

Accessing RAI Data

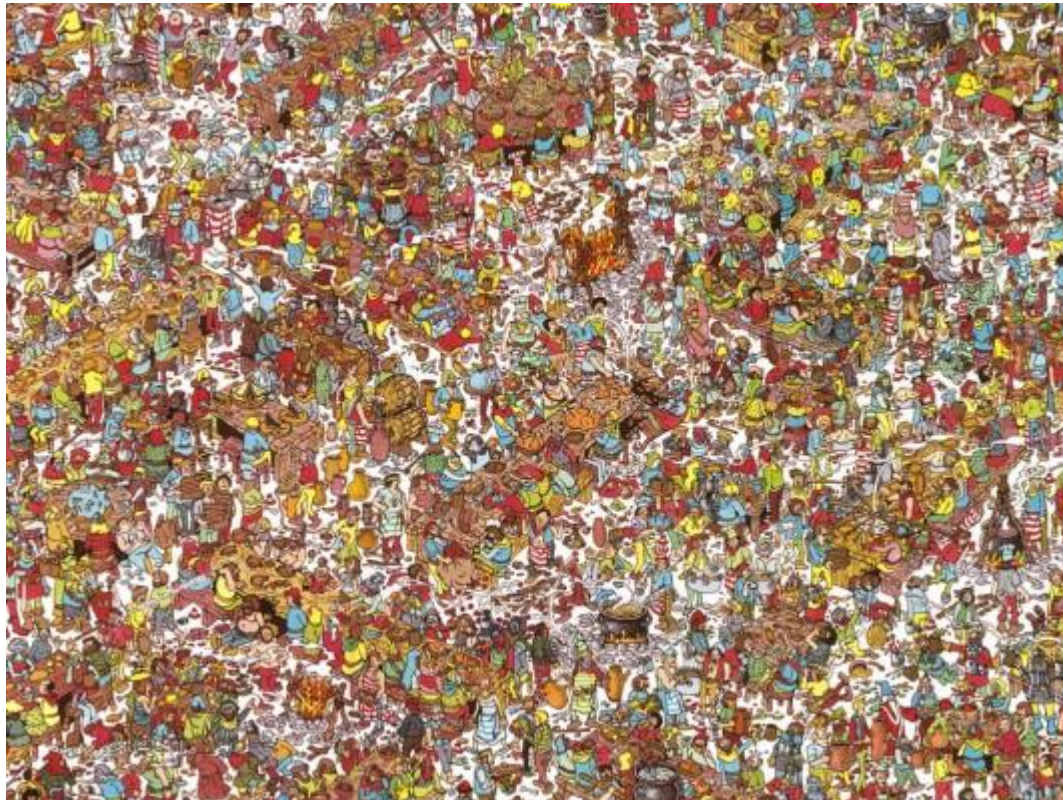
Presentation to ICCER

By

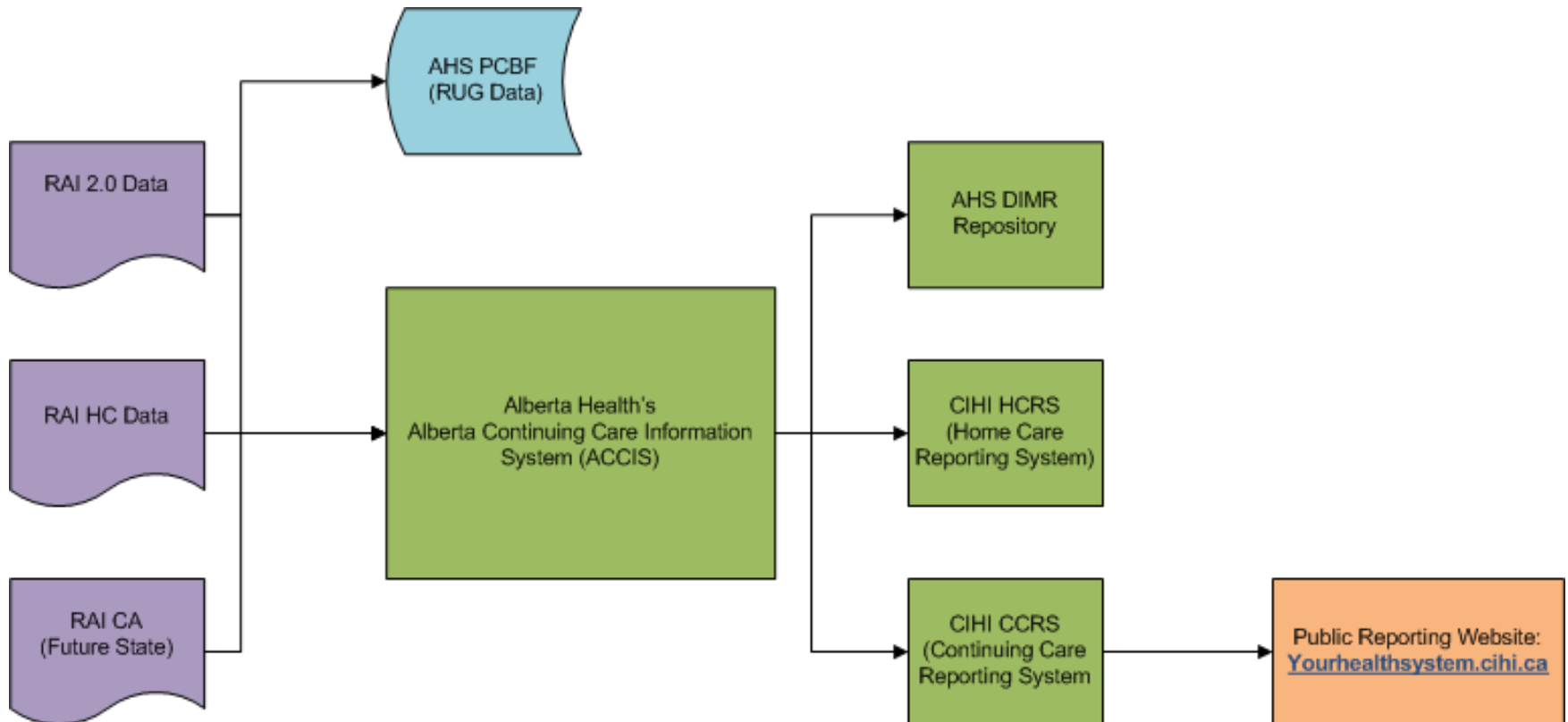
Eleanor Risling

February 18, 2015

What Do I Need To Know?



RAI Data Flow



- ACCIS
 - Repository for all Alberta RAI data
 - Provides site level aggregate data together with zone and provincial comparators
 - Access is security role defined
 - All sites should have a designated user with “Data Analyst” privileges
 - Reports are PDF’d or downloadable

ACCIS Reports

- RAI 2.0
 - Caseload Activity
 - Admission and Transfer
 - Discharge and Transfer
 - Outcome Measures
 - Quality Indicators
 - RUGs & CMI
 - Leaves/Re-entries
- RAI HC
 - Caseload Activity
 - Admission and Transfer
 - Discharge and Transfer
 - Outcome Measures
 - Quality Indicators
 - RUGs & CMI
 - Service Activity

Reading ACCIS Reports



Alberta Continuing Care Information System F-045Q - Facility Second Generation Quality Indicators Report

Residents assessed with a Quarterly/Annual Assessment													
Falls	Report Level	Data Field	2014 - 2015 Q1 Apr - Jun	2013 - 2014 Q4 Jan - Mar	2013 - 2014 Q3 Oct - Dec	2013 - 2014 Q2 Jul - Sep	2013 - 2014 Q1 Apr - Jun	2012 - 2013 Q4 Jan - Mar	2012 - 2013 Q3 Oct - Dec	2012 - 2013 Q2 Jul - Sep	Average Percentage		
FAL02 - Residents who fell in the last 30 days Prevalence	Site	Numerator	1	2	2	3	1	-	2	2	3.7		
		Denominator	40	43	45	43	43	46	45	45			
		%	2.5	4.7	4.4	7.0	2.3	-	4.4	4.4			
	Zone	Numerator	564	550	604	596	553	579	564	578		13.4	
		Denominator	4,343	4,294	4,337	4,286	4,216	4,218	4,257	4,332			
		%	13.0	12.8	13.9	13.9	13.1	13.7	13.2	13.3			
	AB	Numerator	1,724	1,687	1,754	1,771	1,655	1,646	1,693	1,719			13.9
		Denominator	12,359	12,273	12,361	12,352	12,187	12,096	12,352	12,520			
		%	13.9	13.7	14.2	14.3	13.6	13.6	13.7	13.7			

Notes:

- Reports reflect discrete quarters;
- Admission assessments are not included in prevalence indicators
- Reflect unadjusted QIs
- Appropriate for internal use
- Reports available 5 weeks after month/quarter end

Types of Quality Indicators

- **Risk adjusted** -statistical process that adjusts for differences in populations with various conditions. The risk adjustment process allows for comparability *between* different facilities.
- **Unadjusted rates** -used to compare performance changes *within* your facility over time..

- Data, Integration and Management Reporting Unit
- Access to multiple databases
- Receive a copy of all ACCIS data
- Data analysts whose expertise we draw upon to liberate data with Tableau into easily interpretable reports
 - Dashboards, workbooks
- Limitation: Viewing restricted to AHS

Example of Dashboard

RAI-MDS 2.0 Depression Rating Scale AHS and CIHI Depression Rating Scale Bar Graph

AHS Fiscal Year Ending

- (All)
- FY 2012
- FY 2013
- FY 2014

AHS Zone

- (All)
- 1) South
- 2) Calgary
- 3) Central
- 4) Edmonton
- 5) North

Depression Rating Scale

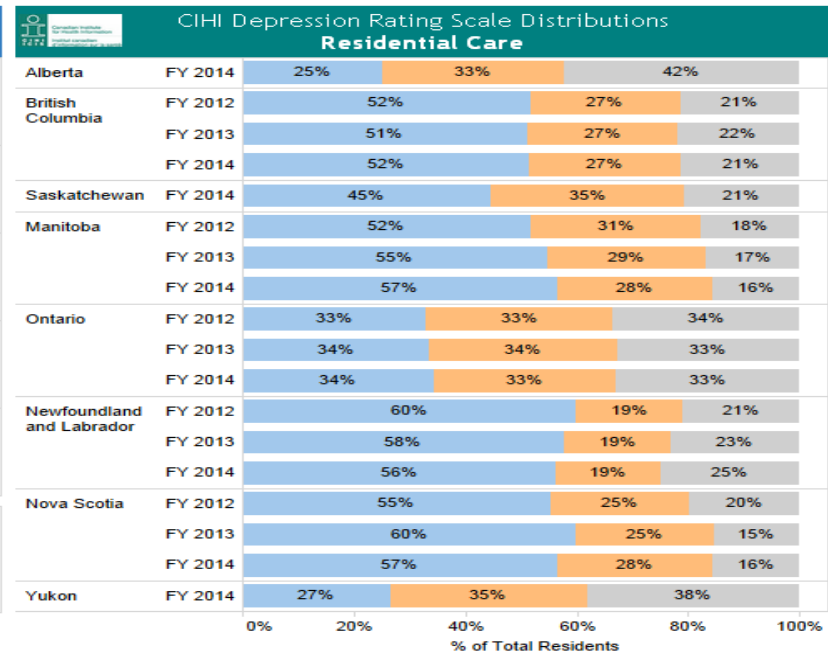
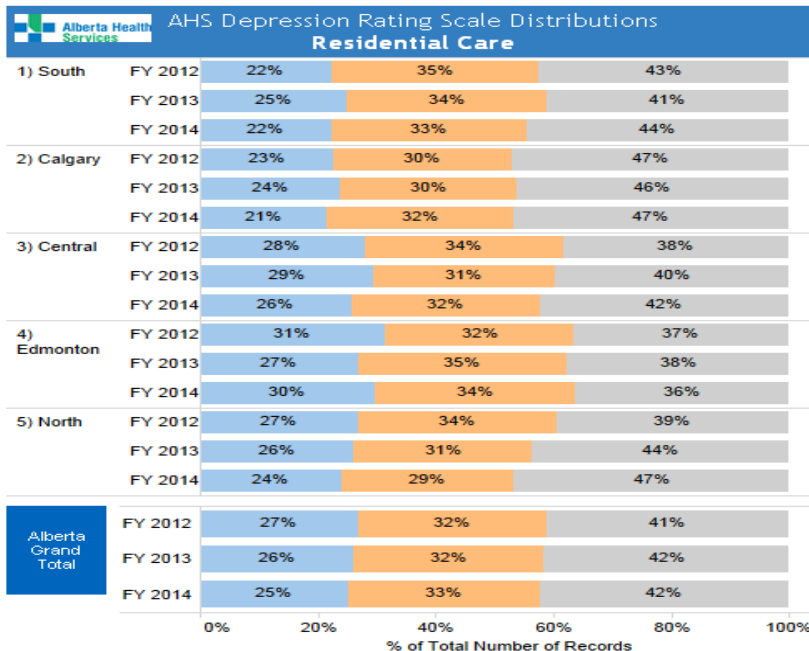
- 2) Possible Depressive Disorder
- 1) Some Depressive Symptoms
- 0) No Depressive Symptoms

CIHI Fiscal Year Ending

- (All)
- FY 2012
- FY 2013
- FY 2014

Province

- (All)
- Alberta
- British Columbia
- Manitoba
- Newfoundland and Labrador
- Nova Scotia
- Ontario
- Saskatchewan



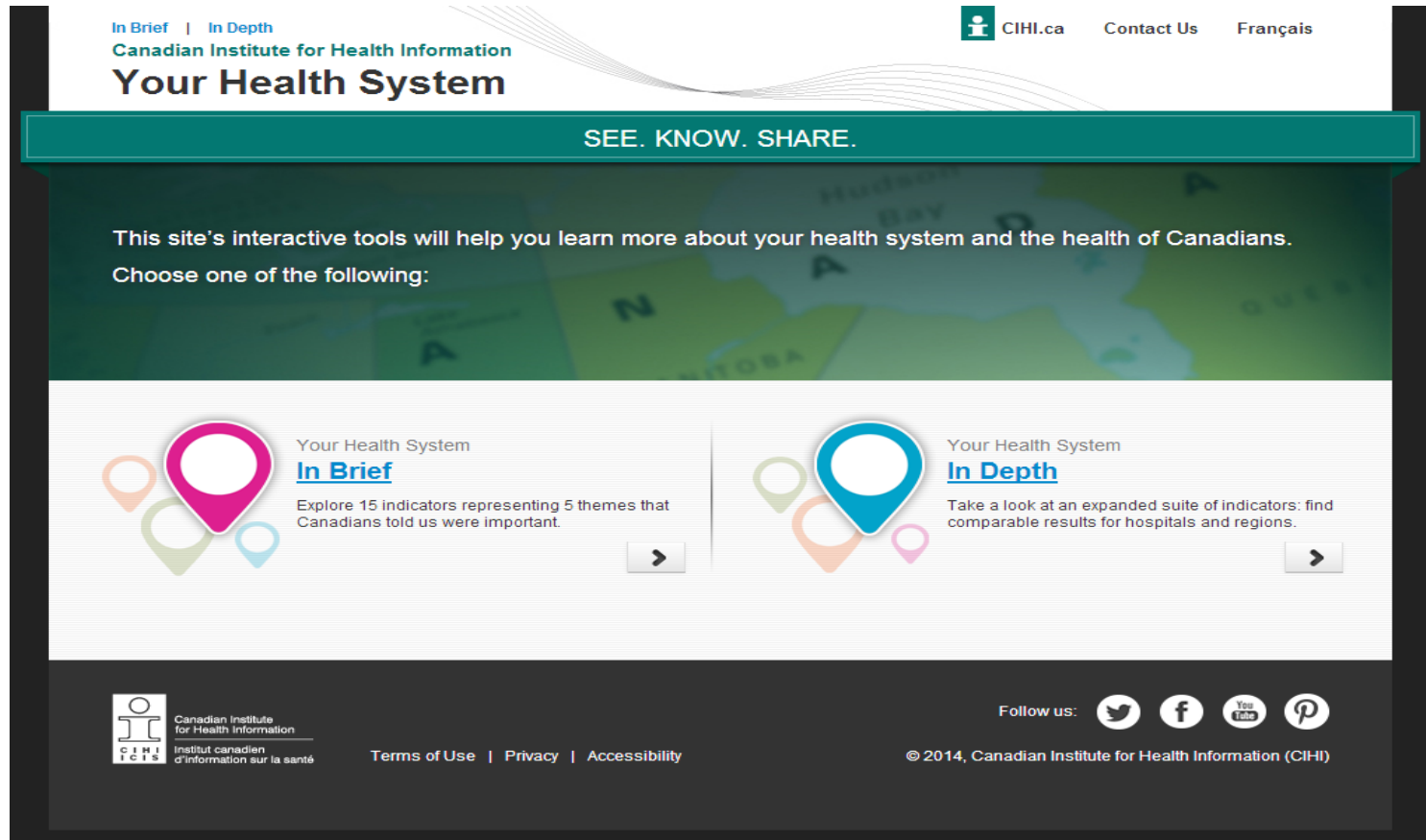
Dashboards in Development

- RAI 2.0 Quality Indicators
- Emergency Department Utilization
- LTC Admissions/Transfers/Discharges

CIHI's Role in AB

- Partial list of roles:
 - Liberate data to information
 - Design and deliver education
 - Uphold RAI Standards
 - Authorize RAI software vendors
 - Set data specifications for vendors
 - Maintain repository for RAI data nationally
 - Produce comparative RAI reports, Analysis in Brief documents
 - Inform the public and policy/decision makers

Public Reporting - June 2015



The screenshot shows the homepage of the 'Your Health System' website. At the top left, there are links for 'In Brief' and 'In Depth', followed by the 'Canadian Institute for Health Information' logo and the title 'Your Health System'. On the top right, there are links for 'CIHI.ca', 'Contact Us', and 'Français'. A teal banner with the text 'SEE. KNOW. SHARE.' is positioned below the header. The main content area features a map of Canada in the background and a text block stating: 'This site's interactive tools will help you learn more about your health system and the health of Canadians. Choose one of the following:'. Below this, there are two main navigation options, each with a map icon and a right-pointing arrow button. The first option is 'Your Health System In Brief', which describes exploring 15 indicators representing 5 themes. The second option is 'Your Health System In Depth', which describes taking a look at an expanded suite of indicators for hospitals and regions. The footer contains the CIHI logo, the text 'Canadian Institute for Health Information / Institut canadien d'information sur la santé', links for 'Terms of Use | Privacy | Accessibility', social media icons for Twitter, Facebook, YouTube, and Pinterest, and the copyright notice '© 2014, Canadian Institute for Health Information (CIHI)'.

<http://yourhealthsystem.cihi.ca/>



What QIs are being reported?

- **% Residents on anti-psychotics without a diagnosis of psychosis**
- % Residents in daily physical restraints
- % Residents who fell in the last 30 days
- % Residents who had worsened pressure ulcers at stage 2 to 4
- % Residents whose mood symptoms of depression worsened
- % Residents with improved mid-loss activities of daily living
- % Residents with worsened mid-loss activities of daily living
- % Residents with worsened pain
- % Residents with pain

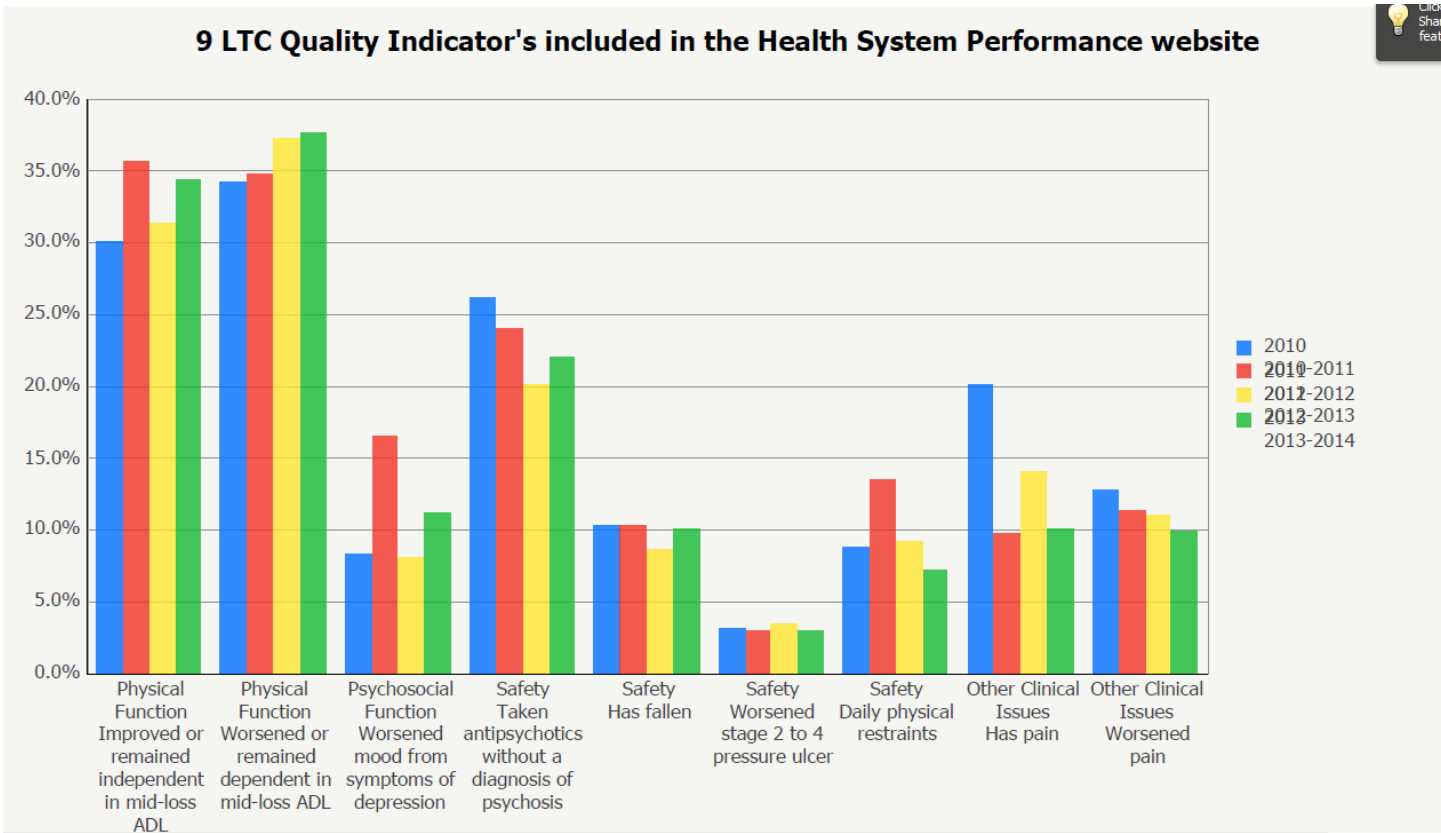
CCRS eReports

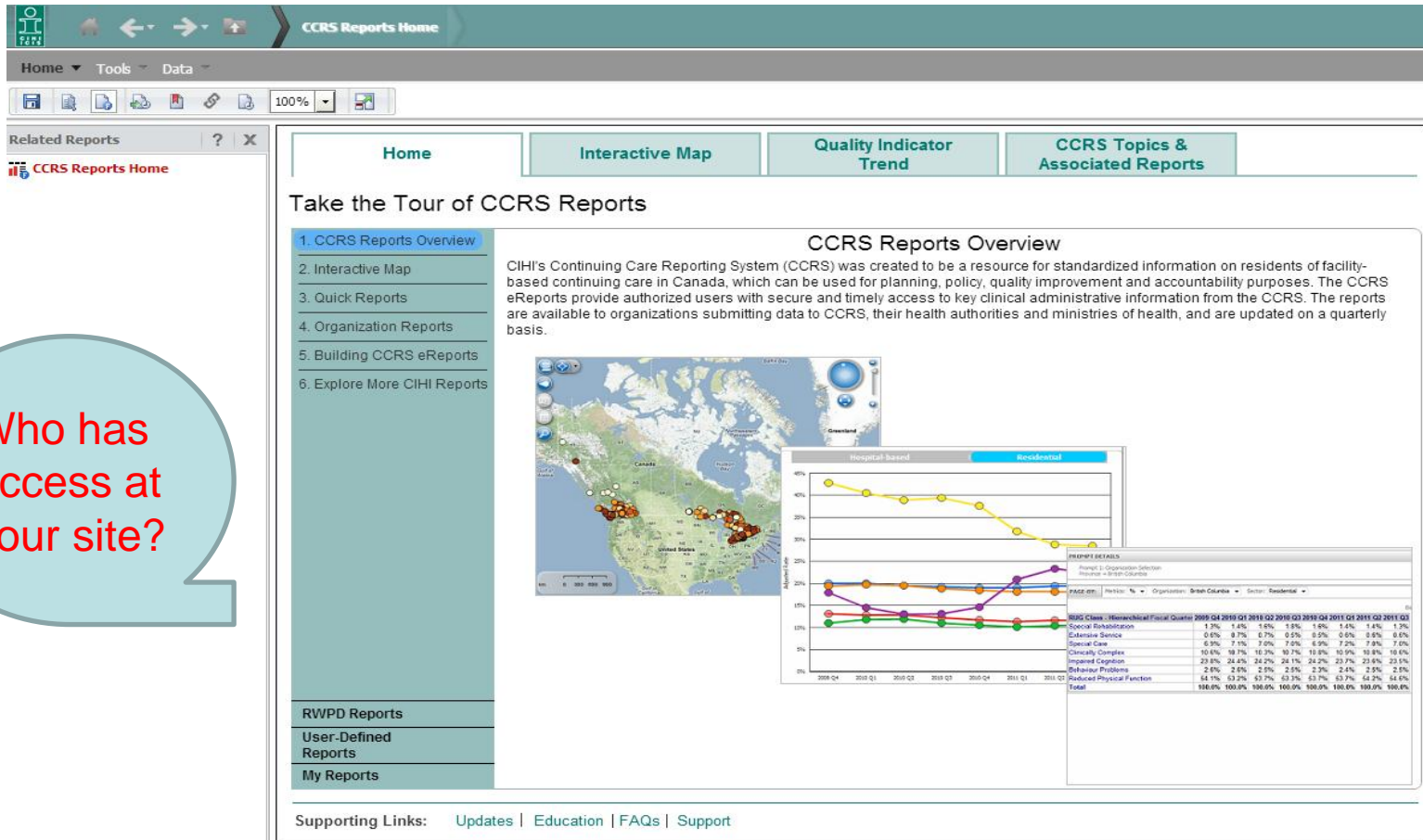
- Repository for all RAI data nationally
- Provides site level aggregate data together with zone and provincial comparators
- Access is security role defined
- Organizational Contact who oversees user access
 - AHS – Monica Whitridge
 - Private/voluntary sites have a designate
- Reports can be easily exported in PDF or EXCEL format
- Always use rolled quarters in calculations

Care Centre QIs

- January, 2015
 - All LTC centres should have received a preview of their 2013/2014 site specific QIs
 - Intent:
 1. Increase **awareness**
 2. Create the **desire** for more information
 3. Enhance **knowledge**

Data Preview for Public Reporting





Home | **Interactive Map** | **Quality Indicator Trend** | **CCRS Topics & Associated Reports**

Take the Tour of CCRS Reports

1. CCRS Reports Overview

2. Interactive Map

3. Quick Reports

4. Organization Reports

5. Building CCRS eReports

6. Explore More CIHI Reports


RWPD Reports

User-Defined Reports

My Reports

CCRS Reports Overview

CIHI's Continuing Care Reporting System (CCRS) was created to be a resource for standardized information on residents of facility-based continuing care in Canada, which can be used for planning, policy, quality improvement and accountability purposes. The CCRS eReports provide authorized users with secure and timely access to key clinical administrative information from the CCRS. The reports are available to organizations submitting data to CCRS, their health authorities and ministries of health, and are updated on a quarterly basis.



PROFIT DETAILS

Facility: - Organization Selector
Province: British Columbia

PROFIT: - Period: % - Organization: British Columbia - Sector: Residential

PROFIT Class - Hierarchical Fiscal Quarter	2009 Q4	2010 Q1	2010 Q2	2010 Q3	2010 Q4	2011 Q1	2011 Q2	2011 Q3
Special Rehabilitation	1.3%	1.4%	1.4%	1.5%	1.4%	1.4%	1.4%	1.2%
Subacute Services	0.6%	0.7%	0.7%	0.5%	0.5%	0.6%	0.5%	0.6%
Special Care	0.9%	1.1%	1.0%	1.0%	0.9%	1.0%	1.0%	1.0%
Clinically Complex	10.6%	10.7%	10.2%	10.7%	10.9%	10.9%	10.8%	10.6%
Impaired Cognition	23.8%	24.4%	24.2%	24.1%	24.2%	23.9%	23.6%	23.1%
Behavior Problems	2.8%	2.6%	2.7%	2.5%	2.3%	2.4%	2.5%	2.6%
Reduced Physical Function	64.1%	63.2%	63.7%	63.3%	63.7%	63.7%	64.2%	64.6%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Supporting Links: [Updates](#) | [Education](#) | [FAQs](#) | [Support](#)

Who has access at your site?

Rolling Quarters

REPORTING USING A ROLLING FOUR-QUARTER AVERAGE

QIs are calculated using four rolling quarters of data to ensure that most facilities meet the minimum number of assessments required to apply risk-adjustment procedures.

A rolling four-quarter average means that

- The number of residents meeting the QI criteria for the current quarter and each of the previous three fiscal quarters are summed together before calculating the unadjusted rate for the QI.
- Because residents are assessed each quarter, an individual resident can be counted in the QI up to four times, which is why the denominator for a facility can be larger than the resident population.

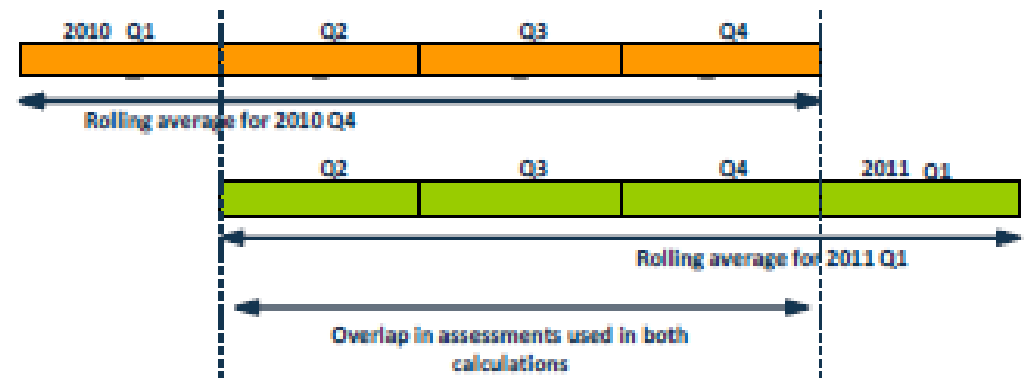


Figure 1: Rolling Four-Quarter Average for Prevalence QIs in Q4 2010 and Q1 2011

Use of RAI in Funding

- Present
 - PCBF for LTC
- Future Potential
 - Quality Incentive Funding
 - ? DSL

Continuing Care Quality Indicator Working Group

- Provides expertise and advice to support the continuous improvement of
 - Continuing Care measures for Quality Assurance (measures to monitor against indicators of quality care) and
 - Quality Improvement (measures to show improvement in performance).

Continuing Care Quality Indicator Working Group

Deliverables of Working Group

1. Environmental scan & Current state analysis
2. Determine approach to selection
3. Propose quality indicators to measure quality of care
4. Benchmark and set targets for performance

RAI Data Quality

- Methods of ensuring data quality
 - Internal audits
 - Monitoring shifts in RUG groupers, outcome scales, CAPs Triggers
 - Ensuring compliance with RAI Competency Standard
 - Ensure all assessors demonstrate competency annually
 - Ensure new assessors are monitored
 - Utilize the errors and warnings from ACCIS to inform education hot spots

RAI Data Quality

- Require assessors to remediate records when errors occur
- Integrate RAI into clinical business processes
- Use the outcomes of RAI Reviews as quality improvement opportunities
- Use CCRS eReports to compare your site to other like facilities and question why you are higher/lower.
- Seek out ways to streamline business processes
- Seek out opportunities for learning

Questions



Contact

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