

Research Affinity Group October, 2010 Cindy Mosher Atlantic Regional Office



Canadian Institute for Health Information

Institut canadien d'information sur la santé





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

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- > Governed by a Board of Directors
- > Funding; primarily by Health Ministries
- > 6 office locations across Canada





Standards

Development, maintenance and promotion of national health information standards

Indicators

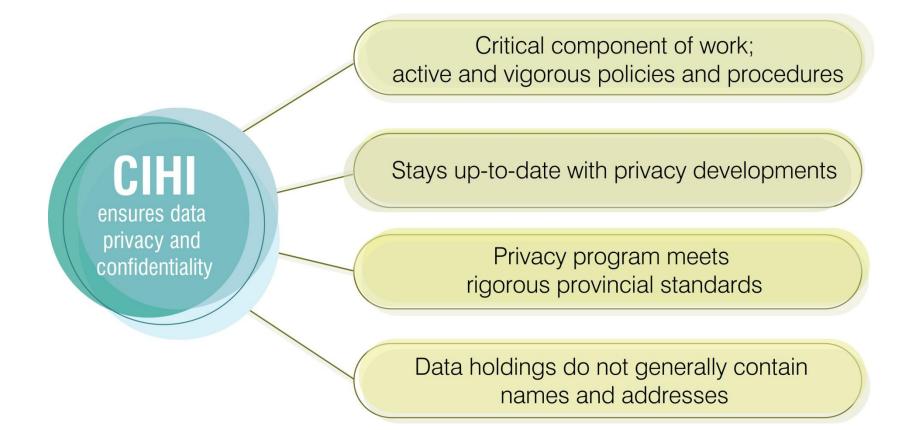
Establishment and promotion of national standardized health indicators

Databases

Creation and maintenance of relevant databases and registries; analysis and publication of their data



Our Privacy and Confidentiality

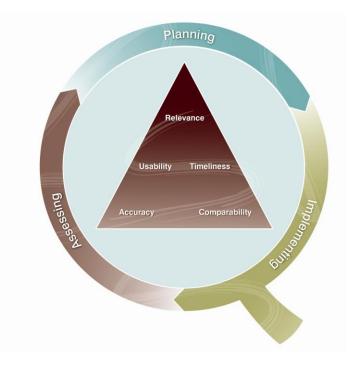


Our Data Quality Framework

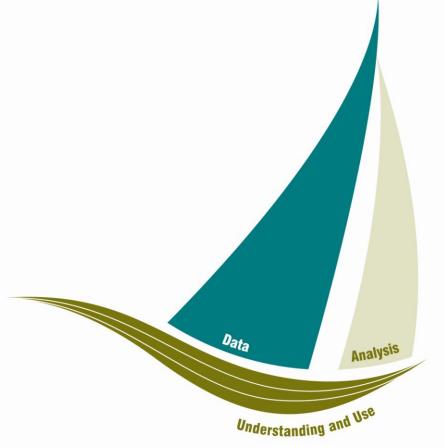


There are five dimensions comprising CIHI's strategy for maintaining data quality:

- 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



2. Atlantic Office

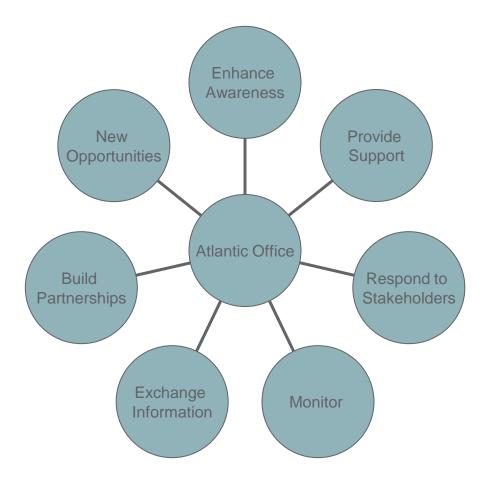


- Locate CIHI products and analytical capacity
- Highlight educational opportunities
- Collaborate on projects
- Support capacity building activities





Atlantic Regional 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



August 2010 Health System Performance

Who We Are Established in 1994, 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

Supporting Informal Caregivers-The Heart of Home Care

Executive Summary



ivers in Canada.1 A recent conservative \$25 billion.2

al support to seniors who are living care for complex health conditions.

ere is increased risk of me care client and the caregiver. ttee on Aging called for a national

ers with a starting point for an sistress and its potential impact on community services, residential care

ded long-term home care are able to ne care clients age 65 and older, only iver. Caregivers provided emotional s, from meal preparation to medication

seniors receiving home care rates of distress were significantly

pression: 32%

www.cihi.ca

Analysis in Brief

August 2010 Types of Care

Who We Are

Our Vision

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Federal Identity Program

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Production of this report is made

possible by financial contributions from Health Canada and provincial

The views expressed herein do not

necessarily represent the views of

Health Canada or any provincial

system and the well-being of Canadians

by being a leading source of unbiased

that will enable health leaders to make

credible and comparable information

of health leaders across the country.

Caring for Seniors With Alzheimer's **Disease and Other Forms of Dementia**

This study showcases 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 3% 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 dementia. The rate was nearly three in five (57%) 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 high impairment-those experiencing moderate to severe difficulty with basic cognitive and self-care functionswere 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-was 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.1





Analysis in Brief

June 2010 Types of Care

Who We Are

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www.cihi.ca

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Falls Among Seniors—Atlantic Canada

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



Notes * Excluding Quebec residents

Data from Nunavut, the Northwest Territories and the Yukon was suppressed due to small cell sizes. Discharge Abstract Database, 2007-2008, Canadian Institute for Health Information.

During 2007-2008 in Atlantic Canada, approximately 60% of seniors with fall-related hospitalizations fell at home, while 13% fell in a residential institution.



and toileting.

r week: 28%



I. Falls Among Seniors- Highlights

- > Provides sequential analysis, following the "story" of a senior who falls.
- > Released June 8, 2010: www.cihi.ca
- **<u>CIHI</u>** data sources:
 - National Trauma Registry
 - Discharge Abstract Database
 - Patient Cost Estimator
 - Health Indicators

Other Policy type resources: Provincial/International

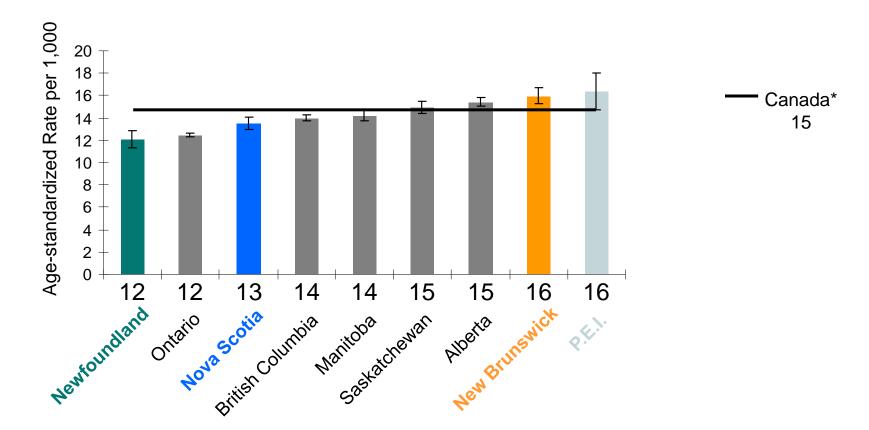
Summary...



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 nonresidential 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

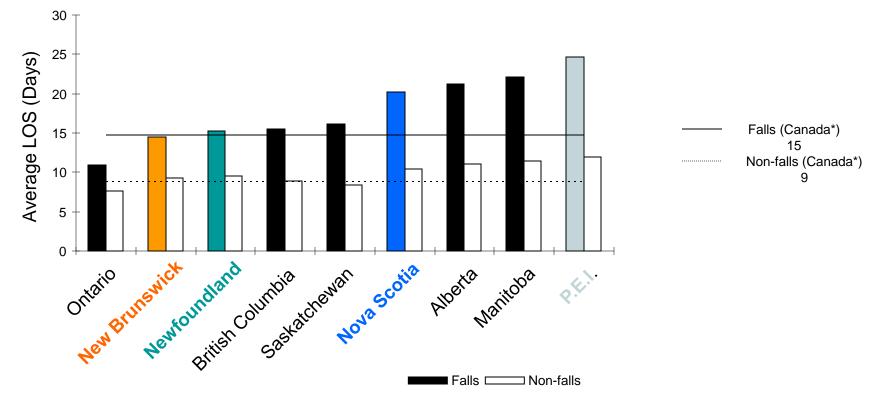


NOTES: * Excluding Quebec residents. Data from Nunavut, NWT & Yukon suppressed due to small cell size SOURCE: Discharge Abstract Database. 2007/08. Canadian Institute for Health Information.

Acute Length Of Stay

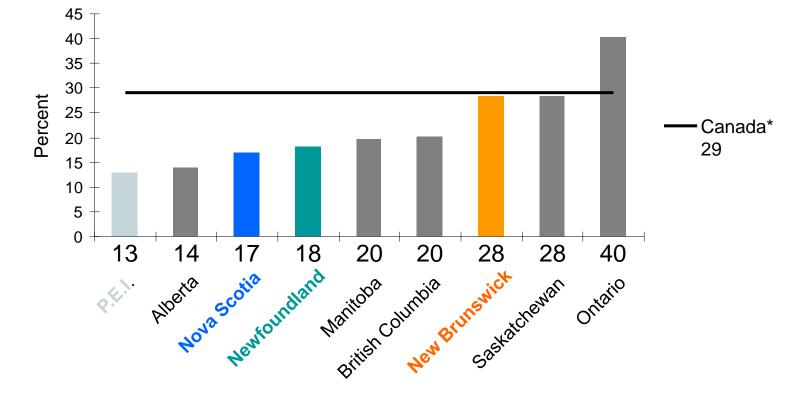


Average Seniors Length of Stay for Fall Related Hospitalizations versus All Other Hospitalizations in 2007/08



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 a 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.

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III. Supporting Informal Caregivers: highlights

There are more than two million informal caregivers in Canada¹

of more than131,000 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

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

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> 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
- > <u>hcrs@cihi.ca</u>

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



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

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Education Services Web page

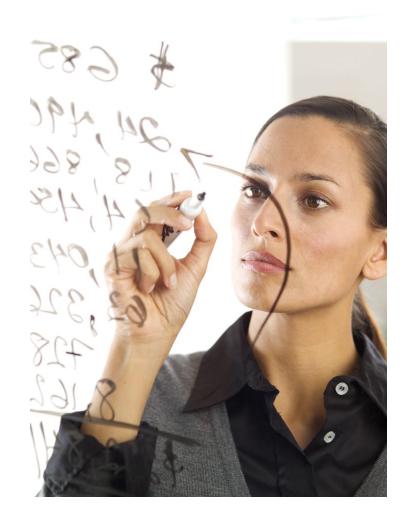
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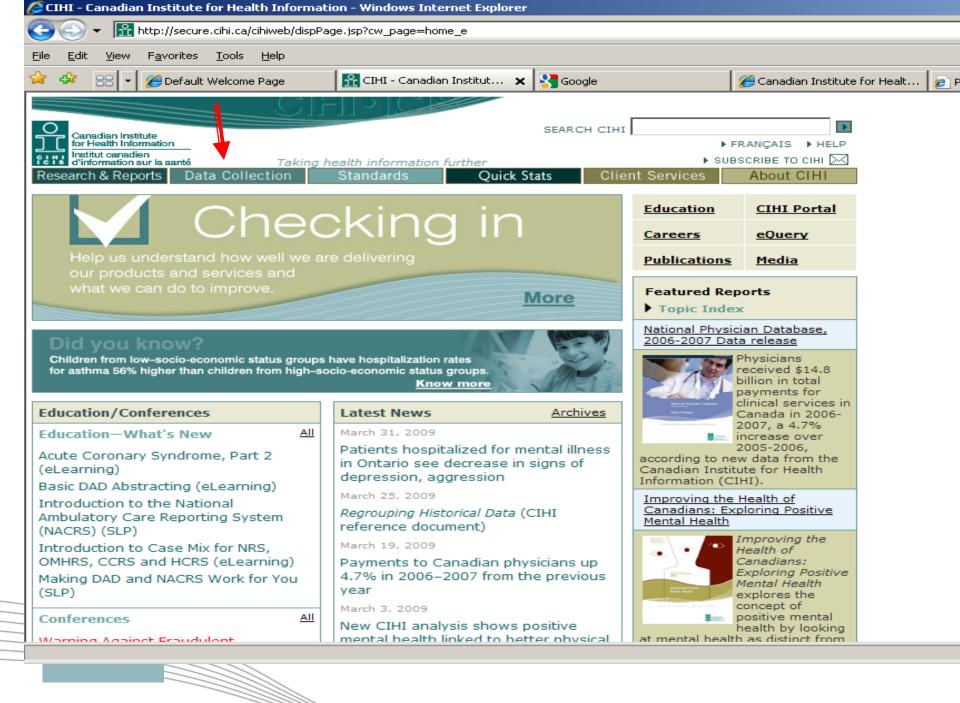
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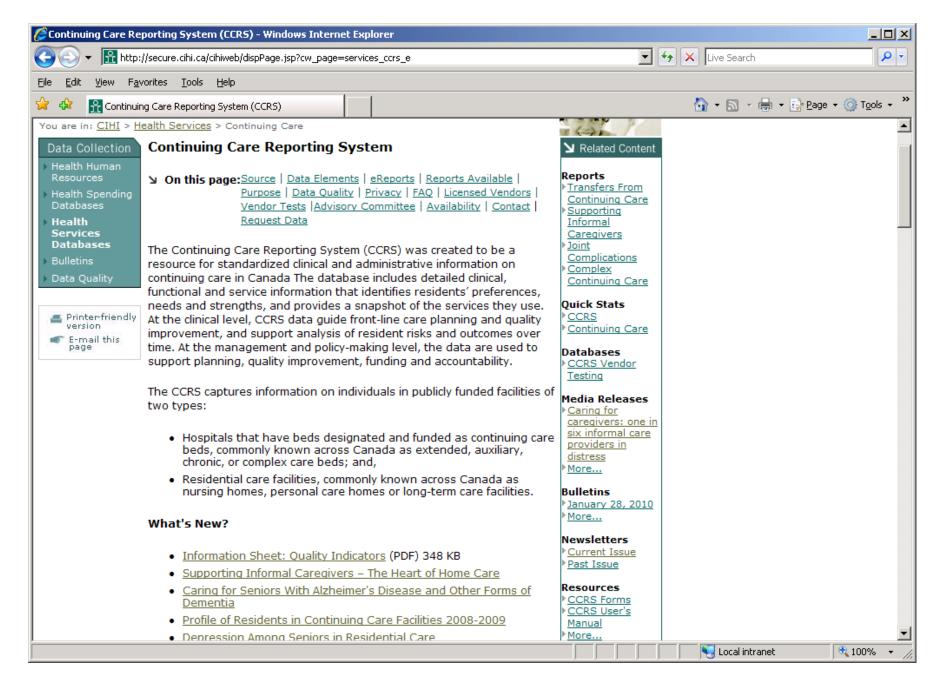
- > 27 Data Holdings
 - Health Services
 - Health Spending
 - Health Human Resources







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 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 	 HCRS Home Care Media Releases Yukon home care clients More Bulletins January 28, 2010 More More Newsletters Current Issue Past Issue Past Issue Resources Development of Local intranet @ 100% •



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







5. Other



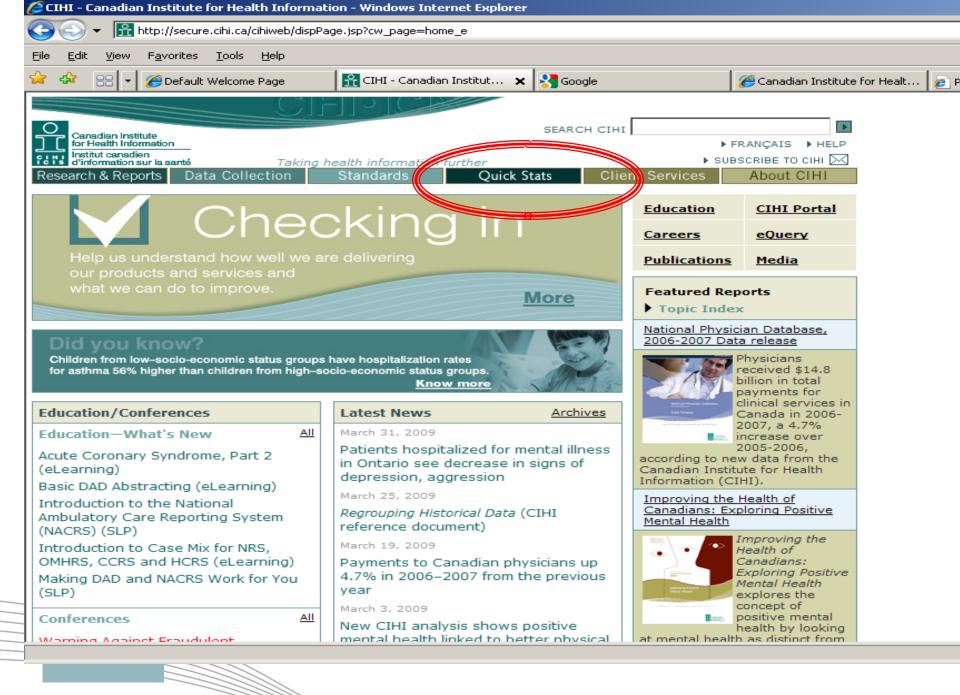
- > Navigate Website- locate reports / information
- > E-Query
- > Quick Stats
- > Sign up
- > E-Reports
- > Portal

E-query

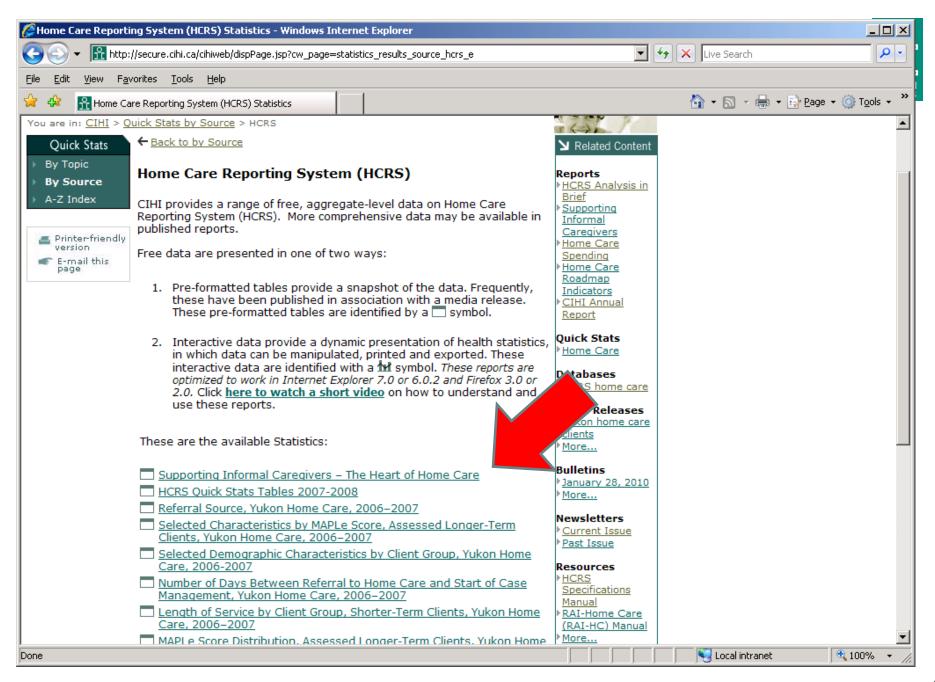


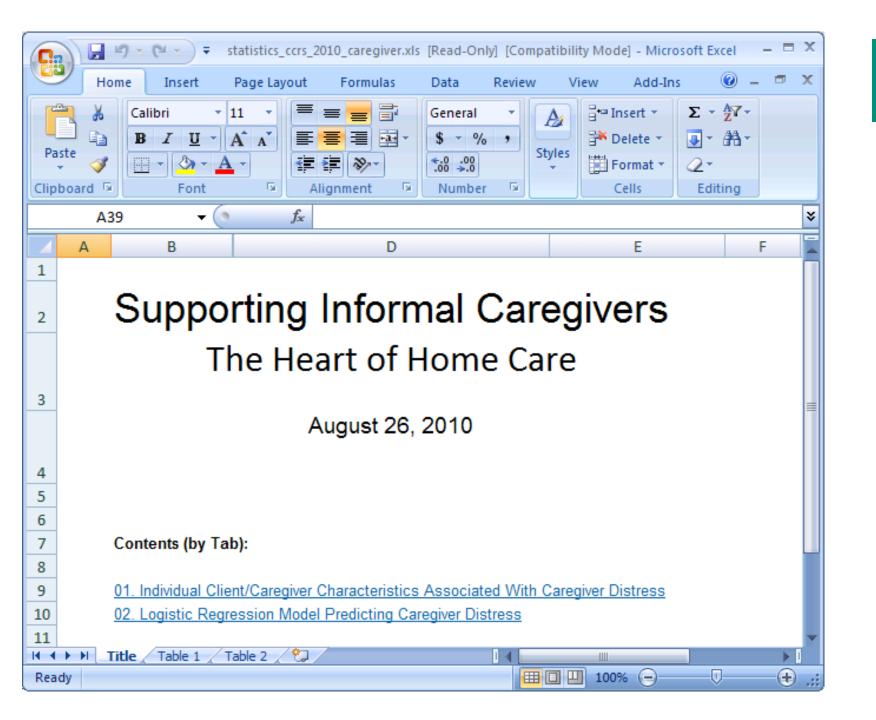
- > Online access to previously answered questions
- > Submit your own question for a timely response.
- > Found on main page CIHI website.





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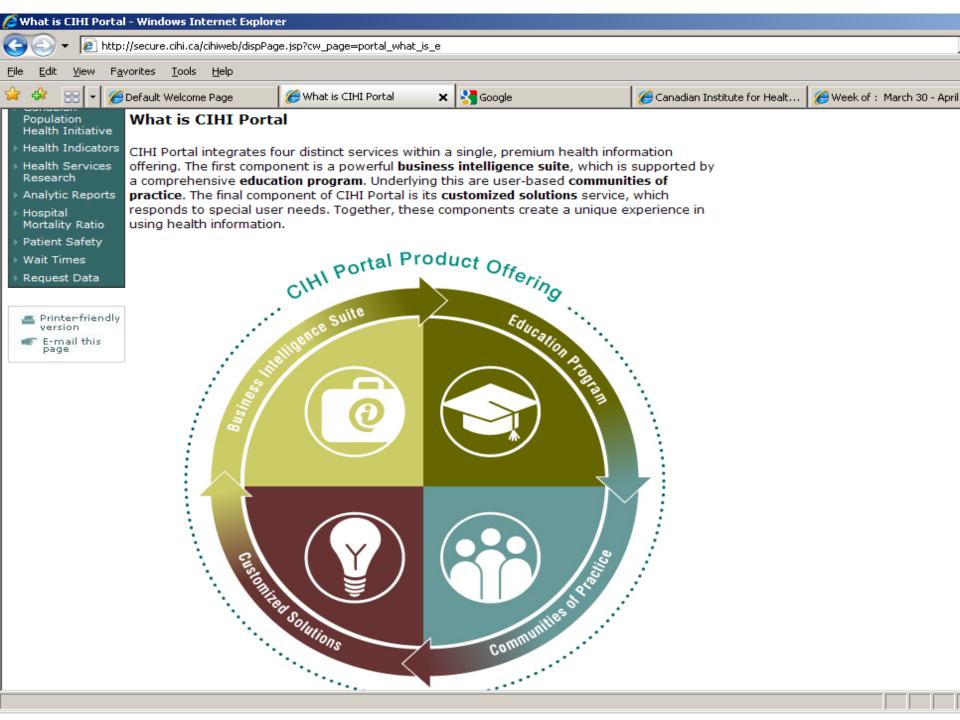
Sign Up

- > Newsletters
- > 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





Portal in use





Atlantic Office

Location 140 Water Street Suite 701 St. John's, NL







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