RCI

Let's talk about data ;-)

Sylvain Turgeon
RCI Project Manager

Kootenay Boundary
Division of Family Practice
A GPSC initiative

GPSC
General Practice Services Committee

Interior Health
Every person matters

RAI (CIHI) Data

RAI?

- Resident Assessment Instrument (the database)

CIHI?

- Canadian Institute for Health Information (the organization maintaining the database)

It's accessible?

- Yes! (But get some help to mine it, if you can)

- https://divisionsbc.ca/provincial/RCIwebinars

RAI (CIHI) Data

How we got it

- The HA provides it to us, based on a request made about 18 months ago.

- HA's staff extract the data and provides it to our QI Coordinator, who rolls with it.

Why you need it

- It's the only source for two key indicators: Percentage of patients on antipsychotics without a diagnosis of psychosis, and Percentage of patients on nine or more meds
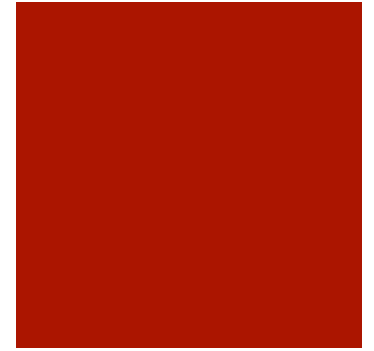
RAI (CIHI) Data

The data we use

1. Percentage of patients on antipsychotics without a diagnosis of psychosis, and

2. Percentage of patients on nine or more meds

- There are quite a few more that are available.

Data Quality

- It's decent

- The quality of the RAI coding is critical

RAI (CIHI) Data

RAI coding notes

- Nurses typically enter the data

- Data is entered based on charts

- Data accuracy starts with charts, then data entry

- Coding story…

RAI (CIHI) Data

Data treatment and Analysis

- Analyzed data per facility, per quarter

- Presented in tabular and graph form

- Unadjusted = better for comparing results over time

- Adjusted = better for comparing facilities of similar size

- Sometimes it's a straight translation in graphs, sometimes calculations are needed (Percentage for region => extract crude numbers => reassign percentage by facility, based on beds per facility)

RAI (CIHI) Data

Why we do it

- It has allowed to loop RAI data back to facilities

Health Authority Data

How we got it

- Went to IH's CEO through the Res Care portfolio holder, and we diligently receive it twice a year.

- The HA's motivation? Diverting RC patients from ED

- Look for a Director for Residential Care (or the like?)

Why you need to get it

- You need the data in a timely manner to fuel "un-siloed" system-level discussions at the local level, where change really happens. Providing data is likely the cheapest, most direct way to improve the system from the ground up.

Health Authority Data

The data we use

- ED visits by facility

- Admissions via the ED per facility

- ED visits for our HA overall

- Admissions via the ED for our HA overall

Data quality

- Decent, but not 100% (hospital transfers?)

- Acknowledge variance, name possible factors, follow-up with facilities as needed.

Health Authority Data

Data Analysis

- Column graph of ED visits per facility per year vs. HA and BC average

- Table with numbers for each facility. Comparison of 2015 and calculated 2016 numbers.

- Sometimes it's a straight translation in graphs, sometimes calculations are needed (Percentage for region => extract crude numbers => reassign percentage by facility, based on beds per facility)

- It's even more fun when you can translate your RCI outcomes into $ amounts…

Health Authority Data

Why we do it

- Critical source of data

- We're in this together, are we not?

- Best reason to maintain excellent working relationships

Indicators

1. Complex Care Client ED Visit/CC Bed
2. Complex Care Clients Admitted as Inpatients
3. CC Clients on Nine or More Medications
4. CC Clients on Antipsychotics without a Diagnosis of Psychosis
5. 24/7 Availability and On-site attendance when required
6. Proactive Visits to Residents
7. Completed Documentation
8. Participation in Case Conferences
9. Satisfaction with Relationship

Complex Care Client ED Visit/CC Bed
I. Kootenay Boundary – 2015 and 2016

	2015	April 1 - Sept 30, 2016	x2 to annualize for 2016
Rose Wood	1.11	0.18	0.36
Silver Kettle	1.08	0.33	0.66
Slocan Health Ctr.	0.85	0.31	0.62
Talarico Place	0.44	0.11	0.22
Castleview	0.42	<0.05	<.1
Victorian Health Ctr.	0.39	0.33	0.66
Columbia View	0.37	0.16	0.32
Poplar Ridge	0.33	0.15	0.30
Hardy View	0.27	0.17	0.34
Mountain Lake	0.18	0.08	0.16
Nelson Jubilee	0.05	<0.05	<.1
IH Overall	**0.66**	0.3	**0.60**

Back of envelope calculation – likely underestimate as rates go up in the winter

Facilities in green are substantially down.

Note that all facilities are at or below the IH average

*Numbers not available for Minto House, Castleview and Nelson Jubilee because totals <5 are suppressed

**Overall rate for IH for period of April 1 – Sept. 30 down from .34 in 2015 to .30 in 2016

2. Complex Care Clients Admitted as Inpatients via ED and LOS - IH Overall – 2015 and 2016

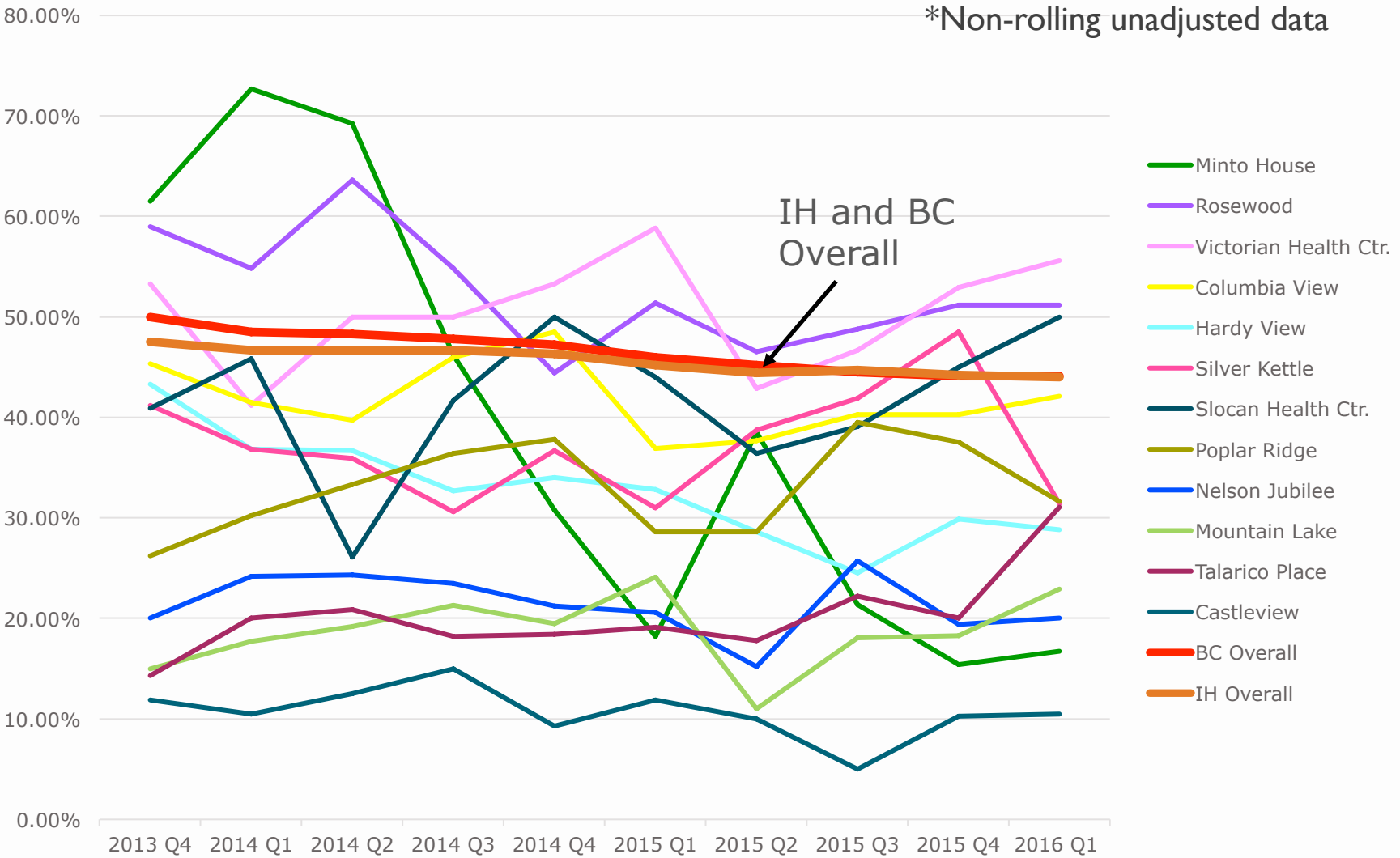|	2015	April 1 – Sept 30, 2016	X2 to annualize for 2016
# of ED Visits	3,543	1582	3164
Admitted as Inpatients	1,249	531	1062
Percentage Admitted	35%	34%	34%
Admitted via ED/CC bed	23%	10%	20%
ALOS (Days)	5.7	6.1	-
LOS 1-2 Days	449	170	340
% LOS 1-2 Days	36%	32%	-

Adds up to >**7100 hospital days in 2015 and >6470 in 2016**

Questions to consider…

1.What factors contribute to your site's ED transfers? Why might they be low or high?

2.Are there any unique challenges you experience in your community?

3.Where can you see building on strengths or making improvements?

Complex Care Clients on Nine or More Medications Kootenay Boundary Q4 2013- Q1 2016

*Non-rolling unadjusted data

IH and BC Overall

Legend:
- Minto House
- Rosewood
- Victorian Health Ctr.
- Columbia View
- Hardy View
- Silver Kettle
- Slocan Health Ctr.
- Poplar Ridge
- Nelson Jubilee
- Mountain Lake
- Talarico Place
- Castleview
- BC Overall
- IH Overall

X-axis: 2013 Q4, 2014 Q1, 2014 Q2, 2014 Q3, 2014 Q4, 2015 Q1, 2015 Q2, 2015 Q3, 2015 Q4, 2016 Q1

Y-axis: 0.00%, 10.00%, 20.00%, 30.00%, 40.00%, 50.00%, 60.00%, 70.00%, 80.00%

4. Use of Antipsychotics without a Diagnosis of Psychosis Kootenay Boundary Q4 2013- Q1 2016

*Rolling data

Facility	2015 Q3 Adj	2015 Q3 Unadj	2015 Q4 Adj	2015 Q4 Unadj	2016 Q1 Adj	2016 Q1 Unadj
Silver Kettle	40.40%	31.2%	34.60%	30.1%	40.90%	29.1%
Poplar Ridge	31.40%	25.7%	35.40%	27.6%	38.70%	28.6%
Slocan Health Ctr.	27.60%	34.1%	28.20%	38.8%	38.30%	44.6%
Rose Wood	13.70%	19.7%	26.80%	23.0%	30.10%	25.3%
Hardy View	23.00%	24.4%	25.10%	30.1%	28.80%	28.7%
Minto House	23.60%	21.6%	15.70%	15.7%	21.50%	19.2%
Mountain Lake	20.70%	27.1%	20.40%	27.4%	21.50%	27.2%
Nelson Jubilee	27.80%	29.8%	24.50%	25.6%	20.60%	21.4%
Columbia View	22.10%	20.7%	21.30%	20.2%	19.70%	19.2%
Victorian Health Ctr.	21.60%	18.9%	21.10%	18.5%	19.40%	16.7%
Talarico Place	19.50%	19.2%	19.30%	20.0%	17.40%	20.0%
Castleview	10.80%	10.8%	10.70%	10.6%	11.10%	10.8%

BC Overall Adjusted 27.4%
Unadjusted 29.5%

IH Overall Adjusted 30.4%
Unadjusted 31.5%

Take-Home points

1. Focus on relationships between all care providers, AND data providers. System changes involves <u>shared</u> understanding of the need for change.

2. Have an ally within your HA – go to the CEO if needed.

3. Cultivate good working relationships with data folks. Invite them to your RCI events.

4. Data collection and analysis is just the start. Feed the digested data back to all interested parties. Don't assume floor staff is not interested – they're an integral part of the solution.

Get in touch anytime!

Sylvain Turgeon

Project Manager
~Physician Recruitment
~Continuing Professional Development
~Residential Care Initiative
Kootenay Boundary Division of Family Practice

250-505-4883 (c)
1-866-272-9070 (F)
skype: sylvainturgeon
https://ca.linkedin.com/in/sylvainturgeon

Kootenay Boundary
Division of Family Practice
A GPSC initiative

G P S C
General Practice Services Committee

Interior Health
Every person matters