

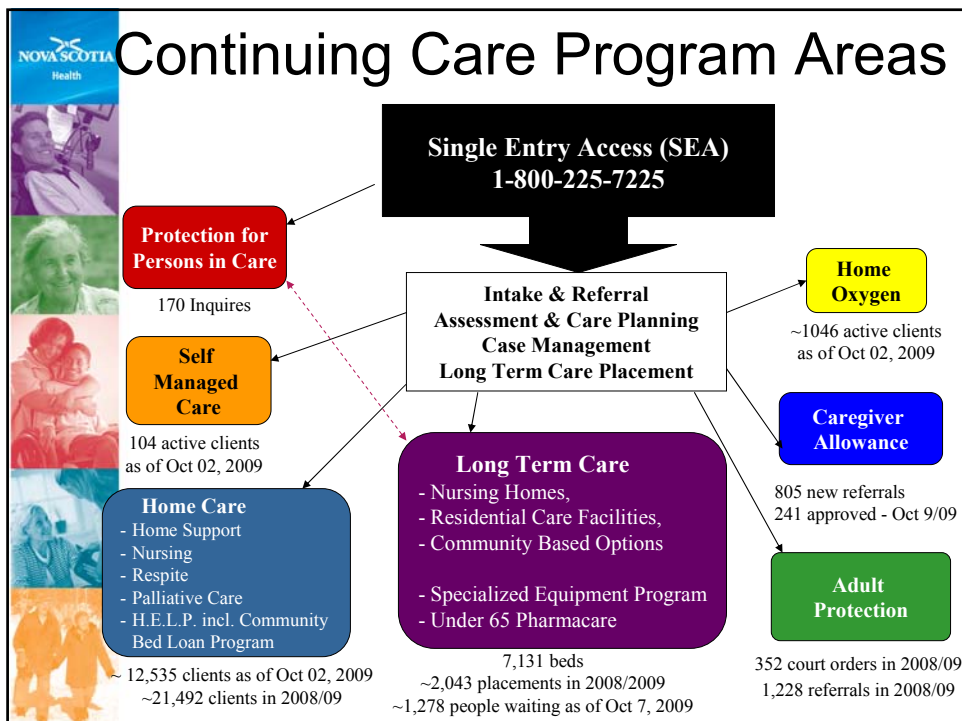


Data Makes the Difference!

Using RAI Data for System Planning in Nova Scotia, Canada

Presentation to
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Referral

Assessment

Home Care Service Plan

LTC Waitlist

SEAscape Reporting Capabilities

1. **Referral:** No. of clients being referred to Continuing Care (demand projections)
2. **RAI-HC Assessment:** Comprehensive information on 'health status' of all current & past clients (functional & cognitive ability, etc)
 - **Tells us volumes** about services clients need at an aggregate level, where services are needed, etc.
3. **Home Care Service Plan** – exact services each client is getting and received in past.
 - **Invaluable** for program planning, program expansion, better understanding the needs of our clients going forward
4. **LTC Waitlist / Placements** – where clients are waiting, level of care required, LTC wait times...



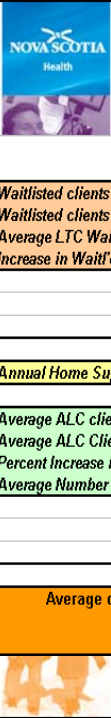
Background

- **Department of Health**
- Nova Scotia Continuing Care Strategy
 - Announced May 2006
 - 10 year strategy - \$260 M investment
 - Home & Community Initiatives: \$68M
 - Long-Term Care Initiatives: \$194M
- Interim Measures



LTC Bed Planning

- Continuing Care Strategy announced 1320 new beds by 2015 with budget of ~75\$ million
- Decision point:
 - How many LTC beds should be built provincially?
 - What type of beds are needed?
 - In which areas of province are beds needed most?



Supplemental Data Ranking

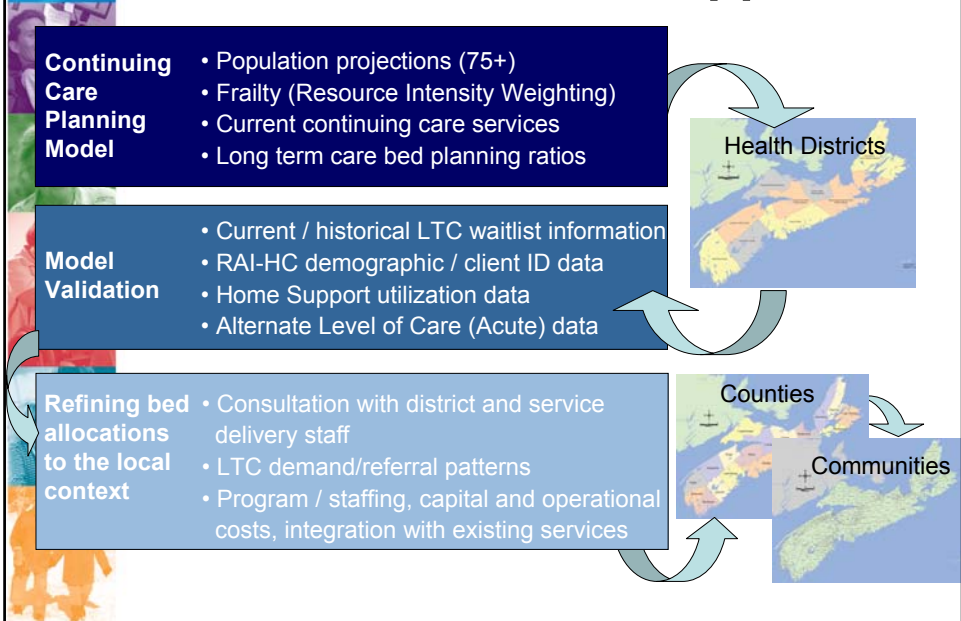
	Rank(1= Highest Need)									
	1	2	3	4	5	6	7	8	9	
Waitlisted clients per 100 beds	5	9	7	4	6	8	3	1	2	
Waitlisted clients per 1000 pop 75+	8	9	7	6	4	5	2	1	3	
Average LTC Wait Times (Jan 2005 - July 2006)	6	9	8	2	7	4	5	1	3	
Increase in Wait'd Clients since Jan 05	9	7	4	6	3	8	1	5	2	
Average	7.0	8.5	6.5	4.5	5.0	6.3	2.8	2.0	2.5	1.6 Avg Std
Std dev	1.8	1.0	1.7	1.9	1.8	2.1	1.7	2.0	0.6	
Rank	8	9	7	4	5	6	3	1	2	
Annual Home Support Utilization per person aged 75+	6	7	8	2	3	9	4	1	5	
Average ALC clients per 100 Acute Care beds	3	2	6	8	1	9	5	4	7	
Average ALC Clients per 100 NH Beds as of Sept 2006	6	5	7	8	1	9	4	3	2	
Percent Increase in ALC Clients (Jan 05 - Oct 06)	8	3	4	9	1	7	5	6	2	
Average Number of Monthly ALC discharges	5	4	2	8	6	9	7	3	1	
Average	5.5	3.5	4.8	8.3	2.3	8.5	5.3	4.0	3.0	1.7 Avg Std
Std dev	2.1	1.3	2.2	0.5	2.5	1.0	1.3	1.4	2.7	
Rank	7	3	5	8	1	9	6	4	2	
Average of all supplemental indicators	7.0	6.3	6.7	4.7	3.0	8.0	4.3	2.0	3.0	1.9 Avg Std
Std dev	1.0	3.1	1.5	3.1	2.0	1.7	1.5	1.7	1.7	
Rank	8	6	7	5	2	9	4	1	2	

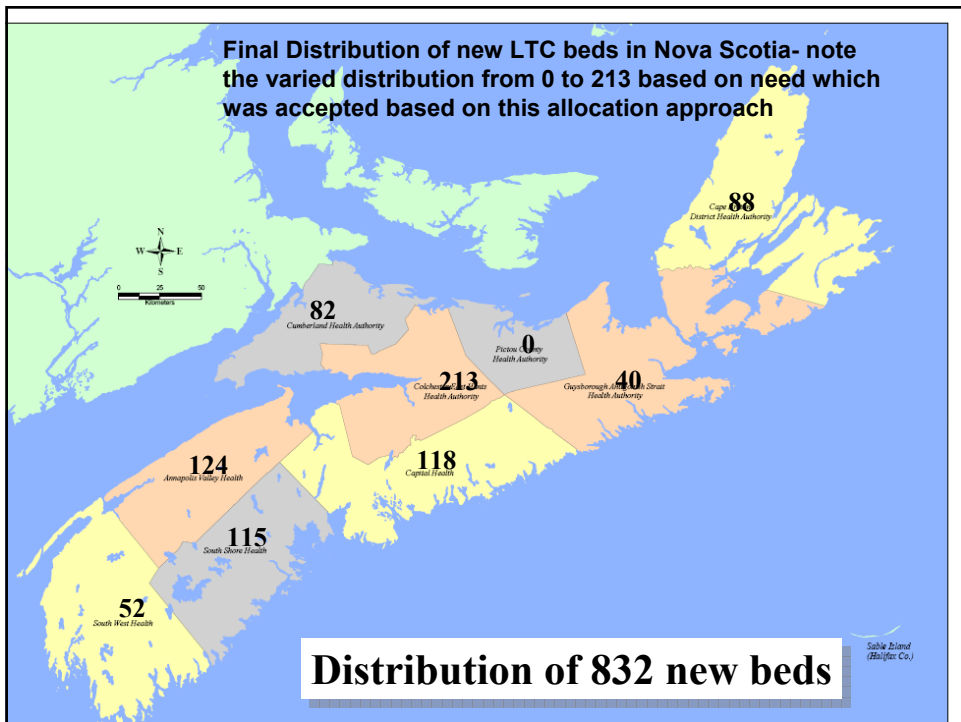
HSP + Supplemental Data Ranking



Supplemental indicators	Rank (1= Highest Need)								
	DHA 1	DHA 2	DHA 3	DHA 4	DHA 5	DHA 6	DHA 7	DHA 8	DHA 9
LTC Waitlist indicator ranking	8	9	7	4	5	6	3	1	2
Home Support indicator ranking	6	7	8	2	3	9	4	1	5
ALC indicator ranking	7	3	5	8	1	9	6	4	2
Ranking of supplemental indicators	8	6	7	5	2	9	4	1	2
HSP indicators									
Population Increase (2006-2011)	4	7	2	3	8	9	5	6	1
Frailty	5	4	6	7	2	1	8	3	9
Ranking of all indicators including HSP factors	7	7	6	4	2	9	5	1	2
Difference in ranking after including HSP factors	-1	1	-1	-1	0	0	1	0	0

LTC Bed Allocation Approach





Continuing Care Strategy

Living well in a place you can call home.

NOVA SCOTIA Health

Conclusion

- SEAScape is the **primary source of comprehensive information** about Continuing Care clients and program utilization.
- Generally, data quality is very good and can be relied upon for decision-making (active SEAScape training program).
- SEAScape reports can be used to support a very broad range of policy research
 - Excellent for developing client profile and understanding ‘what’s going on’ in the system.
 - More opportunities to use data to monitor and evaluate effectiveness of policies
- Using ‘evidence’ to support development of policy options results in both **easier** and **better** decisions by management
 - better meet the needs of our clients.