

RCI Evaluation

A DIY OVERVIEW



The role of Data in the change effort

What do you think of the following statements?

“Everyone wants to be successful.
Each physician wants to provide best
possible care for their patients.”

“When it comes to change, if it’s
not being measured, its not being
done.”

“Without data we come complacent. Data
shows our blind spots. Without data we
deceive ourselves as a community.”

Influence – Change Behavior

Motivation:
IS IT WORTH IT?

Ability:
CAN I DO IT?



Initial data influences those who believe better numbers are 'worth it'
Data showing improvement influences those who aren't sure if they can do it

Sources of Residential Care Data

MOH / GPSC

CIHI / RAI

Health Authority

Facility level data (Facility documentation – charts, logs, EMR)

Survey of stakeholders (Facility, Staff, Patients, Families)

Physician Self audit

Pharmacy - Private or Health Authority

MOH/GPSC data

They said they would provide

- The unscheduled hospital transfer rates where this information is available.
- Patient and provider experiences (from surveys)
- Cost per patient

Current

- Darcy, “The MoH data team has not delivered the RCI administrative data that we've all been after for over a year. It really limits everyone's ability to understand how things are going.”
- “Some health authorities are producing reports that they are sharing with their DoFPs.”
- “What our provincial working group has always hoped for is that **communities would use whatever information they do have** to have a good local discussion.”

Current Data from GPSC - AKA: “the Smiley Face data”

Good

- There is a baseline and common comparator for the whole province
- The work is funded
- Gets people talking

Current Data from GPSC AKA: “the Smiley Face data”

Challenges

- The surveys measure *satisfaction*
 - Is it possible for facilities may be “satisfied” with what others would consider substandard care? Or vice versa?
 - Compare: “How satisfied with 24/7 availability are you?” to “How often were you able to reach a physician when needed?”
 - Risk of influence and bias?
- Low resolution in the scale (just three categories)
- Facility staff have limited time – less for local efforts?
- Delay in data

CIHI and RAI data

Sylvian Tergeon From Nelson BC

Facility Level Data

Belinda Chen from Fraser Northwest

Collected Through Email to overcome some barriers in communication(connecting to DOCs) – originally via online surveys

- 1) In the past quarter, how many MOST forms were up to date (i.e. signed within the past year)
- 2) In the past quarter, how many patients had at least one visit from their PMRP/Community GP(s)?
- 3) In the past quarter, how many care conferences did the Program MRP/Community GP(s) attend?
- 4) In the past quarter, how many medication reviews did the Program MRP/Community GP(s) attend?

Facility Level Data

Other methods in improving engagement:

- Regular follow-ups with facilities to assess satisfaction with data collection methods
- Informing facilities in advance of upcoming deadlines where emails will be sent out to request information (e.g. I will send an email requesting info first week of Jan, so I sent out an email mid Dec to remind them)
- Hiring of someone to go into facilities to do chart audits and help collect information

Facility Level Data

Jaimie Ashton - Vancouver

Survey of stakeholders (Facility, Staff, Patients, Families)

Jaimie Ashton - Vancouver

Data Collection Method	Timing	Year 2 April 1, 2016 – March 31, 2017	Year 3 April 1, 2017 – March 2018
Document Review	Annually	March 2017	March 2018
Interview with Project Lead	Annually	March 2017	March 2018
Focus Group with Steering Committee	Annually	March 2017	March 2018
Survey of RCF Managers (with possibility of limited interviews)	Annually	March 2017	March 2018
Survey of RCF Staff	Annually	March 2017	March 2018
GP Survey or Interviews	Annually	March 2016	March 2018
Resident & Family Engagement	Annually	To be decided	To be decided
Partner Survey	Annual	March 2016	March 2018
Monthly Facility Report	Monthly	Monthly	Monthly

Rural Area Perspective

Kate McCarrol – Revelstoke and West Kootenays

Physician Self Audit

Kate McCarrol - Revelstoke

Pharmacies

Has anyone asked for data from private pharmacies?

Process to Consider

1. Present easy to get data to community to see if it energizes people around an issue.
2. If nothing interests them. Put some work into getting other data that supports the concerns of the facilities. Re-present to community
3. Focus change program on area people care about: Form a coalition of influencers and workers, Find personal and structural barriers to critical behaviours you want to create in staff and physicians, Choose a work plan, Communicate vision and work plan, Work Work Work
4. Measure again or measure quarterly and keep improving.