

Helping Canadians Stay Healthy and Safe

Seat belts, life jackets, helmets and airbags are what usually come to mind when we think about safety. But information can be a tool for safety too—when it's used to support safety and prevention planning.

Data from CIHI are an essential ingredient in both government policy and the work of many organizations dedicated to promoting health and safety for Canadians. As you'll see in this issue, data from CIHI on the high risk of injury young people face in the workplace are encouraging the development of better safety training and education. Other information is also spurring calls for changes to drinking-and-driving legislation. Others are using CIHI data on water safety to identify what's needed to build a prevention strategy to make adults and children safer from drowning.

At the same time, as concern grows over the medication incidents that can hurt patients, CIHI is working with Health Canada, the Institute for Safe Medication Practice (ISMP) and the Canadian Patient Safety Institute (CPSI) to develop the Canadian Medication Incident Reporting and Prevention System (CMIRPS). By analyzing data to identify common problems, CIHI hopes to improve safe handling and administration of drugs to patients. With national data, health professionals can share information about even quite rare problems—and find solutions.



Some information can help prevent mistakes before they happen. In this issue of *Directions*, we look at how CIHI is putting in place assessment protocols designed to flag potential risks for patients as caregivers collect data in home care, long-term care and mental health care facilities.

These initiatives are examples of how broadly based, well-managed information is the cornerstone of good health for Canadians. ●

FEATURES

- 2 From the President
- 3 Safer Healthcare Now!
- 4 Trauma Information—Supporting Safety and Prevention in Canada
- 5 Identifying Safety Issues Through Real-Time Data Collection
- 7 Teaming Up to Strengthen Health Information Standards



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From the PRESIDENT

A new strategic plan provides an organization with the opportunity to take stock and set a clear and defined course for the future. CIHI's new strategic plan was developed over an intense yearlong process of consultation, and we are now putting the plan into action.

The plan starts by laying out the basic vision. Building on our success, CIHI will work to produce and disseminate unbiased, credible and comparable information.

The plan then commits us to *enhancing our data holdings*, with a particular commitment to developing new databases in pharmaceuticals and health human resources, and to broadening current databases to as many jurisdictions as possible.

A third direction commits CIHI to do *more in-depth analysis and reporting*, aimed at improving both health systems and the health of Canadians. As part of this strategic direction, the organization will develop a long-term analytical plan as a framework for CIHI's "knowledge building" activities.

The fourth strategic direction relates to *quality, both of data and of analysis*. Ways of assuring high quality include the use of expert advisory panels and a comprehensive data strategy, including re-abstraction and validation efforts and data quality reports to individual jurisdictions.

The fifth new direction is of crucial importance: *improving access to CIHI data and analysis, while assuring privacy*. The fundamental point of our activities as an organization is to provide information that gets used—by decision- and policy-makers, by health care managers and professionals and by the Canadian public. Keeping that in mind, the new plan commits CIHI to improving access to data through electronic and other means, improving the timeliness of data and strengthening our approach to privacy.

The sixth new direction commits CIHI to *planning for the future* of health information by identifying emerging trends and preparing ourselves to respond to future information needs.

And finally, CIHI will accomplish these goals by continuing to *build a dynamic and cohesive organization*.

Taken together, these seven directions should give a clear sense of what CIHI is and what it is becoming. We are committed to providing quality health information and to helping to ensure that the information is accessible and readily understood.

But that does not mean CIHI will become a body that advocates. From time to time, commentators in the media and elsewhere suggest that CIHI should take a stronger position on issues that are the subject of our reports.

We believe it is not CIHI's role to encourage particular courses of action. We provide solid information that on its own can and does make a significant and helpful contribution to the policy process. And we will not shy away from putting out information simply because it does or does not support a particular solution that one or more groups might advocate.

CIHI will succeed in fulfilling its mandate if we are careful to publish relevant, quality data, to synthesize and analyze the evidence and to make that data, evidence and analysis publicly available to Canadian decision-makers and the Canadian public.

If CIHI's work stimulates and informs discussion on pressing matters of health care policy, that is good. But that is as far as CIHI's role should go. ●

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President and CEO

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As of October 2005



Safer Healthcare Now!

A study last year by Ross Baker and Peter Norton showed that 1 in 13 adult patients admitted to acute care hospitals in Canada in 2000 experienced adverse events, and it sparked renewed interest in patient safety. A month later, CIHI's *Health Care in Canada 2004* report provided further information about how often different types of events—from mistakes with medications to hip fractures in hospital—occur in Canada, and how we compare with other countries.

Safer Healthcare Now!, a grassroots patient safety campaign, is one response to this issue. The pan-Canadian campaign focuses on six proven strategies, with a goal of achieving measurable reductions in avoidable morbidity and mortality. CIHI has joined with partner organizations from across the country to support the campaign's goals and its measurement strategy.

At the request of campaign participants, CIHI is leading the effort to calculate hospital standardized mortality ratios (HSMRs) for organizations throughout Canada. Developed by Sir Brian Jarman at the Imperial College in the United Kingdom, HSMRs have already motivated substantial reductions in mortality in hospitals on both sides of the

Atlantic Ocean. The measure allows organizations to track their own mortality rates, to compare these results to the overall average and to monitor progress over time.

For more information, or to find out how your organization can participate in the campaign, visit www.saferhealthcarenow.ca. ●



New Director of

Corporate Communications and Outreach

CIHI is pleased to introduce Karl Nerenberg, CIHI's new Director of Communications and Outreach. Karl leads and directs the corporate communications, media relations, publications, Web, translation and education teams.

Karl comes to CIHI from the Forum of Federations, an international network on federalism, where he held the position of Director of Public Information and Senior Editor for five years. Prior to joining the Forum, Karl spent two decades in both the French and English sides of the CBC, where he was a respected

broadcaster and a recipient of both a Gemini (for Best Light Information Program) and the Communauté des télévisions francophones award for Best International Reporting. Karl holds a Bachelor of Arts in Philosophy and a Diploma in Secondary Education from McGill University. He also enjoys playing



the piano, and you can find him sitting in at jam sessions and charity events in the National Capital area, mostly with the Verona Katz band. ●

Wait Times Program Status

Canadians from coast to coast consistently identify improving access to care as a top priority. Our new strategic directions respond to this view, identifying access to care (including wait times) as one of the priority themes for CIHI's analytical activities over the next three years. Already, work has moved forward in a number of areas. Examples include:

- **Wait times measurement symposium.** At the request of provinces and territories, CIHI hosted a symposium in October 2005 that explored shared challenges associated with the measurement of wait times.
- **Opt-in wait times data collection opportunities.** Wait times data elements have been incorporated in selected existing data sets, and focused new initiatives have also taken place, such as two snapshots of MRI and CT waits.
- **Information and analyses on access to care.** A range of recent analysis aims to start filling key information gaps about access to care, including the availability of major imaging services, the extent to which family doctors are accepting new patients, trends in waiting lists for organ transplants, financial barriers to access to care in Canada and other countries and waits for care in emergency departments. CIHI will also produce a report in the fourth quarter of 2005–2006 that will provide a portrait of what we know and don't know about wait times in and beyond the five priority areas identified by the First Ministers' Ten Year Plan. ●



Trauma Information—

Supporting Safety and Prevention in Canada

The CIHI statistics below made headlines across Canada this past year—with good reason. Just about every Canadian's life is touched by injury, and the costs in both human and financial terms are huge.

The information behind the statistics comes from CIHI's National Trauma Registry, a collection of clinical databases that hold a wealth of information. Whether the subject is injuries that most frequently lead to hospitalization and death, the group most vulnerable to spinal-cord injuries or age of those most likely to be hurt on the job, the trauma registry yields invaluable data.

In turn, this information helps shape decisions and practices to improve the health of Canadians. Take workplace injuries, for example. The analysis of the data shows a continuing trend for youth to be injured at a higher rate, and more severely, than most other workers.

1 in 10 severe injuries occur in the workplace

CIHI data, however, is already proving crucial in encouraging provinces to integrate workplace safety throughout the school curriculum—and in educating workers that on-the-job injuries are not inevitable. Standardized national statistics clearly show that Ontario and New Brunswick, which have the most advanced programs for teaching safety in school, have substantially fewer workplace accidents among youth.

That information, says Paul Kells, Executive Director of Passport to Safety (a Web site that gives youth the information they need to be safe on the job), is forcing other provinces to act. Mr. Kells says it used to be difficult to prove that there were recurring problems needing to be fixed, because all workers' compensation boards gathered and recorded workplace injuries differently.

"The first thing anyone did was challenge the data, but this data comes from the institutions that handle severe trauma," says Mr. Kells, whose son was killed in a workplace accident in 1994. He is already seeing the impact of an injury report CIHI released last April. "This report shows that safety education in schools—based on independent data that is unassailable—works. People will in time realize that prevention through education and awareness saves lives."

Motor vehicle collisions are behind more than half of alcohol-related trauma hospitalizations

Young people are also at particular risk of alcohol-related injuries. Recent CIHI analysis showed that severe injuries related to alcohol continue to increase in Canada—and youth make up a disproportionate number of those severely hurt in car crashes. The data also showed that the legal

drinking age in a jurisdiction influences the rate of injury in youth, which was important information for one interest group, Mothers Against Drunk Driving. This group is now using the data to pressure governments to increase the legal drinking age.

Andrew Murie, MADD's CEO, says the data showing a rising rate of drunk-driving deaths among 18- and 19-year-olds supports his organization's efforts to highlight the fact that teenage drivers complete their province's graduated driver's licence systems just as they reach legal drinking age—with fatal results.

"Ultimately, the data support our policy direction that more needs to be done to protect this very vulnerable group," says Mr. Murie. "There are groups that oppose more stringent drunk-driving laws, and legislators get confused about who to believe. That's where good clear evidence from CIHI, which is independent and arm's length, provides substantiation for what we say."

Children under the age of 5 are at highest risk of drowning

Another release of data from CIHI's National Trauma Registry this past summer used emergency-room information, for the first time ever, to examine water safety. The data confirmed what many emergency room professionals were already reporting anecdotally: while all children are at increased risk of injury or death in and around the water, children under 5 are at highest risk. This information is being used by prevention organizations and by all levels of government to plan programs to give children and adults the skills necessary to enjoy water recreation safely.

"Trusted data is essential to measuring progress on important files that require effective interventions," says Carolyn Bennett, the Minister of State for Public Health. "CIHI's work on drowning has been invaluable. The momentum created this past summer will help governments and organizations like the Lifesaving Society actually save lives."

Nothing can take away the pain of a premature death or devastating accident. However, effective use of the National Trauma Registry—the statistics distilled from the tragedies—will lead to greater safety for others in the future. As CIHI builds its trauma databases and does more in-depth analysis, opportunities to use the information to help save the lives of Canadians will also increase. ●



Assessment Protocols— Working to Help Real People in Real Time

In one recent use of the interRAI assessment protocols in a home-care setting in Ontario, the care provider assessed the client and entered the assessment data.

It became clear when the assessment protocol was triggered that the client, an elderly man with Alzheimer's, was at risk for falls, and also for wandering away from home. The protocol helped to identify a need for more supportive rails in the family home, a walker and deadbolts at the top of doors to keep the man from falling or slipping away unnoticed.

In a Nova Scotia nursing home recently, when the assessment protocols triggered warnings of possible risky wandering for several residents, the organization started a 24-hour observation program for those at risk. ●

Identifying Safety Issues Through Real-Time Data Collection

Often, when health care providers collect clinical information through their caregiving processes, the full benefits of the data may not be realized until the information appears in some type of report—sometimes months later. Yet more and more health facilities are asking for real-time information to help improve care. That's why CIHI is establishing reporting systems for home care, continuing care and mental health, based on interRAI clinical assessment instruments that highlight safety issues through immediate feedback to care providers.

These new reporting systems support the use of assessment protocols—derived from the comprehensive interRAI assessment of health and functional status—to flag potential hazards for individuals, whether they are hospital patients, continuing care residents or home care clients. When a care provider uses an assessment instrument to gather critical information (for example, a patient has balance problems, takes certain medications and is somewhat confused), the assessment protocols alert the care provider that the patient may be at risk of injury or further illness. The protocols provide summarized research findings, as well as clinical guidelines—guidelines that facilitate further investigation or intervention in order to minimize the identified risk.

CIHI, of course, does not provide health care. However, through collaboration with interRAI, CIHI reporting systems support continuous improvement of quality care in two ways: health care providers use an international standard

interRAI, an international, non-profit research organization that develops clinical assessment instruments, works closely with CIHI to support the implementation of these assessment instruments in Canada. The instruments help to improve the quality of front-line care and are also a rich source of health outcome data for health system managers and policy-makers and the Canadian public.

for assessment that promotes high-quality care planning, and the data collected as a byproduct of that care can support quality through best practices research.

"We are not only establishing comprehensive reporting systems, but also supporting health care providers with immediately useful applications," says Nancy White, Manager of Home and Continuing Care at CIHI. "Such a systematic approach to assessment and care planning is particularly useful where several different providers may care for one individual. Standardized assessment instruments promote communication between providers, with the goal of further enhancing care."

Ms. White says the real-time value of the assessment protocols encourages care providers to participate in a new and improved assessment and care planning process, while gathering data that will contribute to overall improvements in care for seniors and others receiving home care, continuing care or inpatient mental health services. ●

Learning From Medication Incident Data

Throughout our health care system, there is growing recognition that more can be done to protect Canadians from preventable adverse events, including those related to medications.

At one time, reporting of medication incidents was marred by a culture of “name, blame and shame” that limited reporting and open discussions by health care organizations. Now, there is a shift to openness and using reported information to understand why medication incidents occur and how to prevent them in the future.

CIHI is working in collaboration with Health Canada and the Institute for Safe Medication

Practices Canada (ISMP Canada) to develop and implement the Canadian Medication Incident Reporting and Prevention System (CMIRPS). By sharing information on medication incidents, this initiative will help to improve patient safety and quality of care across the country.

CIHI’s primary role in this initiative is the development, pilot testing and implementation of a reporting system by which Canadian hospitals will report medication incidents to the CMIRPS program. Once the reporting system is launched, CIHI will also be responsible for conducting analytical studies, responding to ad hoc requests for information and providing stakeholders with comprehensive reports.

The parties collaborating on the CMIRPS initiative are working closely with the Canadian Patient Safety Institute (CPSI) and an advisory committee to ensure effective fulfillment of the program’s purpose and goals.

This system will strengthen the ability of Canadian hospitals to manage and share medication incident information more effectively. With groups across Canada working together, voluntary medication incident reporting can be extended to ensure that lessons learned in one jurisdiction are available to reduce the risk of similar incidents occurring elsewhere—and patient safety can be improved across the country. For more information, please email cmirps@cihi.ca.

Improving Patient Safety in British Columbia

Health care is growing increasingly complex—and mistakes do happen. In the past decade, researchers around the world have started documenting patient safety and medical errors, particularly in acute-care hospitals. Now Canadian researchers and health planners are doing the same within the Canadian health system. Across the country, a number of government and non-government organizations have launched initiatives to improve patient safety.

Last year in B.C., the provincial government appointed the Patient Safety Task Force to “improve provincial standards for patient safety and identify additional safeguards.” The task force is working in collaboration with CIHI on a project to evaluate the accuracy and consistency of data for patient-safety indicators and to plan for ways to improve the quality of the data that make up the indicators.

Building safe processes for giving care requires measurable results and clear tracking of problems; good data is an essential component of any efforts to improve patient safety. CIHI has been working hard to develop techniques for measuring indicators and outcomes—and this work is of increasing importance to health care planners and administrators across the country.

To date, the B.C. task force has reviewed the status of patient-safety indicator development and reporting in B.C., including work by the province’s Ministry of Health, by health authorities around B.C. and by CIHI. Already, this work is garnering attention from other provinces, as it may well serve as a model for improving safety for patients in hospitals and other facilities across Canada.



Where You'll See CIHI Next!

OCTOBER 2005

25–28 International Society for Quality in Health Care, Vancouver

25 Responding to the Challenge: Optimizing Performance in Health Care Through Financial Intelligence, Toronto

31–Nov. 2 Ontario Hospital Association Health Achieve 2005, Toronto

NOVEMBER 2005

3–5 Canadian Home Care Conference, Banff

6–8 The 2005 Canadian Injury Prevention and Safety Promotion Conference, Halifax

12–15 HL7 Canada Education Summit and Conference, Victoria

15–17 Partnership Fall Conference, Victoria

22–23 Ontario Public Health Association 2005 Conference, Toronto

DECEMBER 2005

8–9 2nd Annual Patient Safety and Adverse Events, Toronto

8–10 2005 Family Medicine Forum, Vancouver

Teaming Up to Strengthen Health Information Standards

On November 15 to 17, CIHI will host the fall 2005 Partnership for Health Information Standards Symposium in Victoria, B.C. The symposium theme, "Conform to the Norm," will focus on the importance of conforming to health information standards. This event will attract a wide range of Canadians—from vendors and health care providers to decision-makers and standards developers—bringing them together to network, dialogue and learn about the latest in conformance plans and activities, as well as health information standards.

The symposium will feature keynote speaker Ken Fyke, former Chair of Canadian Blood Services and recent recipient of the Order of Canada for his leadership in the fields of health policy and administration. Presentations and breakout sessions will revolve around the following topics:

- **The elements of conformance**—engaging attendees on the business case for conformance, and various for-profit and not-for-profit approaches to conformance;
- **The Partnership at work**—providing opportunities for input, feedback and validation on a number of health information standards projects; and
- **What's going on in conformance?**—offering local, regional, national and international perspectives on conformance to health information standards.

This event will explore successful approaches for achieving conformity, and the many practical applications for conformance at multiple levels of our health care system.

For more information, please visit www.cihi.ca/partnership or contact the Partnership Secretariat at partnership@cihi.ca. ●



CIHI Named One of Canada's Top 100 Employers



Every day, CIHI contributes to improving Canada's health system and the health of Canadians. At the heart of this work is our winning team of highly skilled, knowledgeable professionals who care about making a difference. We support our team by offering new challenges, tools, training and opportunities to help staff grow and realize their goals.

Understanding and celebrating the value of our staff has always been a key part of CIHI. That is why we are so proud to have been named one of Canada's Top 100 Employers once again in 2006. ●

Careers at CIHI



At CIHI, our work is challenging and constantly evolving, and we put a high value on people with the skills and talents to handle it. We're serious about investing in building a winning team, and it shows: in our latest employee survey, conducted by the Hay Group, and

where CIHI was compared to 500 other companies, our people gave us top marks!

At CIHI, employees are encouraged to take on new challenges and are provided with the tools, the training and the opportunity to realize their goals. We offer competitive

salaries, generous vacation entitlement, an excellent flexible benefit scheme and a comprehensive pension plan.

If you would like to join our team, please visit our Web site for more information on current opportunities, at www.cihi.ca. ●

CREDITS

CIHI Directions ICIS is published by the Canadian Institute for Health Information (CIHI). CIHI collects and analyzes information on health and health care in Canada and makes it publicly available. Canada's federal, provincial and territorial governments created CIHI as a not-for-profit, independent organization dedicated to forging a common approach to Canadian health information. CIHI's goal: to provide timely, accurate and comparable information. CIHI's data and reports inform health policies, support the effective delivery of health services and raise awareness among Canadians of the factors that contribute to good health.

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Cette publication est également disponible en français.

Recently Published Reports



Canadian Joint Replacement Registry 2005 Report: Total Hip and Total Knee Replacements in Canada

This report provides information on total hip and total knee replacement surgeries performed in Canada and includes information on patient demographics, place, waiting times for surgery and selected surgical and clinical parameters.



Southam Database Annual Report: Supply, Distribution and Migration of Canadian Physicians, 2004

This report provides demographic and descriptive statistics for physicians in 2003, including international entries and exits, as well as migration within Canada.



Special Report: Understanding Emergency Department Wait Times

The first of three reports focusing on selected emergency departments in Canada. This report looks at when patients are accessing emergency care, how long they are waiting to see a physician and how long these visits last. Other reports in the series will build on the information contained in this report.



Special Report: Exploring the 70/30 Split: How Canada's Health Care System Is Financed

Explores the variation in funding for health care services across Canada, providing comparisons at the national, provincial/territorial and clinical service levels. This report takes a closer look at who pays for what types of health services by providing a clear, detailed and comparative picture of health financing in Canada.



Hospital Mental Health Services in Canada 2002–2003

Examines hospital stays for seven different diagnosis categories of mental illness by focusing on separation rates and length of stay. This report summarizes the results of the analysis of inpatient mental health data, based primarily on CIHI's Hospital Mental Health Database for 1998–1999 to 2002–2003.



Workforce Trends of Regulated Nurses in Canada

Workforce Trends of Registered Nurses in Canada, 2004, Workforce Trends of Licensed Practical Nurses in Canada, 2004 and Workforce Trends of Registered Psychiatric Nurses in Canada, 2004 provide information on the number of nurses in Canada by various demographic, practice and education characteristics (2004 data).