**GSA Data Grand Forks/Kettle Valley**

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

**SUMMARY**

* GF/KV in almost all aspects better than KB or IH
* Health care providers work already as a team
* Office based care can be improved, ESPECIALLY ACCESS TO GPs – reduce wait times for appointments, which can 3-4 weeks right now!!
	+ INDICATOR: Measure access (3rd next available appointment or similar measure), increase in capacity
* MH linkage between IH services and GPs work well currently – will it get better or worse? Sustain what works well!!
	+ INDICATOR: MH relationships, efficient work flow processes and “what works well” now – measure provider (and patient) satisfaction with new process
* Create local solutions for local problems (no province-wide roll-out)
* Note Big White is included in our GSA?
	+ Also Beaverdell, Bridesville, Mount Baldy
* Note GSA Boundary age 75+ 12.8% compared to 9.3% KB and 9.8% IH (high number of seniors)

**GOOD already**

* Our ED admit rate lower than IH and KB (YET see below attached CTAS 4&5)
* Under 75 attached better in our GSA than KB or IH
* Standardized admits rates per 1,000 slightly better
* LOS less here, 75+ admit rates the same here as IH
* Our ED admit rates considerably lower than KB and IH (5.7% compared to 7.1 and 11.2%)
* Presenting complaints similar to others
* Age standardized admits per 1,000 declining in Boundary GSA and stable in others
	+ 30% >75 yrs age and same as rest
* 30 day readmit rate for MHSU in Boundary 9.1% and well less than target of 14.2%
	+ KB 11% and IH 14.5%
	+ Could this be reflection of more outpatient care as above?
	+ Average length of stay a little better than KB or IH
* Occupancy rate of only 90.2% with KB 93.9% and IH 103.6%
	+ But ours is increasing year by year
	+ This in spite of fact that we have less beds per 1,000 than either KB or IH
		- 1.1 compared to 1.6 and 1.8 per thousand
* We have less surgery per 1,000 than others?
	+ Surgical daycare also much less than others? About 77 compared to 100?
	+ Overall surg waitlist less than 40 weeks is 4% which is less than 5% target but note this is overall list
	+ Says ortho wait >40 weeks is only 4%--I don’t believe this stat?
* We use less home support per 1,000 >75 yrs age than IH
	+ Total hours used higher as we have significantly larger age 75+ patients but we are more efficient

**Room for IMPROVEMENT**

* ED visits per 1,000 almost double in GF compared to IH although Kettle Valley less
	+ Progressively increased in last 3 years as well (29% increase compared to IH 13%)
		- But note largest increases were in CTAS 2 and 3 so not just routine cases
	+ Reflects attachment with all docs not closed but long wait lists to get in
	+ Note this is unscheduled visits only
* CTAS 4 and 5 attached patients higher than others though
	+ These could be seen in office if no waits?
* Boundary MHSU numbers way higher than IH or KB per 1,000
	+ In some cases more than double
	+ Either GF/KV patients are overusing or we have a real problem—if so why has this not been identified in past?
* Home support hours per 1,000 slightly higher for us than IH
	+ Note big jump in Kettle Valley hours since 2014?
* More diabetes clinic clients reflects lack of resources in Trail in past

**Increased capacity in GP practices will improve many of the indicators.**

**Data presentation comments:**

Somewhat difficult to analyze for a non-QI/evaluation-specialized planning team, as the data in tables is presented in various ways; % of YY, XX per 1000 population etc.