Canadian Institute for Health Information (CIHI)
An Overview
Our Vision

Our Mandate
To lead the development and maintenance of comprehensive and integrated health information that enables sound policy and effective health system management that improve health and health care.

Our Values
Respect, Integrity, Collaboration, Excellence, Innovation
CIHI’s Data Holdings

• 28 databases of **comparable** health information
  – Health spending
  – Health workforce
  – Types of care: acute hospital, specialized services, community care and pharmaceuticals

• Some of our largest databases receive over 3 million records per month
Standardized point-of-care data collection uses a strategy to collect once, use many times.

### Individual
- Assess individuals’ health status
- Make clinical decisions
- Evaluate care

### Organization
- Evaluate services and programs
- Compare with peers
- Allocate resources

### System
- Monitor performance
- Demonstrate accountability
- Align resources/funding
interRAI

Researchers and clinicians in 30+ countries

- Non-profit organization
- International evidence
- Science behind assessments
- A common language
- Decision support tools
- Electronic Health Record ready
Canadian Approved Standards

Long-Term Care

Home Care

Mental Health
CIHI-RAI Reporting Systems
Status  October 2014

Continuing Care
- Current Data
- Historical Data
- Submissions Pending

Home Care
- Current Data
- Historical Data
- Submissions Pending

Mental Health
- Current Data
interRAI Assessment Outputs

Assessment

- Care Plan
  - Case-mix
  - Single Point Entry

- Resource Allocation
  - Balance Incentives

- Outcome Measures
  - Evaluation
  - Best Practices
  - Risk Management
  - Patient Safety
  - Quality Improvement
  - Public Accountability
  - Accreditation

Source: J.Hirdes. InterRAI 2015
Provides a broad view of an individual at a point in time

Physical Function
ADL, balance, vision, communication

Cognition and Mental Health
Cognitive function, mood, behaviour

Services and Access
Medications, procedures, therapies, resources, wait times

Quality of Life
Activities, relationships, participation

Clinical Management
Health conditions, infections, nutrition, skin, falls, pain
Data is used at the point of care for clinical decision-making...

Vendor software/Web application

Clinical Summary
- Outcome Scale scores
- Clinical Assessment Protocols

Individual Care Plan
…and for health system use with longitudinal aggregate comparative reporting from CIHI

Facility/Agency/Organization

CIHI Database

Facility/Agency/Organization access secure CIHI site

Aggregate information available to Ministries of Health and Facility/Agency/Organization for planning services, quality monitoring and improvement

eReporting
✓ Demographics
✓ Client Outcomes
✓ Quality and Safety
✓ Resource Utilization

CIHI Privacy and Security Policy Framework
What can be done with RAI Home Care and Continuing Care Assessments?
What the assessments look like

### Continuing Care

**SECTION B: COGNITIVE PATTERNS**

<table>
<thead>
<tr>
<th>B1</th>
<th>COMATOSE</th>
<th>(Persistent vegetative state or no discernible consciousness)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0. No</td>
<td>1. Yes (Skip to item G1)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B2</th>
<th>MEMORY</th>
<th>(Recall of what was learned or known)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>a. Short-term memory OK—seems or appears to recall after 5 minutes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b. Long-term memory OK—seems or appears to recall long past</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B3</th>
<th>MEMORY/RECALL ABILITY</th>
<th>(Check all that resident was normally able to recall during the LAST 7 DAYS.)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>a. Current season</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b. Location of own room</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c. Staff names/faces</td>
<td></td>
</tr>
<tr>
<td></td>
<td>d. That he/she is in a facility</td>
<td></td>
</tr>
<tr>
<td></td>
<td>e. NONE OF ABOVE are recalled</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B4</th>
<th>COGNITIVE SKILLS FOR DAILY DECISION MAKING</th>
<th>(Made decisions regarding tasks of daily life.)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0. INDEPENDENT—decisions consistent and reasonable</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1. MODIFIED INDEPENDENCE—some difficulty in new situations only</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. MODERATELY IMPAIRED—decisions poor; cues or supervision required</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. SEVERELY IMPAIRED—never/rarely made decisions</td>
<td></td>
</tr>
</tbody>
</table>

### Home Care

**SECTION B: COGNITIVE PATTERNS**

<table>
<thead>
<tr>
<th>1</th>
<th>MEMORY RECALL ABILITY</th>
<th>(Code for recall of what was learned or known)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0. Memory OK</td>
<td>1. Memory problem</td>
</tr>
<tr>
<td>a</td>
<td>Short-term memory OK—seems/appears to recall after 5 minutes</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Procedural memory OK—can perform all or almost all steps in a multitask sequence without cues for initiation</td>
<td></td>
</tr>
</tbody>
</table>

**SECTION B: COGNITIVE PATTERNS**

<table>
<thead>
<tr>
<th>2</th>
<th>COGNITIVE SKILLS FOR DAILY DECISION MAKING</th>
<th>(Made decisions regarding tasks of daily life.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>How well client made decisions about organizing the day (e.g., when to get up or have meals, which clothes to wear or activities to do)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>0. INDEPENDENT—decisions consistent/reasonable/safe</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1. MODIFIED INDEPENDENCE—Some difficulty in new situations only</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. MINIMALLY IMPAIRED—In specific situations, decisions become poor or unsafe and cues/supervision necessary at those times</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. MODERATELY IMPAIRED—Decisions consistently poor or unsafe, cues/supervision required at all times</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4. SEVERELY IMPAIRED—Never/rarely made decisions</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Worsening of decision making as compared to status of 90 DAYS AGO (or since last assessment if less than 90 days)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>0. No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1. Yes</td>
<td></td>
</tr>
</tbody>
</table>
## B. Cognition and Mental Health

<table>
<thead>
<tr>
<th>7. Cognitive Loss</th>
<th>0</th>
<th>Not Triggered</th>
<th>1</th>
<th>Triggered to monitor for risk of cognitive decline</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2</td>
<td>Triggered to prevent decline</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>8. Delirium</th>
<th>0</th>
<th>Not Triggered</th>
<th>1</th>
<th>Triggered</th>
</tr>
</thead>
</table>

Cognitive Loss—identifies persons who have a decline in cognition that threatens personal independence and increases the risk for long-term facility admission.

Delirium—focuses on issues of delirium (acute cognitive loss) and the related differential diagnosis of chronic cognitive loss and dementia.
Outcome Scales
Useful to the care provider and for calculating statistics

Example: The Cognitive Performance Scale, which gives a composite score for cognitive performance.

The following decision tree illustrates how the CPS score is determined:

Source
Quality Indicators
Useful for calculating statistics

Indicate the percent of residents who show a certain clinical issue, after correcting for a series of factors.

Examples of things being measured:

<table>
<thead>
<tr>
<th>Taken antipsychotics without a diagnosis of psychosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has fallen</td>
</tr>
<tr>
<td>Has one or more infections</td>
</tr>
<tr>
<td>Worssened stage 2 to 4 pressure ulcer</td>
</tr>
<tr>
<td>Has a new stage 2 to 4 pressure ulcer</td>
</tr>
</tbody>
</table>

Let’s have a look at some tables…
Thank You!