

Getting Ready for Big Data

A Journey through Data Governance

By Swapnil Rege, COO Peel Senior Link



#IoTHealthTO



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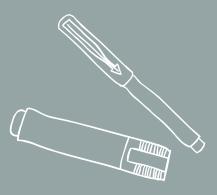


Agenda

- 1. Peel Senior Link
- 2. Big Data in Seniors Community Care
- 3. Data governance
- 4. Data privacy and security



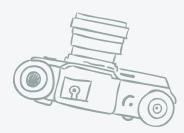




Helping Seniors Live Independently







"Quality and valued assisted living services by helping seniors live independently with dignity and respect"







Supports for Daily Living (SDL) Model Pre-2008

Diagram of Supportive Housing within the Continuum of Care **RESIDING IN OWN HOME** COMMUNITY SUPPORT SERVICES / HOME CARE (Visitation OUTREACH Services) (Visitation Services) INDEPENDENT LIVING (No Services) Phys. Dis. & ABI Physical Seniors Dis ACUTE CARE (Full Medical Care) ABI SUPPORTIVE HIV/AIDS HOUSING LONG TERM CARE

(24hr Services with

Medical Care)

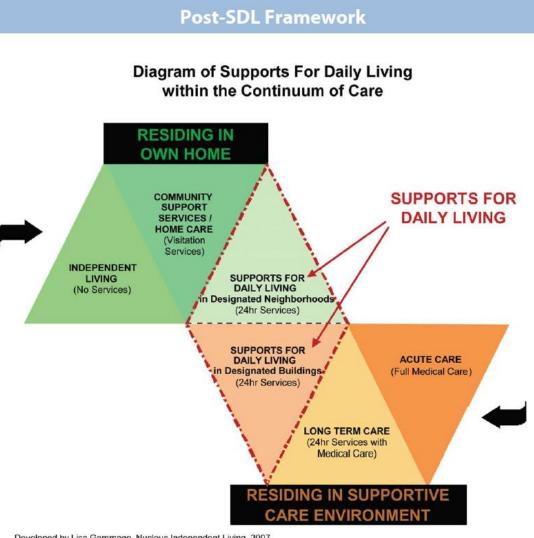
RESIDING IN SUPPORTIVE CARE ENVIRONMENT

Developed by Lisa Gammage, Nucleus Independent Living 2007

(24hr Services)

Pre-SDL Framework

Post-2008



Developed by Lisa Gammage, Nucleus Independent Living 2007



Hub and Spoke Model

	Personal Hygiene Activities	Personal Routine Activities of Daily Living						
Personal Support Services	 washing bathing mouth care hair care preventative skin care changing dressings (not wound care) routine hand and foot care 	 transferring/positioning turning dressing/undressing assistance with eating assistance with toileting (diapering, emptying/change leg bag, catheterization, bowel routine) assistance with exercise escort to medical appointments medication reminders; assistance with pre-measured medications 						
Homemaking Services	Light dusting, sweeping, vacuuming, mopping floors, washing dishes/ countertops, clean and disinfecting bathrooms Laundry and planning/preparing meals							
Attendant Services	Combination of personal support and homemaking services offered at clients' preferred, pre-determined time and pre-determined task they cannot physically do for self							



Our Impact





Total Clients Served

325



New Clients Served 103



ER Visits Diverted 103



Dollars Saved With Diverting ER Visits \$40,929*



Long-Term Care Diversions 36





Recognition

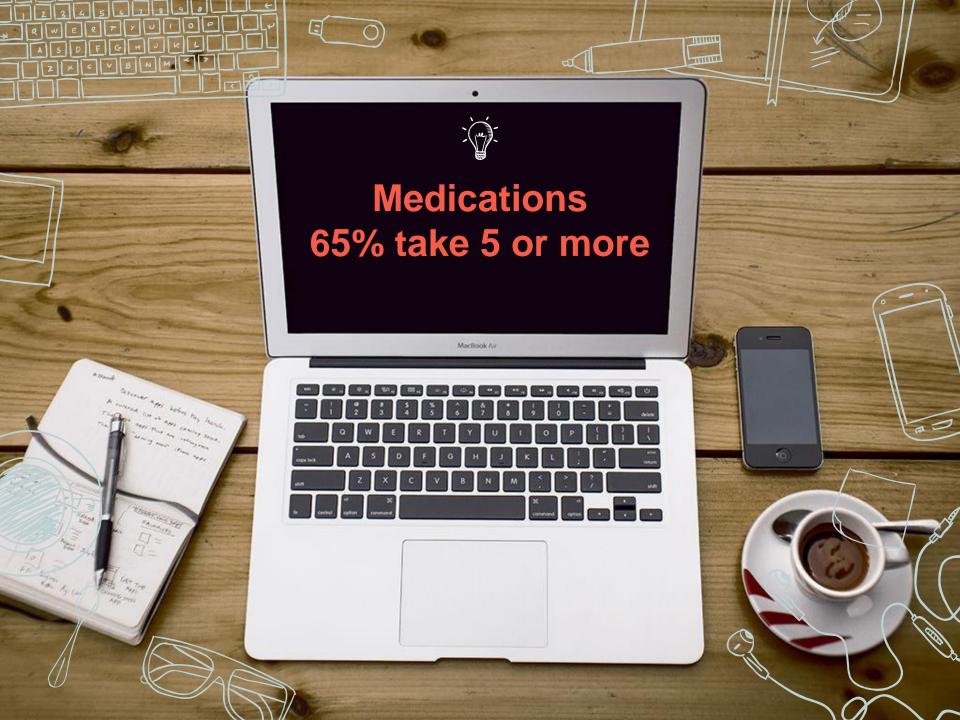
- 2009-2011: Best Small & Medium Employers in Canada
- 2011: Quality Team Award 3M Health Care
- 2014: Minister's Medal Excellence in Health Care Quality & Safety
- 2015: MH LHIN Person Centred Care Quality Award
- Accreditation: 2 consecutive Exemplary standings (2013–17 & 2017–21)
- 2017: CEO 25th Anniversary Leadership Award OCSA
- 2017: IDEAS & HQO
- 2009-2010: E-health and Metamorphosis network



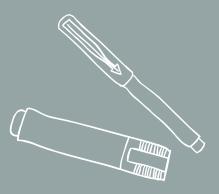












2. Big Data Use in Seniors Community Care









Improve Health of Population Enhance care experience Reduce cost of doing both



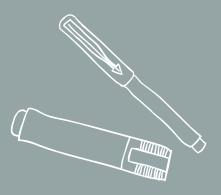
Advantages of Big Data in Seniors Community Care

Client Perspective

- Meaningful patterns
- Improved caregiving
- Better outcomes

Operational Perspective

- Efficiencies
- Reducing medication errors
- Identification of service capacity

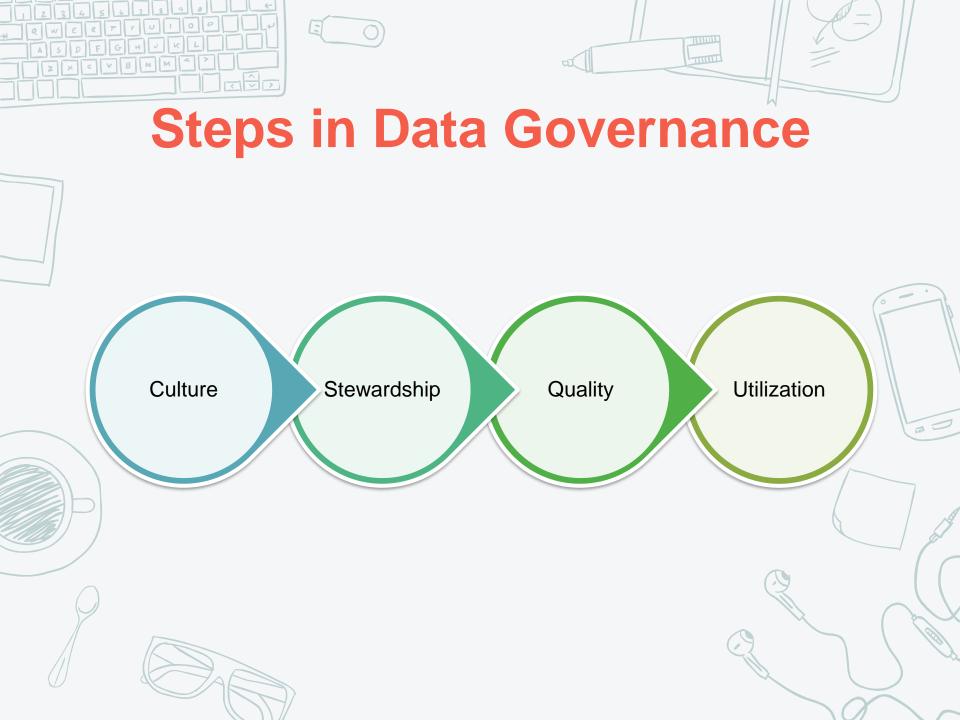


3. Data Governance

Getting Ready











Culture

- Executive leadership and support
- Utilizing communication strategies with all levels of staff to reinforce importance of data in driving decisions



Hiring of specialized staff



- CEO and COO highly involved
- Quality Assurance & Data Analyst
- Setting a culture of data-driven decision making







Stewardship

- Identification of data stewards
 - Client data
 - HR data
 - Finance data
- Typically in the director or manager level



Early identification



Client Data Employee data Finance data Staff scheduling Supervisors Director, HR Director, Finance/I&IT Scheduling Officer







Quality

- Consider handling by a specialized position
- Early identification on key data







Prior to 2016

- Messy data
- Lack of appropriate formatting for analytics or trends analysis
- Data input inconsistent





- Hiring of Quality Assurance & Data Analyst
- Determined what data was pertinent to collect
- Included all "necessary" data to be collected funder requirements
- Generating common understanding through definitions
- Assessed areas that intersect and can provide insight into clientele
- Ongoing cycle of ensuring appropriate information is collected and is clean





of Referrals by Referral Source Number of ER visits

Number of clients returned back to SDL from hospital

Number of clients removed from LTC Home waitlist

Client capacity

Total number of admits Total number of clients on waitlist CHESS scores of clients Average length of stay Languages spoken Falls

admissions by referral source

Number of clients on SDL Service entering hospital

Number of clients with SDL/CCAC Wait at Home Service

Number of clients diverted from LTC

Total clients on service Total number of discharges MAPLe scores of clients Admission age and gender Discharge reasons Medication errors









Number of ER visits Client capacity Total number of admits Total number of clients on waitlist MAPLe scores of clients CHESS scores of clients Average length of stay Languages spoken

Number of clients diverted from LTC Total clients on service Total number of discharges Medication errors Falls















- Final step in governance
- Organization ready to exploit and utilize the data
- Internal management dashboards can be produced
- External reporting becomes consistent and less error-prone
- Negotiations with funders become datadriven and transparent
- Lean processes become apparent





Need completion of quality work

- New client and HR management system
- Board Scorecard will continue to be refined as quality improves
- Data analysis and performance improvement





Performance Scorecard (FY17-18) View: Board of Directors



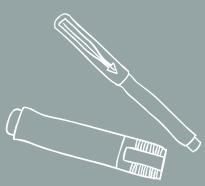
			GOAI	L S	RESULTS							
					-						—	
Category (dark fill) Key Performance Indicator (light fill)		Unit of Measure	PSL Goal		Avg. Q1 17-18	Avg. Q2 17-18	Oct.	Nov.	Dec.	Avg. Q3 17-18	YTD Avg. Completed QTRS or <u>YTD</u> <u>Total</u>	Desired Direction of Success
B- Service Excellence [Quality Committee]												
B1	Client Care Risk Index	#	5.80	Mth	3.45	3.67	5.25	2.25	3.55	3.68	3.56	Ŧ
CEO B1	Client Care Risk Index	#	5.80	Qtr	3.45	3.67	5.25	2.25	3.55	3.68	3.56	♦
B2	Complaints	#	4.0	Year	0	1	0	0	0	0	1	Ŧ
CEO B2	Client Satisfaction	%	90.0	4th Qtr Annual	n/a	N/A	n/a	n/a	n/a	N/A	N/A	1
B3	Satisfaction											
B3.a1	% Satisfaction via Client Survey - MH LHIN (Annually - March)	%	90	4th Qtr Annual	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1
B3.a2	% Satisfaction via Client Survey - CW LHIN (Annually - March)	%	90	4th Qtr Annual	n/a	n/a	n/a	n/a	n/a	0.0	n/a	1
B3.a3	% Satisfaction via Caregiver / Family Survey	%	85	Biennial	n/a	n/a	n/a	n/a	87.0	87	87%	1
B4	CEO Performance: Quality - Service Excellence											1
CEO B4.a	Collaborative Research	#	1	Annual	1	0.0	0.0	0.0	0.0	0.0	<u>1</u>	1
CEO B4.b	QIP	Y/N	Y	Annual	Y	Y	0.0	0.0	Y	Y	Y	 ✓
CEO B4.c	Execute QIP	Y/N	Y	Annual	Y	Y	0.0	0.0	Y	Y	Y	✓
CEO B4.d	Execute Health Equity Plan	Y/N	Y	Annual	N	Y	0.0	0.0	Y	Y	Y	✓
CEO B4.e1	Document and present medication management	Y/N	Y	Annual	Y	Y	0.0	0.0	Y	Y	Y	✓
CEO B4.e2	Accreditation	Y/N	Y	Annual	Y	Y	N	N	N	N	Y	✓

Printed: 02/02/2018 / (1:15 PM) Fillable Performance Scorecard 2017-18



Met or exceeded Acceptable range Unacceptable range

Result vs Target



Data Privacy and Security

Policies & Procedures





Data Privacy and Security

- Understanding Consent
- Understanding sensitivity of data
- Implementing appropriate security safeguards (e.g. access on a need to know basis)







Wrap Up

- Training
 - Communicating policies and procedures
 - Start from the leadership group
- For us
 - Training of all front-line staff following introduction of new system
 - Timeframe to ensure complete data governance process in place is 1-2 years







Thank you! Any questions?

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