**GSA Data Trail / Castlegar**

**Analysis by CSC PMH/PCH planning working group (Sept 26, 2016)**

**SUMMARY**

* Data suggests, attachment problem is no worse than elsewhere (although we know it is a challenge)
* It does not seem there is a huge access problem (CTAS 4&5s no worse than elsewhere)
* Castlegar ED visits a challenge – up 10% in 3 yrs
* MH service days way up from 391 to 655
* ALC days; top reason: social, housing, economic – SOCIAL SUPPORT
* COPD high
* ACSC for 2013/14 way better, partly because of non-restricted IHN referrals in 2012/13. Less restrictive referral, less ACSC. Replicate in PCH. Let GPs decide on who needs IPCC-type support. Number coming down for 2015-16.
* ***Julius conclusion: strive for whole system impact: improve attachment and access, focus on MH and frail elderly and bring (CTAS 4&5) ED visits down. Monitor costs and pop health, if possible.*** *(this is the generic approach all communities need to take)*

**Doing WELL already**

* Data does not highlight an excessive attachment problem
* Trail LHA residents had a decrease in Adult Day Service and Home Support clients per 1,000 population aged 75+.
* As of March 31, 2016, 4% of the cases on the elective surgical waitlist at Kootenay Boundary Regional Hospital were waiting greater than 40 weeks, which was better than the IH target of ≤ 5% (Table 21).
* Trail/Castlegar GSA residents had an average length of stay of 6.7 days which was slightly shorter than the IH rate and the same as the Kootenay Boundary HSDA rate (Table 6).
* CTAS 4 & 5 visits; attachment is (+/-) good: of all CTAS 4&5 visits 88.1% are attached vs. KB (86.8%) and IH (82.3%) – attachment seems to be OK, although we know that there is an attachment problem of about 10% unattached
	+ In 2015/16, the percentage of ED visits by Trail/Castlegar GSA residents aged 75+ who were attached to a GP was 97.6%, higher than both the Kootenay Boundary HSDA and IH rates.
* ED to admission conversation (7.0%) better than IH (11.2%)
* From 2012/13 to 2014/15, the MHSU + Eating Disorder 30-day readmission rate for Trail/Castlegar GSA residents decreased from 13.5% to 10.3%. In 2014/15, the rate for Trail/Castlegar GSA residents was below the IH target of 14.2%. Table 15
* Occupancy rate at Kootenay Boundary Regional Hospital decreased from 97.1% to 92.0%. better than KB (93.9%) and IH (103.6%) Table 16
* Home support hours coming down over time
* Home health clients’ attachments VERY high in Cast (77%!!) ad Trail ( 70%) vs IH (66%)
* Heart function clinic clients have HIGH attachment

**Room for IMPROVEMENT**

* Unscheduled ED Visits/1,000 Population are way higher than KB and IH rates
	+ ED visits made by Castlegar LHA residents increased nearly 10% from 10,142 to 11,131 visits.(From 2012/13 to 2015/16)
* ALC days; top reason social, housing, economic – speak for the need of social worker-type functions
	+ 1557 ALC days for KBRH vs. 2002 days for KB – can that be correct?
* CTAS 4&5 visits coming down over time (52.6% in 2016) and lower than KB (53.4%) but still high in IH (45.4%)
* Over the past three years, the number of Community MHSU service days per 1,000 population has increased from 391 to 655. In 2015/16, the top Community MHSU services included Case Management and Adult Short-Term Assessment and Treatment and Seniors MHSU
* In 2015/16, the Residential Care client rate per 1,000 population aged 75+ for Trail/Castlegar GSA residents (126.5) was higher than the IH rate (114.8). Castlegar LHA residents (137.1) had a higher rate than Trail LHA residents (119.5) (Table 27).
* The **COPD** prevalence rate was higher for both Trail LHA (9.8%) and Castlegar LHA (8.5%) residents than the IH rate (8.2%). The Heart Failure prevalence rates for both Trail and Castlegar LHAs were slightly higher than the IH rate while the Diabetes prevalence rates were slightly lower (Table 29).
* Castlegar LHA residents had an increase in the Adult Day Service clients and days per 1,000 population aged 75+, while Home Support clients and hours decreased. Case Managed and Community Rehabilitation visits per 1,000 population increased in both LHA (Table 24).
* In-patient rate up for Trail and down for Castlegar Figure 6)
* Home health services up over time for T and C
* Residential care rate decreasing but high for IH

**Data presentation comments:**

ACSC data in Tables 9 & 10 don’t really give a comparison with KB or IH. Is this better or worse? It also does not give a frequency of visits. Is this driven by a few “outliers” – frequent service users?