Research Affinity Group
October, 2010
Cindy Mosher
Atlantic Regional Office
Discussion Points

1. Quick Corporate Review
2. Atlantic Office
3. Seniors information/data
   I. Falls among Seniors, Atlantic Canada
   II. Caring for Seniors with Alzheimer’s
   III. Supporting Informal Caregivers
4. Accessing information
About CIHI

> Independent, not-for-profit organization established in 1994

> Governed by a Board of Directors

> Funding; primarily by Health Ministries

> 6 office locations across Canada
Key Activities

Standards
Development, maintenance and promotion of national health information standards

Indicators
Establishment and promotion of national standardized health indicators

Databases
Creation and maintenance of relevant databases and registries; analysis and publication of their data
Our Privacy and Confidentiality

- Critical component of work; active and vigorous policies and procedures
- Stays up-to-date with privacy developments
- Privacy program meets rigorous provincial standards
- Data holdings do not generally contain names and addresses
Our Data Quality Framework

There are five dimensions comprising CIHI’s strategy for maintaining data quality:

- Accuracy
- Comparability
- Timeliness
- Usability
- Relevance
Strategic Directions 2009 to 2012

> **DATA**: enhance the **scope**, **quality** and **timeliness** of CIHI data holdings

> **ANALYSIS**: continue to produce **quality information** and **analyses** that are relevant and actionable

> **UNDERSTANDING & USE**: work with **stakeholders** to increase the understanding and use of CIHI data and analyses in a timely and privacy-sensitive manner
Stakeholders

- Non-governmental organizations
- Researchers
- Advocates
- Professional associations
- Private sector organizations
- Ministries of health
- Regional health authorities
- Health facilities
- Statistics Canada
2. Atlantic Office

- Locate CIHI products and analytical capacity
- Highlight educational opportunities
- Collaborate on projects
- Support capacity building activities
Atlantic Regional Office

- New Opportunities
- Enhance Awareness
- Provide Support
- Build Partnerships
- Respond to Stakeholders
- Exchange Information
- Monitor

Atlantic Office
3. Seniors information/analysis

> Three recent Analysis in Brief reports;

  – Falls Among Seniors - Atlantic Canada, June 2010

  – Caring for Seniors with Alzheimer’s, August 2010

  – Supporting Informal Caregivers, August 2010
Analysis in Brief

Supporting Informal Caregivers—The Heart of Home Care
Executive Summary

Drivers in Canada. A recent conservative estimate of $25 billion\(^1\) to $30 billion\(^2\) in support to seniors who are living at home for complex health conditions, as well as those in need of assistance to stay independent, is expected to grow due to an aging population. Home care, including long-term home care, is experienced by many seniors, particularly those with a starting point for an illness and its potential impact on community services, residential care and hospital systems.

Who We Are
Established in 1989, CIHI is an independent, not-for-profit corporation that provides essential information on Canada’s health system and the health of Canadians. Funded by federal, provincial and territorial governments, we are guided by a Board of Directors made up of health leaders across the country.

Canada’s aging population is projected to continue growing, placing increased pressure on our healthcare system. To help improve Canada’s health system and the well-being of Canadians by being a leader in health information, we are dedicated to providing essential information that will enable health leaders to make better-informed decisions.

Our Vision
To help improve Canada’s health system and the well-being of Canadians by being a leader in health information, we are dedicated to providing essential information that will enable health leaders to make better-informed decisions.

Analysis in Brief

June 2010 Types of Care

Falls Among Seniors—Atlantic Canada

During 2007–2008, the age-standardized falls-related hospitalization rate for seniors was 12 per 1,000 for New Brunswick and Labrador, 13 per 1,000 for Nova Scotia and 16 per 1,000 for Prince Edward Island and New Brunswick.

Table 1
Age-Standardized Falls-Related Hospitalization Rate for Seniors, 2007–2008

<table>
<thead>
<tr>
<th>Standardized Rate (SP)</th>
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Notes
* Data from seniors who were not residents of the territories.

During 2007–2008 in Atlantic Canada, approximately 65% of seniors with falls-related hospitalizations fell at home, while 13% fell in a residential institution.

Analysis in Brief

August 2010 Types of Care

Caring for Seniors With Alzheimer’s Disease and Other Forms of Dementia
Executive Summary

This study explores two emerging CIHI data holdings that inform health system planning for the care needs of a growing number of Canadians with Alzheimer’s disease and other forms of dementia. This population is expected to double within the next 30 years, to 1.1 million or nearly 5% of Canadians. Key findings include the following:

- One in five seniors (20%) receiving publicly funded long-term home care had a diagnosis of Alzheimer’s disease and/or other dementias. This rate was nearly three times higher (37%) for seniors living in a residential care facility, such as a nursing home or long-term care home.
- There was an overlap in the populations served by these two sectors. One in six (17%) seniors with dementia and low impairment—those experiencing moderate to severe difficulty with basic cognitive and self-care functions—were living at home with home care. At the other end of the spectrum, the same proportion of seniors with dementia and low impairment—or little difficulty with cognition and self-care—were living in residential care.
- Among the low-impairment (higher-functioning) seniors with dementia, those newly admitted to residential care were twice as likely to be unmarried (defined as widowed, separated, divorced, or never having been married). This highlights the critical role of the spouse in helping seniors with dementia stay at home.
- Wandering, with an odds ratio of almost seven, was the most powerful factor explaining why a person with dementia and low impairment would be in a residential care facility rather than at home with home care. A recent hospital admission, resisting care and physically abusive behaviour were also important factors.

These findings suggest that there are important reasons why some seniors with dementia, even those with relatively mild symptoms of impairment, are unable to stay at home. Many of these same factors were highlighted in a recent CIHI study on the factors associated with informal caregiver distress, a common reason for seniors’ admission to residential care.

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To help improve Canada’s health system and the well-being of Canadians by being a leader in health information, we are dedicated to providing essential information that will enable health leaders to make better-informed decisions.

Federal Identity Program
Production of this report was made possible by financial contributions from Health Canada and provincial and territorial governments. The views expressed herein do not necessarily represent the views of Health Canada or any provincial or territorial government.
I. Falls Among Seniors - Highlights

> Provides sequential analysis, following the “story” of a senior who falls.

> Released June 8, 2010: www.cihi.ca

**CIHI** data sources:
- National Trauma Registry
- Discharge Abstract Database
- Patient Cost Estimator
- Health Indicators

**Other** Policy type resources: Provincial/International
Summary...

60% of Seniors hospitalized with a fall related injury in Atlantic Canada, fell at home. Seniors admitted to hospital as a result of falling, on average their Length of Stay was 6 days longer than Seniors hospitalized without a fall event.

1 in 5 non-residential care patients in Atlantic Canada were transferred into a residential care facility after being hospitalized for a fall.
Age-standardized Fall Related Hospitalization Rate for Seniors in 2007/08

NOTES: * Excluding Quebec residents. Data from Nunavut, NWT & Yukon suppressed due to small cell size
SOURCE: Discharge Abstract Database. 2007/08. Canadian Institute for Health Information.
Acute Length Of Stay

Average Seniors Length of Stay for Fall Related Hospitalizations versus All Other Hospitalizations in 2007/08

NOTES: * Excluding Quebec residents. Data from Nunavut, NWT & Yukon suppressed due to small cell size

SOURCE: Discharge Abstract Database. 2007/08. Canadian Institute for Health Information.
Percent of Non-residential Falls Transferred to Residential Care after a Fall Related Hospitalization in 2007/08

NOTES: * Excluding Quebec residents. Data from Nunavut, NWT & Yukon suppressed due to small cell size
SOURCE: Discharge Abstract Database. 2007/08. Canadian Institute for Health Information.
II. Caring for Seniors with Alzheimer’s and other forms of Dementia - highlights

> The population of individuals with Alzheimer’s Disease and other forms of Dementia is expected to double within the next thirty years to nearly 3% of the Canadian Population

> **Data Source:** Home and Continuing Care Reporting Systems, 2007-08, 2008-09 data from CIHI.
Characteristics of Seniors with Dementia

- Publicly funded home care
  - 20% with Dementia
  - 42% aged 85 and older
  - 42% married
  - 99% with at least one informal caregiver
  - 16% higher levels of cognitive impairment
  - Lower levels of ADL impairment

- Residential care
  - 57% with Dementia
  - 59% aged 85 and older
  - 26% married
  - 37% higher levels of cognitive impairment
  - Higher levels of ADL impairment
Resource Utilization

A higher proportion (near 5%) of seniors with Dementia receiving home care services had emergency room visits and hospital admissions than those living in residential care.
Summary…

20% of Seniors
Receiving home care through public funds have a diagnosis of Alzheimer’s or other Dementia.

Higher functioning seniors with Dementia newly admitted to residential care were twice as likely to be unmarried.

Wandering was the most powerful factor explaining why a person with Dementia and low impairment would be in a residential care facility.
III. Supporting Informal Caregivers: highlights

There are more than two million informal caregivers in Canada\(^1\)

Of more than 131,000 home care clients aged 65 and older included in the study, only 2\% are coping without informal caregiver support or 98\% of home care clients also receive some form of informal caregiver support.

**Data Source:** Home Care Reporting System, CIHI

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\(^1\) Statistics Canada, General Social Survey. Cycle 16: Aging and Social Support. 2002
Caregiver Distress

> “Overall impact of physical, psychological, social and financial demands of caregiving”

- **98%** of seniors receiving publicly funded long term home care have one or more informal caregivers
  - 75% married clients listed *spouse* as primary source
  - 75% unmarried clients listed *child* as primary source
Types of informal care

> **98%** provided emotional support

> **90%** provided IADL support
   (meals, housework, transportation)

> **43%** provided ADL support
   (toileting, bathing, dressing)
Triggers of Caregiver Distress

- Hours of informal care provided
- Client function
- Client mood
- Client behavior
- Client cognition
Strongest predictors of Caregiver Distress

- Client’s level of cognition (3x)
- Number of hours of informal care provided (2.5x)
- Client’s symptoms of depression or difficulty with IADL’s (nearly 2x)
Higher caregiver distress noted among:

Informal Caregivers who;

- Provide more than 21 hours of supported care (28%)
- Care for seniors with symptoms of depression (32%)
- Care for seniors with moderate/severe cognitive problems (37%)
- Care for seniors with aggressive behaviors (52%)
For more information

> ccrs@cihi.ca
> hcrs@cihi.ca

_Or_ contact the Atlantic Regional Office
4. Accessing Information

> Education
> Data
> Expertise
> Health Information
Education

> Over 350 Learning Opportunities in 2008
  – Self learning
  – Online learning
  – Face-to-face sessions
  – Custom workshops

> Conference’ and Summits
  – Plenary Speaker, Workshops
Checking in
Help us understand how well we are delivering our products and services and what we can do to improve.

Did you know?
Children from low-socio-economic status groups have hospitalization rates for asthma 56% higher than children from high-socio-economic status groups.

Education/Conferences
- Education—What’s New
  - Acute Coronary Syndrome, Part 2 (eLearning)
  - Basic DAD Abstracting (eLearning)
  - Introduction to the National Ambulatory Care Reporting System (NACRS) (SLP)
  - Introduction to Case Mix for NRS, OMHRS, CCRS and HCRS (eLearning)
  - Making DAD and NACRS Work for You (SLP)

Latest News
- March 31, 2009
  - Patients hospitalized for mental illness in Ontario see decrease in signs of depression, aggression
- March 25, 2009
  - Regrouping Historical Data (CIHI reference document)
- March 19, 2009
  - Payments to Canadian physicians up 4.7% in 2006–2007 from the previous year
- March 3, 2009
  - New CIHI analysis shows positive mental health linked to better physical health

Archives

Featured Reports

- National Physician Database, 2006-2007 Data release

- Physicians received $14.8 billion in total payments for clinical services in Canada in 2006-2007, a 4.7% increase over 2005-2006, according to new data from the Canadian Institute for Health Information (CIHI).

- Improving the Health of Canadians: Exploring Positive Mental Health

- Improving the Health of Canadians: Exploring Positive Mental Health explores the concept of positive mental health by looking at mental health as distinct from...
Privacy Statement

CIHI collects and uses your personal information from your enrollment into our workshops and distance learning products to maintain a record of attendances and to maintain communication with you for future education workshops and CIHI activities. Upon request, CIHI may provide facility/regional administrators or provincial and/or territorial ministries of health with this information for ongoing monitoring purposes. CIHI does not otherwise disclose, give or sell your personal information.

Search by topic

- Continuing Care Reporting System (CCRS)
- Case Mix
- Canadian Organ Replacement Register (CORR)
- Canadian Population Health Initiative (CPHI)
- Discharge Abstract Database (DAD)
- Home Care Reporting System (HCRS)
- Health Indicators
- ICD-10-CA and CCI Classifications
- Management Information Systems Standards (MIS)
- National Ambulatory Care Reporting System (NACRS)
- National Rehabilitation Reporting System (NRS)
- Ontario Mental Health Reporting System (OMHRS)

Customized education services

Search by Location

Please select Province/Territory

Alberta
Data

> National/ Jurisdictional Comparators

> 27 Data Holdings
  – Health Services
  – Health Spending
  – Health Human Resources
Home Care Reporting System (HCRS)

Home care is recognized as a critical component of an efficient and effective health care system. To meet the need for consistent, comparable home care information, CIHI developed the HCRS.

What’s New

- Supporting Informal Caregivers – The Heart of Home Care
- Caring for Seniors With Alzheimer’s Disease and Other Forms of Dementia
- interRAI Contact Assessment Information and Implementation Steps (PDF) 228 KB
- HCRS Quick Stats Tables 2007-2008 (XLSX) 266 KB
- Data From the Home Care Reporting System Now Available for 2008–2009
- HCC February 2010 Update (PDF) 257 KB
- Coding Standards for RAI-HC in Hospital Settings
- Information Sheet: Using the RAI-HC in Hospital Setting (PDF) 187 KB
Continuing Care Reporting System (CCRS) was created to be a resource for standardized clinical and administrative information on continuing care in Canada. The database includes detailed clinical, functional, and service information that identifies residents' preferences, needs, and strengths, and provides a snapshot of the services they use. At the clinical level, CCRS data guide front-line care planning and quality improvement, and support analysis of resident risks and outcomes over time. At the management and policy-making level, the data are used to support planning, quality improvement, funding and accountability.

The CCRS captures information on individuals in publicly funded facilities of two types:

- Hospitals that have beds designated and funded as continuing care beds, commonly known across Canada as extended, auxiliary, chronic, or complex care beds; and,
- Residential care facilities, commonly known across Canada as nursing homes, personal care homes or long-term care facilities.

What's New?

- Information Sheet: Quality Indicators (PDF) 348 KB
- Supporting Informal Caregivers – The Heart of Home Care
- Caring for Seniors With Alzheimer’s Disease and Other Forms of Dementia
- Profile of Residents in Continuing Care Facilities 2008-2009
- Depression Among Seniors in Residential Care
Expertise

> Standards
> Data Quality
> Analysis
> Privacy and Protection
> Case Mix
> Methodologists
Health Information

> Analysis in Brief

> Reports
  – Annual
    • Wait Times
    • Health Indicators
  – One-off, series
    • Mental Health
Canadian Institute for Health Information
Taking health information further

Checking in
Help us understand how well we are delivering our products and services and what we can do to improve.

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Education

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Warning Against Fraudulent

CIHI Portal
Education
Careers
eQuery
Publications
Media

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National Physician Database, 2006-2007 Data release
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Improving the Health of Canadians: Exploring Positive Mental Health
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5. Other

> Navigate Website - locate reports / information
> E-Query
> Quick Stats
> Sign up
> E-Reports
> Portal
E-query

> Online access to previously answered questions
> Submit your own question for a timely response.
> Found on main page CIHI website.
Quick Stats by Source

You are in: CIHI > Quick Stats by Source

Quick Stats by Source

Select a statistic based on the source database:

- Canadian Joint Replacement Registry (CJRR)
- Canadian MIS Database (CMDB)
- Canadian Organ Replacement Register (CORR)
- Continuing Care Reporting System (CCRS)
- Discharge Abstract Database (DAD)
- Home Care Reporting System (HCRS)
- Hospital Mental Health Database (HMHDB)
- Hospital Morbidity database (HMDB)
- Licensed Practical Nurses Database (LPNDB)
- National Ambulatory Care Reporting System (NACRS)
Home Care Reporting System (HCRS)

CIHI provides a range of free, aggregate-level data on Home Care Reporting System (HCRS). More comprehensive data may be available in published reports.

Free data are presented in one of two ways:

1. Pre-formatted tables provide a snapshot of the data. Frequently, these have been published in association with a media release. These pre-formatted tables are identified by a symbol.

2. Interactive data provide a dynamic presentation of health statistics, in which data can be manipulated, printed and exported. These interactive data are identified with a symbol. These reports are optimized to work in Internet Explorer 7.0 or 6.0.2 and Firefox 3.0 or 2.0. Click here to watch a short video on how to understand and use these reports.

These are the available Statistics:

- Supporting Informal Caregivers – The Heart of Home Care
- HCRS Quick Stats Tables 2007-2008
- Referral Source, Yukon Home Care, 2006-2007
- Selected Characteristics by MAPLE Score, Assessed Longer-Term Clients, Yukon Home Care, 2006-2007
- Selected Demographic Characteristics by Client Group, Yukon Home Care, 2006-2007
- Number of Days Between Referral to Home Care and Start of Case Management, Yukon Home Care, 2006-2007
- Length of Service by Client Group, Shorter-Term Clients, Yukon Home Care, 2006-2007
- MAPLE Score Distribution, Assessed Longer-Term Clients, Yukon Home Care, 2006-2007
Supporting Informal Caregivers
The Heart of Home Care

August 26, 2010

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02. Logistic Regression Model Predicting Caregiver Distress
Sign Up

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> Distribution list
> Communications
> Client Services
E-Reports

- Aggregate static reports available to health care stakeholders
- Ministry
  - Data Quality Reports by Jurisdiction
  - HSMR Quarterly Reports
  - Ministry Quarterly Reports
- Health Care Facility
  - e-CHAP
  - e-NACRS
**What is CIHI Portal**

CIHI Portal integrates four distinct services within a single, premium health information offering. The first component is a powerful **business intelligence suite**, which is supported by a comprehensive **education program**. Underlying this are user-based **communities of practice**. The final component of CIHI Portal is its **customized solutions** service, which responds to special user needs. Together, these components create a unique experience in using health information.
Portal in use
Atlantic Office

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