



**MAKING THE HEALTH
CARE CONNECTION**
Sharing and Caring Beyond Borders

The Power of (RAI) Knowledge: The RHA Perspective

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Winnipeg Regional
Health Authority
Caring for Health

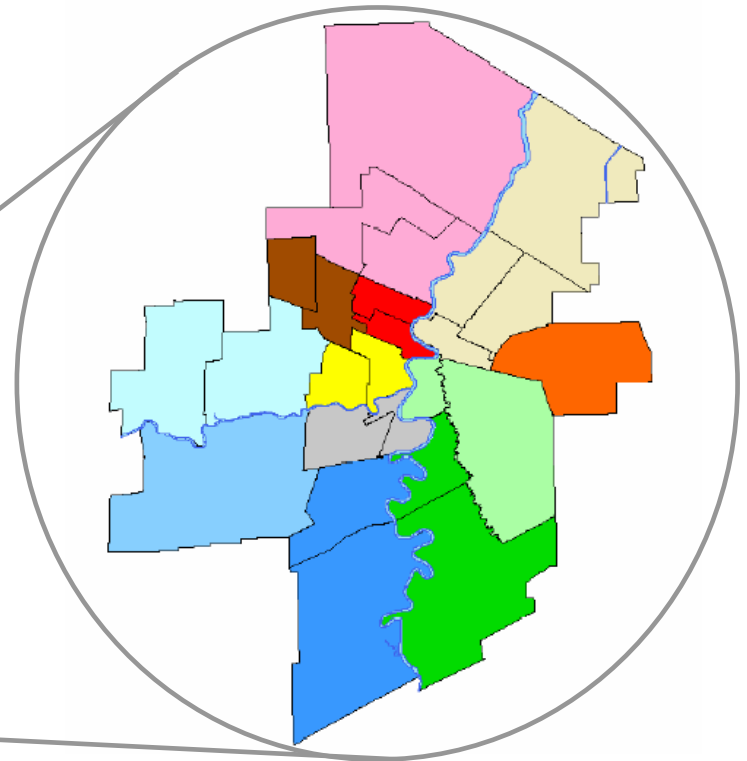
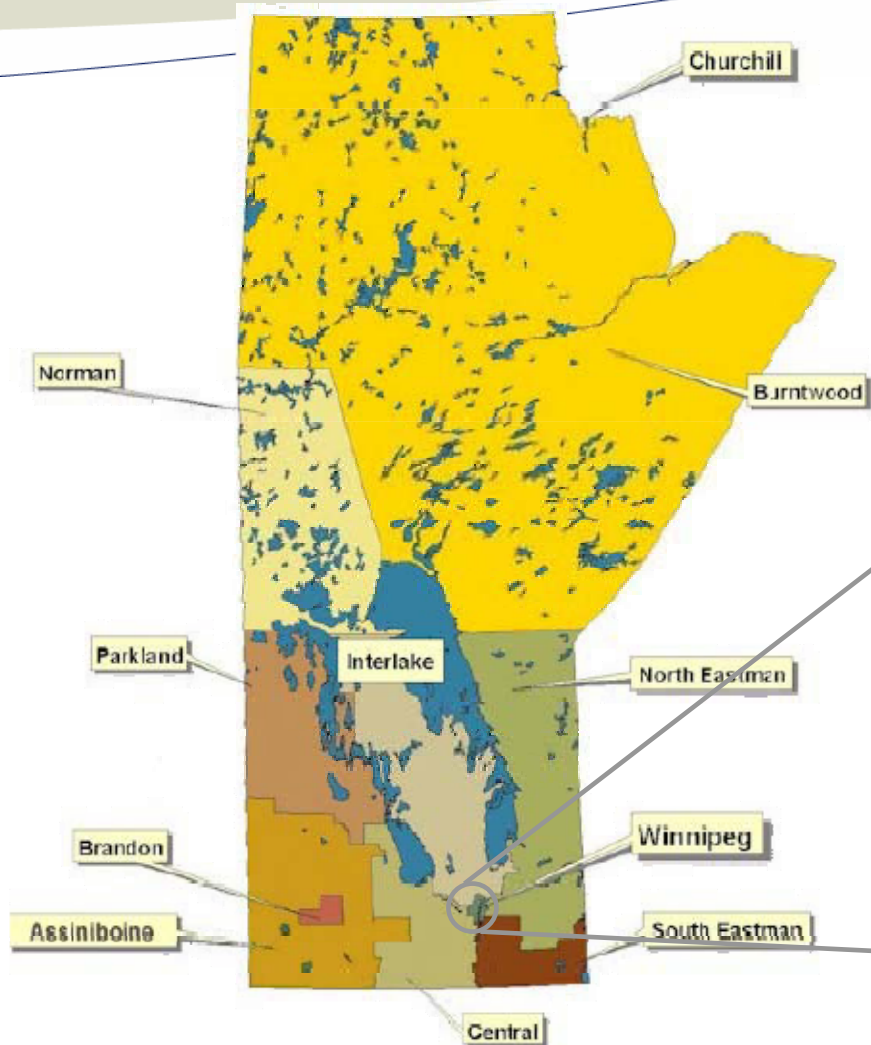
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Regionalization in Healthcare

- Multiple provincial task forces and commissions criticized fragmentation and inefficiency of healthcare (1980s)
- Trend toward “regionalization” (1990s)
- No common definition of health region, but generally responsible for planning/coordinating health services (acute, community, LTC) in a geographic area
- Objectives of regionalization vary, but generally include:
 - Consolidation, coordination of health services across continuum within region (improve efficiency, integration)
 - More accountability and responsiveness through local participation
 - Increased focus on population health
- Most provinces in Canada have regionalized systems

Province of Manitoba: 11 RHAs

WRHA: 12 Community Areas





Regionalized Healthcare in Manitoba

- Manitoba Health oversees provincial healthcare system and sets broad policy direction
- RHAs responsible for assessing/prioritizing needs, goals and coordinating health services
- WRHA is Manitoba's largest by population, responsible for health services in Winnipeg for nearly 700,000 residents
- The WRHA encompasses over 200 health services, facilities and programs including 6 hospitals, 3 long term care centres, 39 personal care homes and 20 community offices.

→ For more information, visit www.wrha.mb.ca

WRHA and RAI tools

Home Care Program

- RAI-HC piloted in 2000 and fully implemented by 2001
- Used for all clients except short term (~ 14,000 per year) and in PCH paneling process
- Program gradually using RAI-HC data to inform planning, quality improvement and other decision-making

Personal Care Home Program

- RAI 2.0 implemented in all non-proprietary homes (25 sites) in 2004; currently implementing remaining 15 homes

Palliative Care

- Piloting RAI Palliative Care tool

Regional Perspective

- General trend towards evidence-informed decision-making and planning
- RAI data is one type of evidence
- At the regional level, can support:
 1. Regional planning, quality improvement, evaluation
 2. Connecting program/facility with regional strategic goals (e.g. patient flow)
 3. Interacting with sites (e.g. nursing homes, home care offices, seniors residences)
 4. Interacting with provincial government

How are we getting there? The Home Care Journey

Basic education of decision-makers

Data analysis report from interRAI (Hirdes et al., 2002)

(THANK-YOU!)

New RAI report, results by community area (Johnson, 2005)

Infrequent, narrow data requests (2002-2004)

Profiles of specific client groups (2004...)

Program Information Management Team Created (2004)

Workload, Resource Planning

QI Team

Linking RAI data with other databases

Many future applications

Implementation 2000-2001

Profiles: A big step forward

- Profiles of specific client populations allow for informed discussion, planning and decision-making
- Profiles include demographics and key functional and clinical indicators (i.e. CAPs, Outcomes, MAPLe, HCQIs)
- Profiles compiled for:
 - Sub-programs (e.g. Self/Family Managed Care)
 - Clients with specific characteristic to inform development of new service coordination projects
 - E.g. Clients with stroke diagnosis to support planning of new community stroke program
 - Seniors apartment blocks (EPHs), supportive housing blocks
- Potential in PCH program to use data (including RUGs) to “cluster” clients with similar needs together (across PCHs)

Profiles: *RHA-Site Interaction*

- Housing complex (focused on developing independent living), which is contracted by Home Care to provide services, wanted to renegotiate their service purchase agreement because they believed clients' functional needs had increased
 - Profiles of client population pulled to inform discussion
 - Validated belief of housing complex
- a PCH believed segment of existing “personal care level” resident population was now at a “chronic care level”
 - Profiles for this PCH and known personal care and chronic care level PCHs pulled
 - Identified that population was not at chronic care level, but was more complex than typical personal care level population

Major Report – an RAI reference atlas

4.6 Pain Scale

Description: The pain scale rates both the frequency and severity of pain experienced by the client.

Calculation: The following items are used to calculate the Pain Scale:

- Pain frequency (K4a)
- Pain Intensity (K4b)

Scoring: Scoring ranges from 0 to 3. This scale is scored as follows:

Score	Description
0	No pain
1	Mild pain – pain less than daily
2	Moderate pain – daily pain that is mild or moderate
3	Excruciating pain – daily pain that is severe or horrible

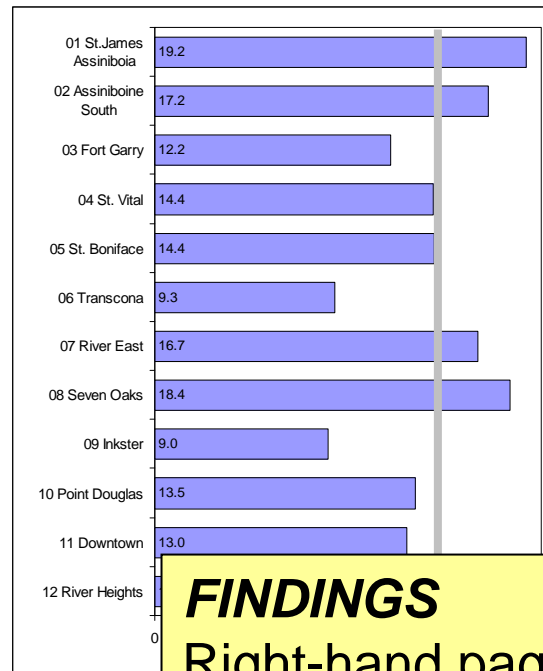
Results: Below is a detailed breakdown of the IADL Involvement Scale scores for the WHR, with both the 2004 rates and the 2002 rates (Hirdes *et al.*).

Score	Description	2004 %	2002 %
0	No pain	33.2	39.1
1	Mild pain less than daily	14.7	15.6
2	Mild/Moderate daily pain	37.5	32.1
3	Severe/Excruciating daily pain	14.6	13.1

Approximately **14.6%** of clients experience severe or excruciating pain on a daily basis (Pain Scale = 3). This is slightly higher than the rate of 13.1% identified in 2002 (Hirdes *et al.*)

Figure 4-6 Pain Scale

Prevalence of Severe/Excruciating Daily Pain (Pain Scale = 3) by Community Area



EDUCATIONAL

Left-hand page includes description, calculation of indicator (CAP, Outcome, or QI)

FINDINGS

Right-hand page includes results presented by community area

Using RAI data in many ways

- Description

- Understand our population (demographics, functioning, needs, etc.)

- Comparison

- Historical, community areas within WRHA, or with other jurisdictions (interRAI)
- Supports benchmarking, evaluation, quality improvement

- Link with published research

- Can “localize” research done elsewhere (get local numbers)
- Go to published research to learn about issues identified locally

- Link with other local sources

- RAI data has limitations and can't answer all questions

*RAI-HC is a lens to
look at our clients.*

RAI-HC 

But there are others...

Client Satisfaction

Survey 

**Focus
Groups** 

Scheduling  **Payroll** 

**Other
Databases** 

*(e.g. hospital, physician
administrative data)*

Occurrences 

complaints 

Using multiple sources

EXAMPLE: Communication with clients

- Major complaint highlighted several communication issues, further analysis found nearly 1/3 of complaints communication-related
 - RAI-HC data suggests that 41% of clients have difficulty communicating
 - Client satisfaction survey found that *courtesy* and *showing concern* were areas that could be improved
 - Focus groups conducted with clients, families and staff to understand good and bad communication
- Supported development/delivery of mandatory communications training for direct service staff

Supporting Regional Initiatives

- Other regional programs can access RAI data to evaluate their population:
 - e.g. tracking home care use & client functioning following joint replacement surgery
- RAI data can support regional initiatives
 - Understanding challenges with patient flow
 - Supporting Community Health Assessment, Regional Health Plans
 - Planning for demographic changes (i.e. baby boomers)
 - Developing a Long Term Care Strategy...

Long Term Care Strategy

- Major WRHA initiative announced with provincial Aging in Place policy in January 2006
- Manitoba PCH placement rate highest in country (2000), but have a very comprehensive Home Care program
- LTC Strategy will strengthen the range of affordable community living options for seniors across the continuum of care, including:
 - Community (home care, supportive housing, assisted living)
 - PCHs (nursing homes)

LTC Strategy – Using RAI data

- Partnered with Centre on Aging at University of Manitoba to examine RAI data to support strategy development and develop eligibility criteria
- RAI data sources include
 - All RAI-HC assessments (2000 – 2007)
 - 70,000+ assessments on 27,300 clients
 - Home Care, Supportive Housing and Assisted Living
 - All RAI 2.0 assessments (2004 – 2007)
 - Regular assessments for 3500 beds across 25 sites
 - PCHs



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LTC Strategy – Using RAI data

- Using RAI-HC and RAI 2.0, the project will:
 - describe characteristics of clients/residents in each setting
 - examine the transitions from one setting to another
 - identify factors associated with movement from one setting to another
 - examine less impaired PCH residents who might be supported in alternative community setting (e.g. examine differences between level IIs in PCH and community)
- Results anticipated to inform development of LTC Strategy

Using RAI data – The Challenges

- Many challenges with implementing RAI
- Some challenges related to using the RAI data for decision-making include:
 - Broader challenge of learning to be “evidence-informed”
 - Understanding/awareness of RAI data among decision-makers (both at regional and site levels)
 - Capacity and expertise to access, analyze data



Addressing the Challenges

- Understanding/awareness:
 - Educating decision-makers about RAI, prompting to use evidence in proposals, quality plans, etc.

- Capacity/expertise challenge
 - Students
 - Partnering with academic researchers
 - Supporting graduate research (students' theses using RAI data)
 - Looking forward to CIHI's Reporting Systems
 - **New announcement – Home Care Researcher position**
 - Move from reactive data analyses to proactive research

Summary

- WRHA is an early adopter of RAI, including at the decision-making level
- RAI data can help support the regional role in healthcare
- Getting there isn't easy, requires careful cultivation
 - RAI champion(s) and persistence with decision-makers is a critical success factor
- We are reaching a critical level of momentum
- We are invested in realizing the Power of RAI Knowledge