

Chapter Seven



Evidence & Evaluation – By the Numbers

“Evidence supports the notion that in the overall current Supports for Daily Living program, the right care is being provided in the right place at the right time and at the right cost.”

Excerpt from
'Evaluation of the Supports for Daily Living Program' in the Mississauga Halton LHIN by
Shercon Associates Inc., November 2010

Measuring the Investment – Two Years of Data

Evaluation is essential to knowing if you are on the right track and if you are achieving the objectives you set out to do, particularly if you have invested millions! As two years had passed since the launch of the SDL initiative, it was time that the MH LHIN evaluated what had been achieved. In 2010 a research study was commissioned by the MH LHIN and awarded to Shercon Associates Inc. Dr. David Sheridan and his team worked with the MH LHIN's Project Oversight Group to determine the final criteria for evaluation and the data sources that could be utilized. Building on the research study completed in 2008 by Dr. Hirdes, Dr. Sheridan compared RAI data from that study to 2010 RAI data from the 8 SDL programs. The framework that was utilized for the evaluation was the "ICES Evaluative Framework" design.

In the Evaluation Report by Shercon Associates completed in November 2010, Dr. Sheridan and his team concluded that:

"There is strong and converging evidence that the Supports for Daily Living service is achieving its intended outcomes and supporting LHIN priorities for improving access, quality and sustainability of the health system while also enhancing seniors' health, wellness and quality of life."

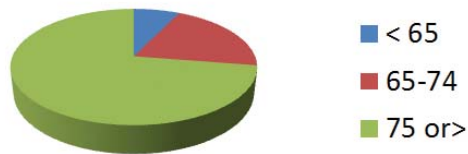
Among the findings:

- For 9 of the 10 key RAI domains that were compared, the current SDL service is caring for a greater number and proportion of clients with higher acuity compared with the earlier supportive housing program (*see Comparisons of Evaluation Data (Pre-SDL 2008 to Post-SDL 2010) – 8 RAI Domains are given*)
- The 'mobile' component of the SDL service is providing care for clients who are more impaired and resource intensive than clients in the conventional 'bricks and mortar' aspect of the program
- Client satisfaction is high based on an analysis of client satisfaction surveys and focus groups with service users and referring sources
- The program design is effective and operating with a high level of coordination and cooperation among SDL service providers
- The program is cost-effective
- Clients are being serviced in the appropriate setting according to their RAI scores
- The model is playing a fundamental role in diverting ED visits and in the overall decrease of ALC rates as well as decreased utilization of long-term care

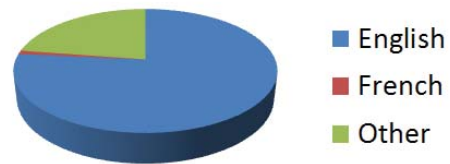
The following two charts are provided to identify the 2010 Client Profiles of those clients in the SDL programs throughout the MH LHIN (RAI Data)

SDL Client Profiles - 2010

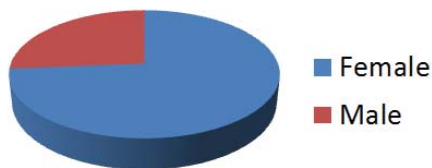
Age



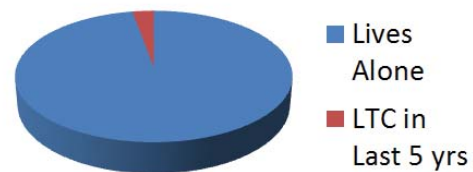
Language



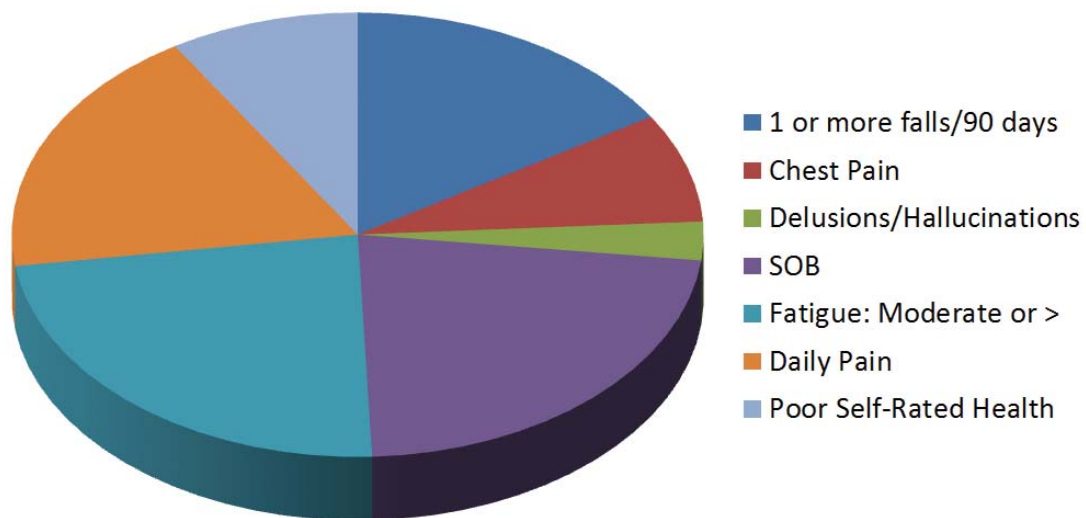
Gender



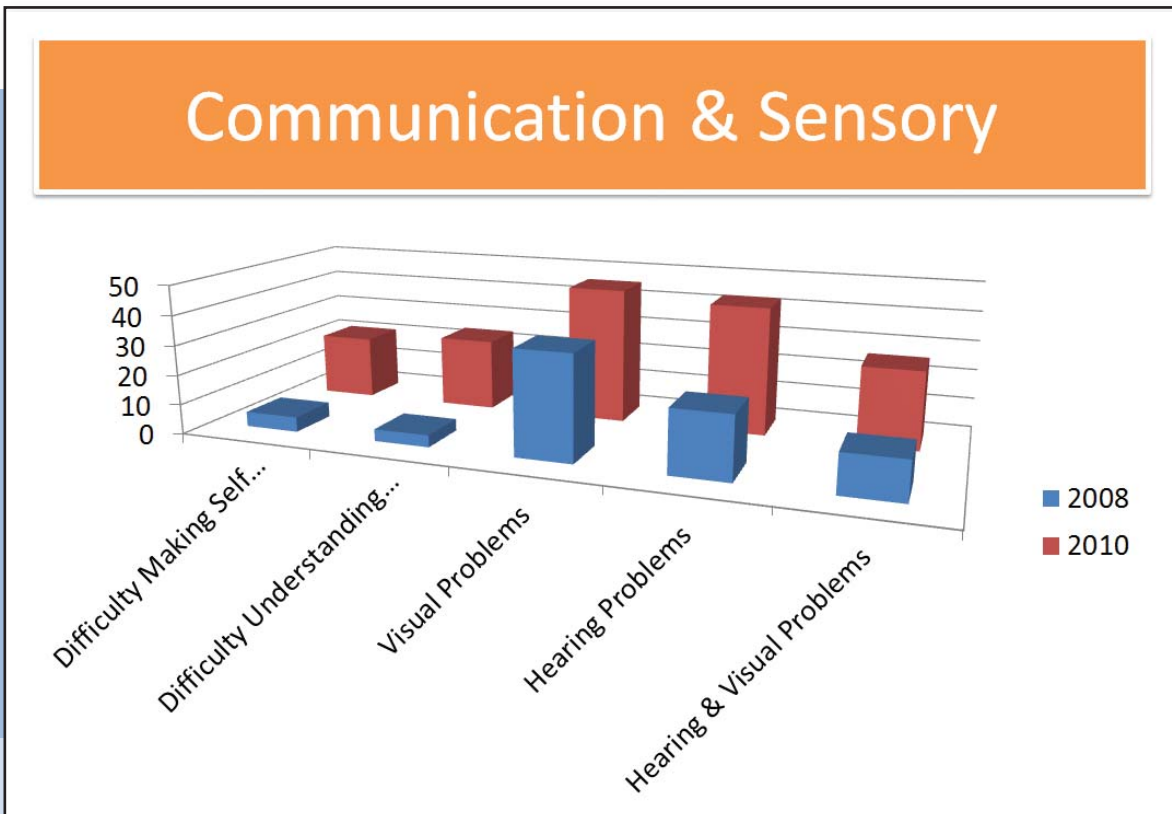
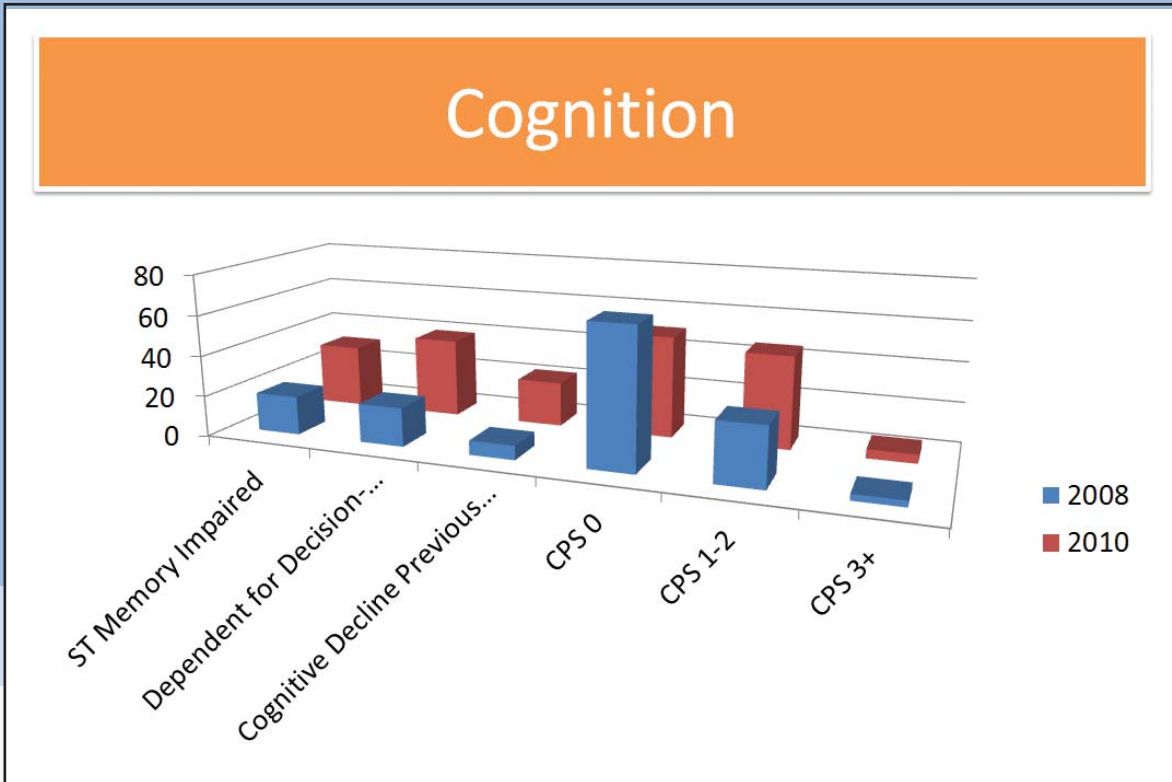
Living Situation



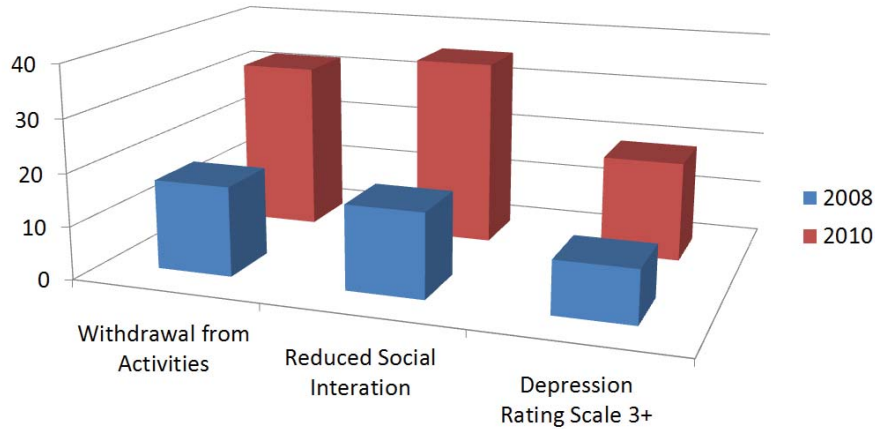
SDL Client Profiles -2010 Health Conditions



Comparisons of Evaluation Data (Pre-SDL 2008 to Post-SDL 2010)



Mood & Behavioural



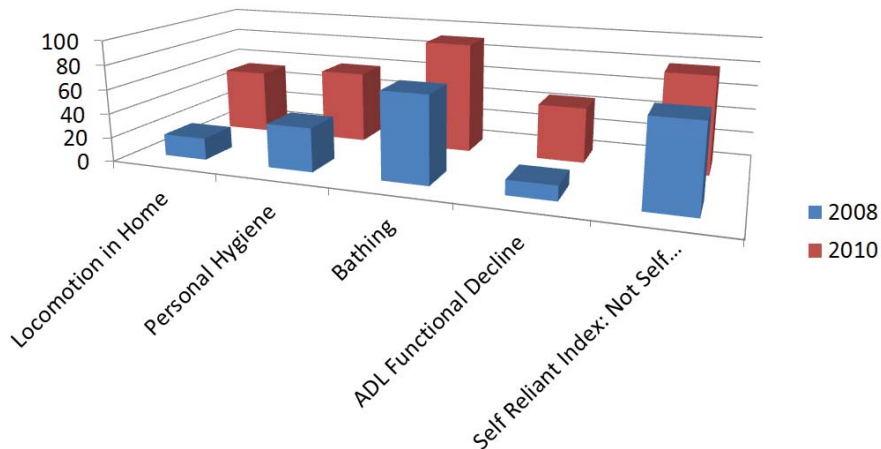
Depression Rating Scale (DRS)

Scores range from: 0 to 14

Scale scores of 3 or greater indicate major and minor depressive disorders

7 CHA items: E-1 (a to g) - Made negative statements; Persistent anger with self or others; Expressions of what appears to be unrealistic fears; Repetitive health complaints; Repetitive anxious complaints, concerns; Sad, pained, worried facial expression; Recurring crying, tearfulness.

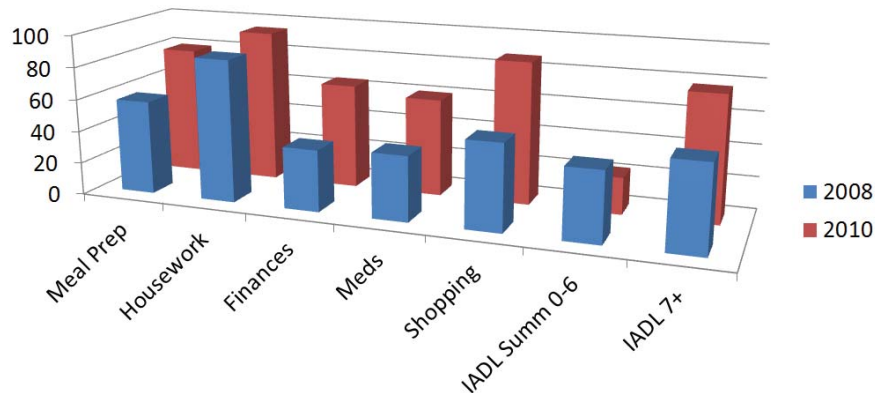
ADLs (NOT Independent)



If any of the following 4 items below are NOT scored independent as shown, then the label 'Not Self Reliant' is assigned. 'Not Self Reliant' means impaired on at least one item.

4 CHA items are used: C-1; G-2 (a; b; and, e); Independent in cognitive skills for daily decision making; Independent in bathing; Independent in personal hygiene; Independent in walking

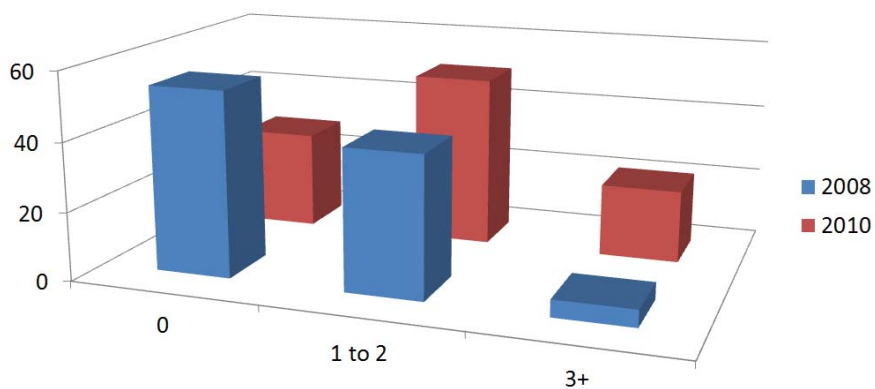
IADL Performance (NOT Independent)



Independent Activities of Daily Living (IADL) are activities that range from preparing meals to shopping.

The lower the IADL Performance Summary Score, the greater the independence (or ability to perform those functions). Those individuals with an IADL Summary Score of 7+ are not independent (do not have ability or limited ability to perform those functions).

CHES (Changes in Health, End-Stage Disease & Signs & Symptoms)

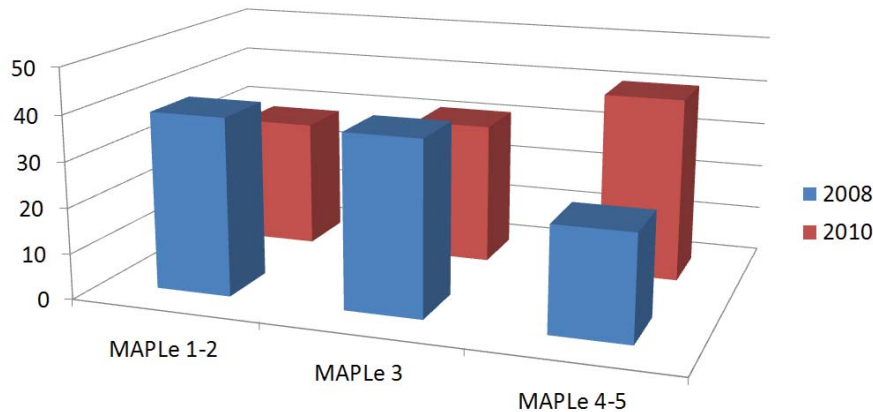


To detect frailty and instability in health, CHES has a range of 0 to 4 in the RAI-CHA. Higher CHES scores indicate a higher level of health frailty and instability.

(0 = not at all unstable; 3+ = highly unstable and frail)

6 CHA items are used: C-3; G-5; J-3j; K-1 b or c; K-1a; J-4: Worsening of decision making; ADL decline; Vomiting; Dehydration; Weight loss; Shortness of Breath

MAPLe Comparisons



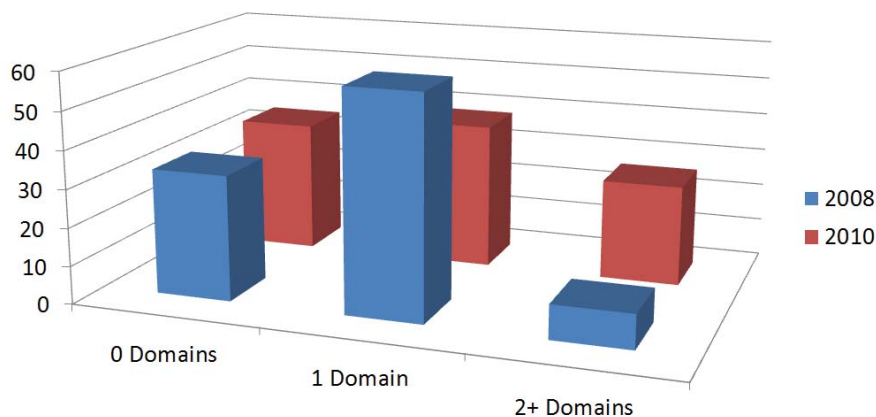
MAPLe is an algorithm embedded in the RAI assessment instruments. The MAPLe “acronym” stands for:

- Method of Assigning Priority Levels
- The higher the MAPLe score number (ie: 5) the greater the “acuity” level of the individual

Clients in the low priority level have no major functional, cognitive, behavioural or environmental problems and can be considered to be self-reliant.

Clients in the high priority level are nearly 9 times more likely to be admitted to a long term care facility than are the low priority clients. Higher scores indicate a higher priority client.

CSS Comparisons



Crude Complexity Scale (CCS) combines 3 RAI scores together to form the CCS Scale which is expressed in “domains”. The 3 scores are:

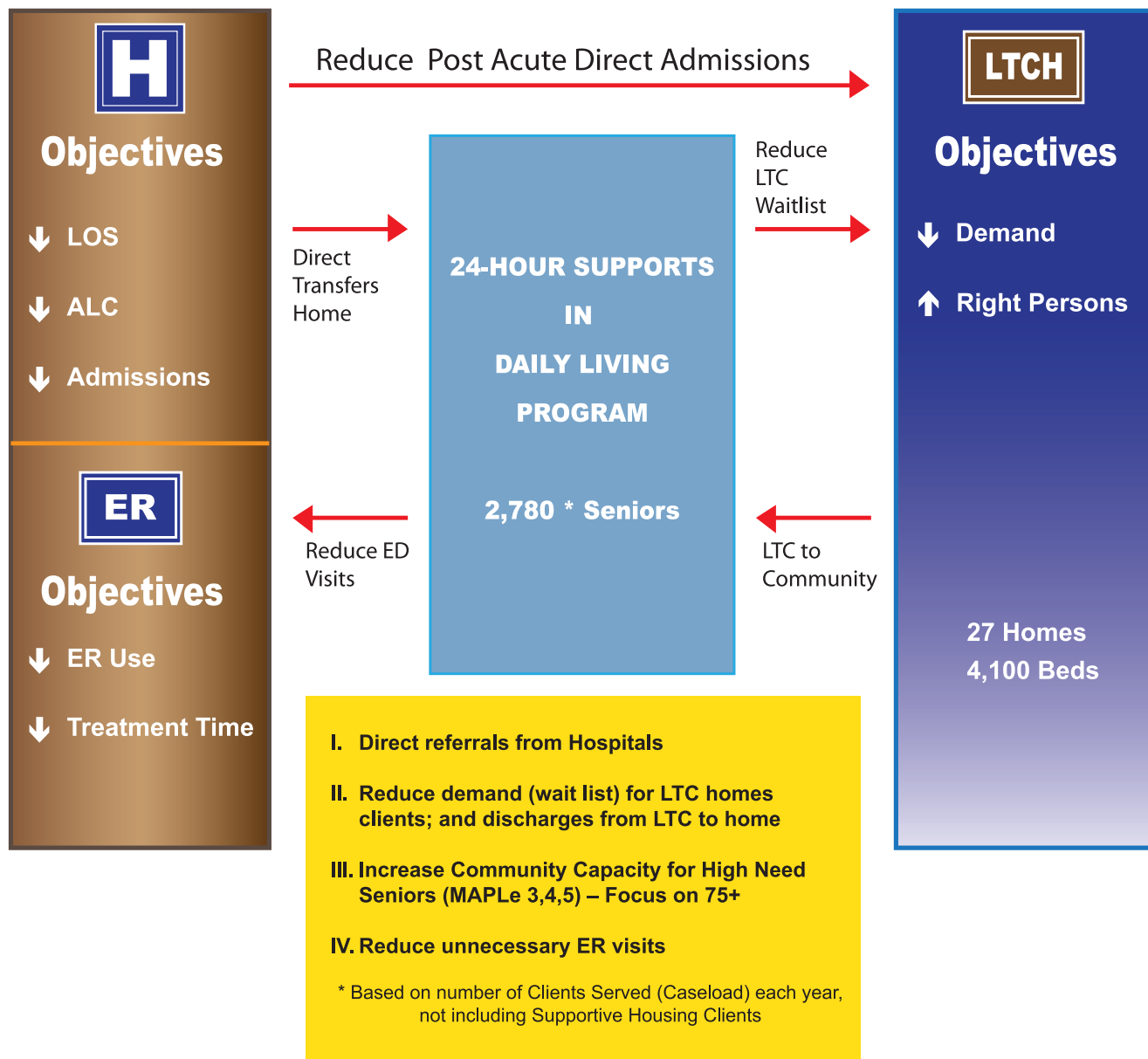
- Cognitive Performance Scale (CPS) Score
- Activities of Daily Living Scale (ADL) Score
- Changes in Health, End-Stage Disease & Signs and Symptoms Scale (CHESS) Score

The higher the number of domains that exist in the CCS, the greater the impairment of the individual.

Showing a Return on Investment (ROI)

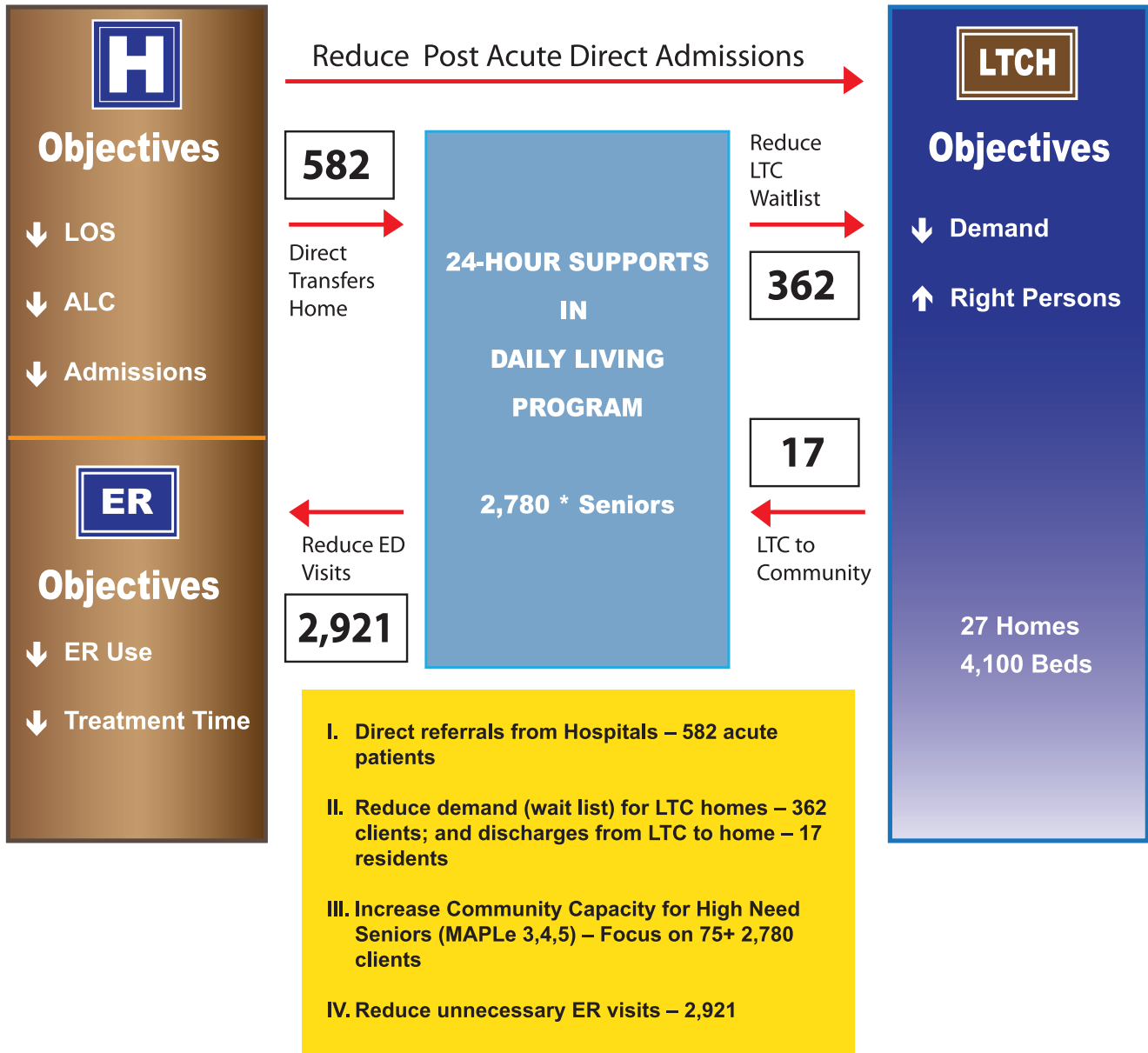
Mississauga Halton LHIN Overall Evidence-Based Strategic Approach (April 1, 2009 to December 31, 2011)

Right Care, Right Place, Right Time, Right Cost



Mississauga Halton LHIN Overall Evidence-Based Strategic Approach (April 1, 2009 to December 31, 2011)

Right Care, Right Place, Right Time, Right Cost



Two Year Analysis of Net ER Cost Savings: SDL Program Fiscal 2009/10 – 2011/12 Q3

Program	# of ER Diversions ¹	Avg. Cost of ER visit ²	Net Savings
SDL	2,921	\$166	\$332,994

¹ Number of ER diversions is as provided by the SDL providers from fiscal 2009/10 to the end of 2011/12 Q3

² Average cost of ER visit as taken from the 2010/11 OCDM – Total Cost = \$213.16 and Direct Cost = \$165.66

Based on Direct Cost of \$166 - \$52 = \$114 net savings per visit

Net Hospital Day “Savings”: SDL Program Fiscal 2009/10 – 2011/12 Q3

Program	# of Hospital Referrals	# of Days Saved ¹	Avg. Program Cost Per Diem	Net Cost Per Diem Savings Based on Acute ALC Day ²	Net Savings
SDL	582	16,878	\$52	\$398	\$6,717,444

¹ Number of hospital days saved is based on avg. wait time for LTCH placement from hospital within MH LHIN for fiscal 2010/11 (29 days)

² Avg. acute ALC is \$450 based on an OHA estimate found in 2010 Annual Report of the Office of the Auditor General of Ontario. (Calculation = \$450 – Avg. Program Cost Per Diem)

Net LTCH “Savings”: SDL Program Fiscal 2009/10 - 2011/12 Q3

Program	# of Clients Taken From LTC Wait List or LTCH ¹	LTC Cost Per Diem ²	Net Savings
SDL	379	\$99.71	\$3,023,335

¹ Calculations have been adjusted to address clients coming out of LTC at different times and coming on/off the SDL program. The average days saved are 167.2. Costs are determined by $379 * 167.2 = 63,369$ days saved. $63,369 * (\$99.71 - \$52) = \$3,023,335$ in savings.

² LTCH costs are \$152.94 (full cost) - \$53.23 (patient co-pay) = \$99.71 per diem (or \$36,394 per year), which is representative of the cost to the healthcare system.

SDL Net Savings For 2 ¾ Years

Savings Sector	Net Range of Savings
Emergency Room	\$ 332,994
Hospital Days	\$ 6,717,444
Long Term Care Days	\$ 3,023,335
Total Savings	\$10,073,773

SDL Net Savings Annualized*

Savings Sector	Net Range of Savings
Emergency Room	\$ 121,089
Hospital Days	\$ 2,442,707
Long Term Care Days	\$ 1,099,395
Total Savings	\$ 3,663,101

* Estimated annual savings over 2 ¾ years

Savings/Benefits Not Quantified

- Reduced Ambulance Trips
- Decreased ER wait times
- Reduced medical complications as a result of delayed care (e.g. infections etc.)
- Reduce ER Visits & Hospitalization

The cost of improved patient experience and quality of care - PRICELESS