Canadian Institute for Health Information (CIHI) An Overview

Our Vision

Better data. Better decisions. Healthier Canadians.

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 strategy to collect once, use many

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

Welcome | Organization | Instruments | Applications | Bibliography | Publications | Members Only | Contact Us

Mission and Vision

interRAI is a collaborative network of researchers in over 30 countries committed to improving health care for persons who are elderly, frail, or disabled. Our goal is to promote evidence-based clinical practice and policy decisions through the collection and interpretation of high quality data about the characteristics and outcomes of persons served across a variety of health and social services settings.

Common Language

Although each instrument in the interRAI family of tools and applications has been developed for a particular population, they are designed to work together to form an integrated health information system. interRAI instruments all share a common language, that is, they refer to the same clinical concept in the same way across instruments. Using common measures enables clinicians and providers in different care settings

Rigorous Research

As an organization, interRAI maintains high standards for the quality of measures used in our instruments. Each version of a tool represents the results of rigorous research and testing to establish the reliability and validity of items, outcome measures, assessment protocols, case-mix algorithms and quality indicators. We also encourage and financially support ongoing research efforts by members of the corporation, called Fellows, to

News › ›

New interRAI Publications Portal Launched
Tuesday Jul 7th, 2009
[more]

Comprehensive descriptions of the new interRAI Suite published online
Friday Jun 19th, 2009

Canadian Approved Standards

Minimum Data Set (MDS) 2.0©
Canadian Version

MDS 2.0 Form © interRAI Corporation 1997, 1999
Canadianized items © CIHI, 2002

FULL ASSESSMENT

Long-Term Care

Minimum Data Set
®Home Care (MDS-HC)®
Canadian Version

Home Care

Minimum Data Set
For Mental Health
(MDS-MH)©

© Government of Ontario;
Ontario Hospital Association; interRAI

Mental Health

CIHI-RAI Reporting Systems
Status October 2014

YT NT BC AB SK MB ON QC NL PE NB NS

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

Resource Allocation

Outcome Measures

Quality Indicators

Case-mix
Single Point Entry

Evaluation
Best Practices
Risk Management

Balance Incentives

Patient Safety
Quality Improvement
Public Accountability
Accreditation

Source: J.Hirdes. InterRAI 2015

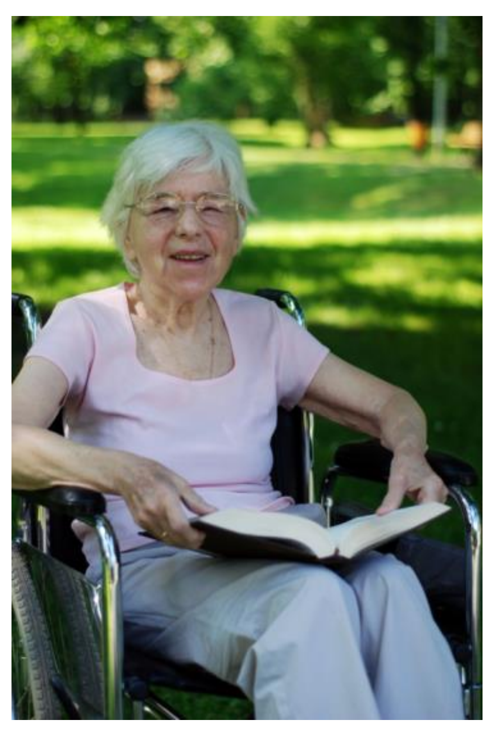
Provides a broad view of an individual at a point in time

Physical Function

ADL, balance, vision, communication

Services and Access

Medications, procedures, therapies, resources, wait times



Cognition and Mental Health

Cognitive function, mood, behaviour

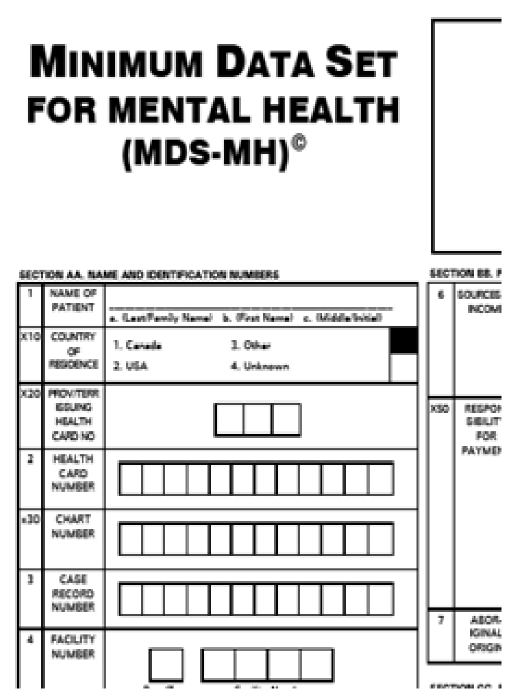
Quality of Life

Activities, relationships, participation

Clinical Management

Health conditions, infections, nutrition, skin, falls, pain

Data is used at the point of care for clinical decision-making…



MINIMUM DATA SET FOR MENTAL HEALTH (MDS-MH)©

SECTION AA. NAME AND IDENTIFICATION NUMBERS

1	NAME OF PATIENT	a. (Last/Family Name) b. (First Name) c. (Middle Initial)
X10	COUNTRY OF RESIDENCE	1. Canada 2. USA 3. Other 4. Unknown
X20	PROV/TERR ISSUING HEALTH CARD NO	
2	HEALTH CARD NUMBER	
X30	CHART NUMBER	
3	CASE RECORD NUMBER	
4	FACILITY NUMBER	

Vendor software/Web application

Clinical Summary

✓Outcome Scale scores

✓Clinical Assessment Protocols

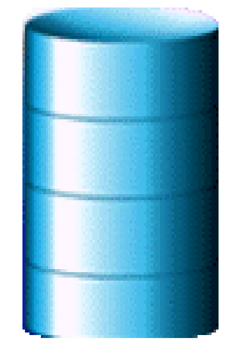
Individual Care Plan

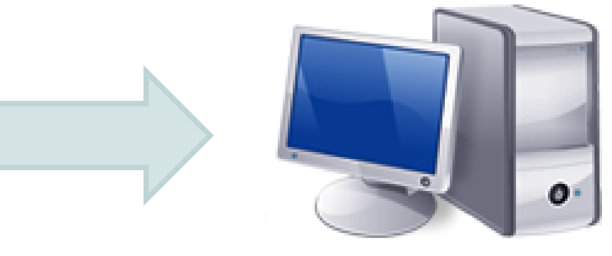
…and for health system use with longitudinal aggregate comparative reporting from CIHI

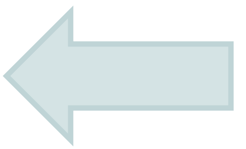
Facility/Agency/ Organization

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

B1	**COMATOSE**	*(Persistent vegetative state or no discernible consciousness)* 0. No 1. Yes (Skip to item G1)	
B2	**MEMORY**	*(Recall of what was learned or known)* a. Short-term memory OK—seems or appears to recall after 5 minutes 0. Memory OK 1. Memory problem b. Long-term memory OK—seems or appears to recall long past 0. Memory OK 1. Memory problem	
B3	**MEMORY/ RECALL ABILITY**	*(Check all that resident was normally able to recall during the LAST 7 DAYS.)*	
		a. Current season	a
		b. Location of own room	b
		c. Staff names/faces	c
		d. That he/she is in a facility	d
		e. *NONE OF ABOVE* are recalled	e
B4	**COGNITIVE SKILLS FOR DAILY DECISION MAKING**	*(Made decisions regarding tasks of daily life.)* 0. INDEPENDENT–decisions consistent and reasonable 1. MODIFIED INDEPENDENCE–some difficulty in new situations only 2. MODERATELY IMPAIRED—decisions poor; cues or supervision required 3. SEVERELY IMPAIRED—never/rarely made decisions	

Home Care

SECTION B. COGNITIVE PATTERNS

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

2	COGNITIVE SKILLS FOR DAILY DECISION-MAKING	a. 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) **0.** *INDEPENDENT*—Decisions consistent/reasonable/safe **1.** *MODIFIED INDEPENDENCE*—Some difficulty in new situations only **2.** *MINIMALLY IMPAIRED*—In specific situations, decisions become poor or unsafe and cues/supervision necessary at those times **3.** *MODERATELY IMPAIRED*—Decisions consistently poor or unsafe, cues/supervision required at all times **4.** *SEVERELY IMPAIRED*—Never/rarely made decisions	☐
		b. Worsening of decision making as compared to status of **90 DAYS AGO** (or since last assessment if less than 90 days) **0.** No **1.** Yes	☐

Clinical Assessment Protocols Useful to the care provider

B. Cognition and Mental Health			
	7. Cognitive Loss—identifies persons who have a decline in cognition that threatens personal independence and increases the risk for long-term facility admission.	0 1 2	Not Triggered Triggered to monitor for risk of cognitive decline Triggered to prevent decline
	8. Delirium—focuses on issues of delirium (acute cognitive loss) and the related differential diagnosis of chronic cognitive loss and dementia.	0 1	Not Triggered Triggered

Outcome Scales

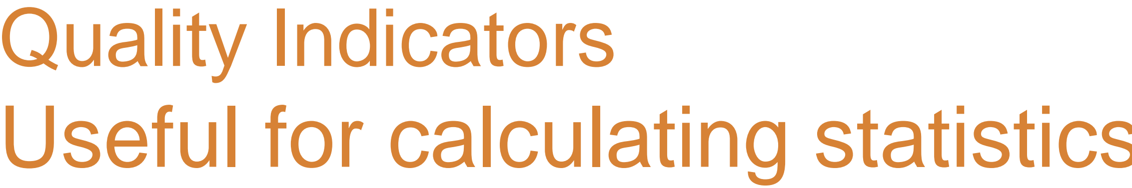
Useful to the care provider and for calculating statistics

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

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

Resident
Comatose (B1)
No (0)
Yes (1)
Decision-making (B4)
Not severely impaired (0, 1 or 2)
Severely impaired (3)
Impairment score
2 or 3
0
1
Total dependence in eating (G1hA)
Yes (4 or 8)
No (0, 1, 2 or 3)
Severe impairment score
0
1
2
Intact (0)
Borderline intact (1)
Mild (2)
Moderate (3)
Moderate/severe (4)
Severe (5)
Very severe (6)

Source
Morris JN, Fries BE, Mehr DR, Hawes C, Philips C, Mor V, Lipsitz L. MDS Cognitive Performance Scale. *J Gerontol: Med Sci*. 1994;49(4):M174-M182.



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

Examples of things being measured:

Taken antipsychotics without a diagnosis of psychosis
Has fallen
Has one or more infections
Worsened stage 2 to 4 pressure ulcer
Has a new stage 2 to 4 pressure ulcer

Let’s have a look at some tables…

Thank You!