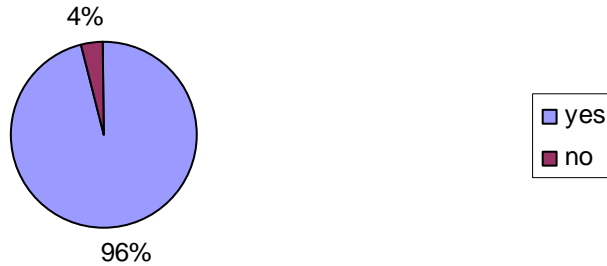


Figure 2. Is the place where the client is living appropriate?

Figure 2 shows that 96% of care providers felt that their client's living arrangements were appropriate.

#### *Mental and Physical Health*

Care providers were also asked about the status of their clients' mental and physical health. As Figure 3 indicates, 93% of clients' mental status had remained unchanged or improved since transfer.

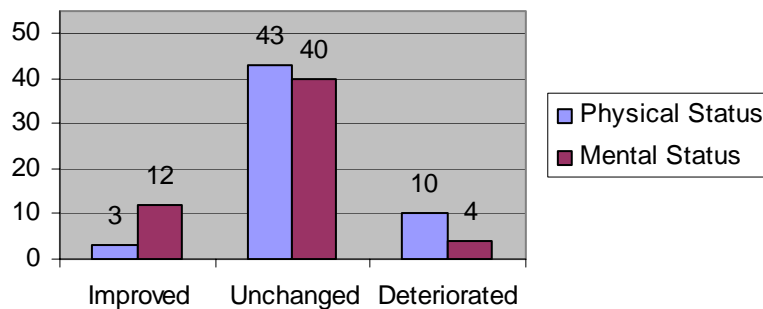


Figure 3. Have there been any changes in clients' mental or physical health?

Care providers reported that four clients, or 7%, had a deteriorated mental status since discharge. Similarly, 82% of clients' physical health had reportedly remained the same or improved since transfer, while ten clients or 18% have experienced some deterioration in their physical health.

### Essential Needs

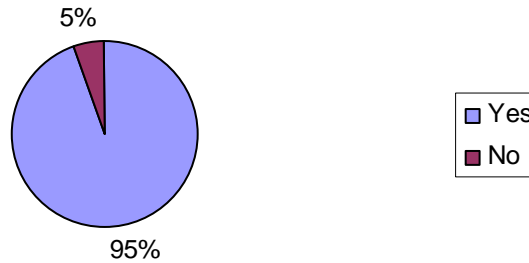


Figure 4. Are all of the client's essential needs being met?

Figure 4 shows the care providers' responses to the question "Are all of the client's essential needs being met?" Ninety-five percent of care providers felt that all of their client's essential needs were being met. Four percent felt that they were not.

### Rehabilitation Plan

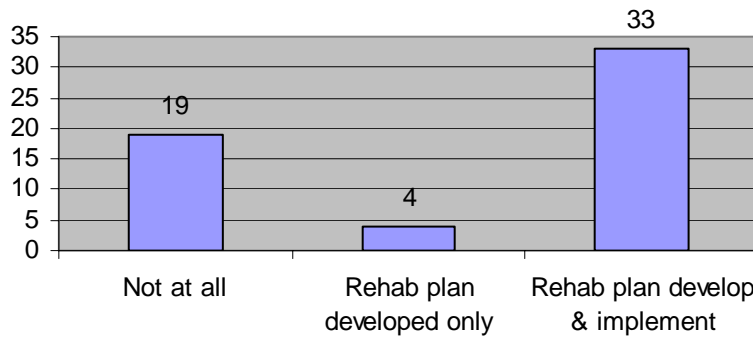


Figure 5. Does the client have a comprehensive rehab plan that is being followed?

When asked if their clients had a comprehensive rehabilitation plan in place that is being followed, care providers for 33 clients, or 59%, reported that they had a rehabilitation plan developed and that it was being followed. Seven percent reported that the plan had been developed, but it had not been implemented yet and 34% reported that no plan had been developed, as shown in Figure 5. (Reasons for no rehabilitation plan being developed are articulated by care providers in the Appendix, pg.12.)

## Staff Time

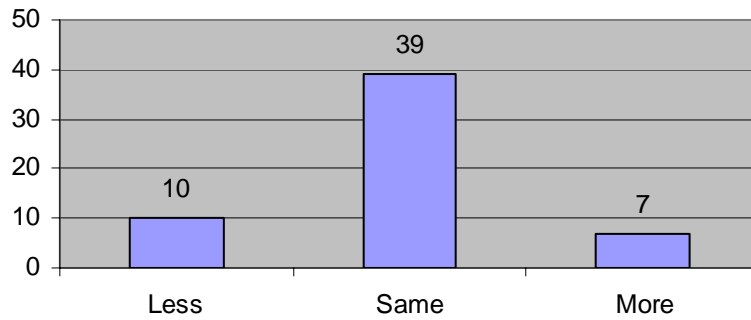


Figure 6. Does the client require the same, more or less of your time than other clients?

Care providers were asked about the amount of their time that these clients required. As Figure 6 indicates, 88% of the clients required the same or less time that their other clients and 12%, or 7 people, required more of their time.

## Impact on Other Clients

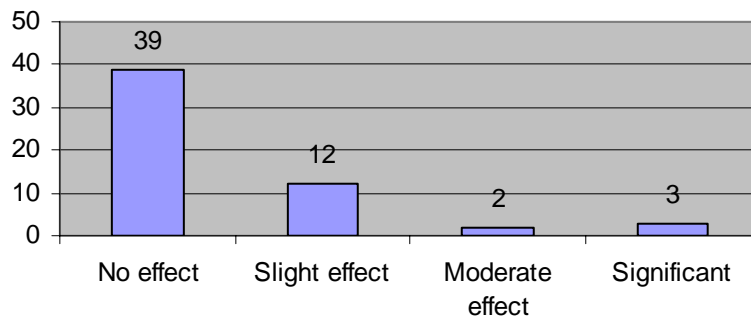


Figure 7. Has there been a negative impact on other clients?

When asked if the client had any negative impact on other clients, care providers reported that 91% of clients had no effect or only a slight effect, 4% reported a moderate effect, and 5% reported a significant effect (Figure 7).

## Client and Family Satisfaction

Care providers asked clients if they are satisfied with their placements. Figure 8 shows that 49 clients were moderately or significantly satisfied, 6 clients were only slightly satisfied and 1 client was not at all satisfied with their placements.

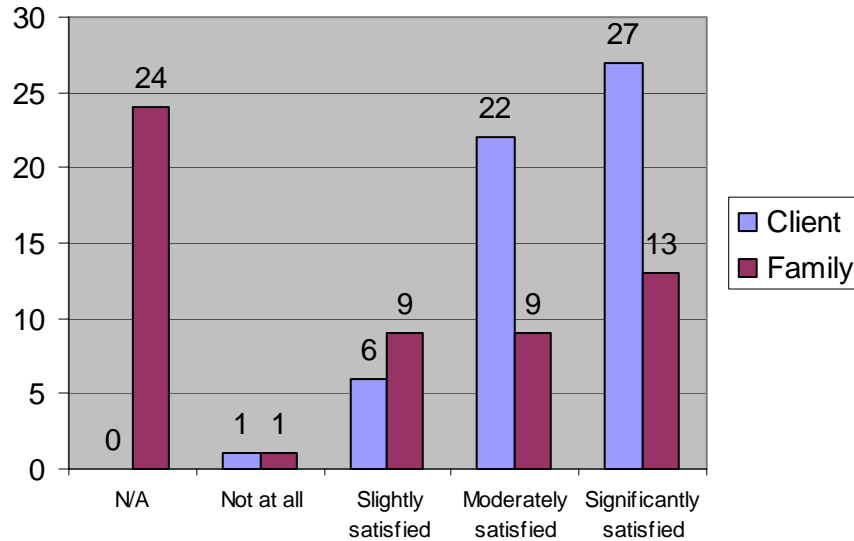


Figure 8. Are the client and their family (if involved) satisfied with this placement?

Of the 32 family members that were involved in their relative's treatment, 13 reported being significantly satisfied, nine reported being moderately satisfied, 9 reported being slightly satisfied, and one was not at all satisfied with their relative's placement.

## Service Utilization

### Service Providers

Thirty case managers from nine mental health teams provided services for 56 clients. Three clients received care from a SIL Outreach Worker and one client received services from a general practitioner (Table 3).

<b>Table 3. Types of Service Providers</b>			
<b>Type of Service</b>	<b>Service Providers</b>	<b>Number of Clients</b>	<b>Number of Case Managers</b>
<b>Mental Health Team</b>	Grandview-Woodlands MH Team	20	6
	Kitsilano-Fairview MH Team	6	5
	Richmond MH Team	7	4
	Midtown MH Team	5	4
	Strathcona MH Team	3	3
	North Shore Community Psychiatric Services	7	2
	Northeast MH Team	2	2
	South MH Team	1	1
	West Side MH Team	1	1
<b>Other</b>	SIL Outreach Worker	3	1
	Physician	1	1
<b>Total</b>		<b>56</b>	<b>30</b>

***Hospital or Emergent Service Use***

Care providers were asked to keep track of their clients' hospitalizations or emergency service use. These data represent hospitalizations since the patients' discharge from RVH under the Access Project, according to care providers. Since discharge from RVH, care providers reported that 36 people had 93 admissions/visits to either hospitals or emergency services, totaling 5,180 days (Table 4).

<b>Table 4. Hospital or Emergent Service Use - Overall</b>		
<b>Hospital or Emergent Service</b>	<b>Number of Admissions</b>	<b>LOS (Days) to May 31, 2006</b>
Riverview Hospital (RVH)	16	2,796 <sup>2</sup>
Vancouver General Hospital (VGH)	33	1,012
Forensic Psychiatric Hospital (FPH)	1	705
University of British Columbia Hospital (UBCH)	11	287
Lion's Gate Hospital (LGH)	6	160
Richmond General Hospital (RGH)	5	73
St. Paul's Hospital	4	71
Venture	6	66
Mt. St. Joseph's Hospital	5	10
Mental Health Emergency Service (MHES)	6	Emergency Only
<b>Total</b>	<b>93</b>	<b>5,180</b>

Most clients were admitted to hospital due to psychotic decompensation, in some cases related to noncompliance with medications. A few clients were admitted to hospital for medical reasons.

<sup>2</sup> One client is currently in Riverview Hospital.

## Community Service Use

Care providers were asked to report on their client's use of community services. Table 5 describes the type and name of service used and the number of clients who have used it.

Over the time period covered by this report, 34 clients have used 18 services. The top three services used by clients are Kettle Programs, Community Link, and Coast Programs.

<b>Table 5. Type &amp; Name of Services Used</b>		
<b>Type of Service</b>	<b>Name of Service</b>	<b>Frequency</b>
Specialized Mental Health Services	Community Link	10
	ACT/Bridging	3
	MHRS	3
	Grandview-Woodlands Mental Health Internal Community Support	2
	Homemaking Services	1
	Richmond Mental Health Team Craft Group	1
	Gastown Vocational	1
	Kettle Medication Administration	1
Funded Agencies	Kettle Programs	14
	Coast Programs	8
	Pathways Clubhouse	6
	Clubhouse Richmond	4
	Kettle SSIL Outreach	2
Other Community Services	Britannia Community Centre	3
	Canadian Mental Health Association	2
	Hastings Education Centre	1
	Oak Tree Clinic	1
	Vancouver Volunteer Bureau	1
<b>Total Frequency of Services Used</b>		<b>64</b>

## Client Moves

This information includes all of the client moves that have taken place since the clients' discharge from Riverview Hospital.

### *Client Moves Within Vancouver Coastal Health*

There were a total of 48 moves by 30 clients. Some of the reasons for these moves are highlighted below.

- Client was evicted and / or asked to leave due to drug use or behavior
- Client required greater program needs and more support
- Client moved due of redesign mandate of current housing facility
- Client required Chinese language support
- Client requested move due to difficulty in housing situation / other client relationships
- Client moved from triage or temporary shelter
- Client returned to live with spouse

**Client Moves Outside of Vancouver Coastal Health**

One client is currently living in Fraser Health Authority and receiving treatment by one of their Mental Health Teams.

A second client was discharged from Riverview Hospital in December of 2005 and is currently receiving treatment at South Hills, a mental health Tertiary care facility in the Interior Health Authority.

**Overall Snapshot of Current Client Location**

As Table 6 delineates, 56 of the 60 Access clients remain in VCH. One client is deceased, one has returned to Riverview Hospital, one is receiving care from the Interior Health Authority, and one is receiving care in the Fraser Health Authority.

<b>Table 6. Overall Client Outcomes</b>	
<b>Outcome</b>	<b>Number of Clients</b>
Remain in VCH	56
Riverview Hospital	1
Fraser Health Authority	1
Interior Health Authority	1
Deceased	1
<b>TOTAL</b>	<b>60</b>

**(D) CONCLUSION**

This report and the previous Access Tracking Project reports have indicated that, according to care providers, the large majority of clients who came to VCH as a part of the Access Project have been doing well. The care providers reported that these living arrangements are appropriate for the majority of the clients. Clients' mental and physical health generally has remained unchanged or has improved. The majority of clients and family members (who are involved) are satisfied with the placements.

Follow up will continue for these 59 clients to determine how they are managing over time.

# Appendix

## Appendix A: Care Provider Comments on Client Outcome Questions

### **Appropriate Placement**

Most care provider comments reflected positive aspects of clients' placement. Some examples are given below:

- Current housing suits clients needs
- Client attends pharmacy twice daily for oral medication
- Medication program keeps client compliant
- Client has 24 hour supervision to ensure social limits
- Client is comfortable and engaged as much as possible

### **Health Status**

#### ***Mental Health***

Some reasons care providers reported for client mental health improvement included:

- Improvement due to involvement of SIL worker
- Client is stabilized on medication
- Client has started volunteer work
- Client has significantly improved due to change to risperidal
- Current housing conditions have stabilized client
- Slight improvement on clozapine

The following comments indicate the care providers' reports of mental health deterioration:

- Client becomes delusional when taking drugs
- Not compliant with medication
- Slight decrease in clozapine resulted in client becoming delusional
- Client does not take care of physiological health
- At times deteriorates quickly (depression)

#### ***Physical Health***

Some improvements in physical health were noted by care provides and included:

- Client sees GP for medical needs
- Client is in good health
- Clients looks healthy
- Client's back pain has improved

In contrast, some care providers noted deterioration in the client's physical health:

- Client COPD has deteriorated
- Client had major abdominal surgery
- Client continues to gain weight causing back pain
- Client has severe exema
- Client at times becomes dehydrated
- Problems with client's diabetes

### **Essential Needs**

Care providers reported on the following examples that described how essential needs were met:

- Client's current housing fits her needs
- Medication program keeps client stable

For some clients, care providers reported that essential needs were not being met for the following reasons:

- Housing needs are not being met
- Some medical needs not being met

### **Rehabilitation**

Care providers included the following positive comments about rehabilitation plans:

- Client is working with Coast Foundation street maintenance program
- Client involved with Coast Foundation drop-in
- Client volunteering at tattoo parlor
- Client is involved in activity suitable to his disorder
- Client has paid part-time employment
- Client attends seniors' stomp and has PSW
- Client is pursuing musical interests

Care providers included the following reasons that rehabilitation plans were not in place or not followed:

- Client refuses
- Client is not interested
- Client is not willing outside of in-house programs
- Does not want to engage in rehab program

### **Client Provider and Staff Time**

The following are some reasons that clients required more staff time:

- Client is in transition and needs more staff assistance
- Client requires more support
- Client requires more ACT-BRIDGING support
- Requires more time when decompensated

Reasons that clients required less staff time:

- Has support of SIL worker
- Client is very independent
- Client is managed well at group home
- Client is stable and requires less time
- Client has good supportive environment

### **Client Impact on Others**

The following are comments related to a client's negative impact on others reported by care providers:

- Client sometimes verbally abuses other housemates
- Client sometimes temperamental with other group home members
- Client may have encouraged recreational drug use in others
- Poor personal hygiene

- Some conflict with other housemates

### **Client Satisfaction**

The following comments reflect clients' satisfaction as reported by care providers:

- Client enjoys living in current apartment
- At times has negative delusions
- Satisfied but would like own room
- Client reports being very satisfied
- Client is excited about current living arrangements
- Yes, but would prefer to live with family
- Satisfied but wants to move to Riverview

The reason for clients' lack of satisfaction were:

- Client roommate is causing problems
- Client is ambivalent

### **Family Satisfaction**

Some reasons for clients' families' satisfaction with their relatives placement are:

- Family does not want client to move as they are very satisfied with placement
- Mother is extremely satisfied with current living arrangements

### **General Comments**

The following are additional comments provided by the care provider about the client:

- Client enjoys apartment but needs enhanced quality of life
- Previous case manager believes client has not returned to baseline of 4 years ago
- Client doing well with current level of service
- Client is isolated and not trusting of staff
- Client has some transition issues but they are mild
- Current living environment and roommate are supporting client's stability
- Client taken off extended leave by review panel
- Client is receiving appropriate care