



Drowning in data?

Health analytics, a lifejacket for performance measurement



Brent Diverty

Vice President, Programs

Canadian Institute for Health Information (CIHI)

Health Analytics and BIG DATA
Rotman School of Management

March 25, 2014

Outline

- About CIHI
- Big data and healthcare analytics at CIHI
- Strategies for keeping your head above water
- Looking forward



CIHI's Vision



Better data.
Better decisions.
Healthier Canadians.



CIHI = Health System Use (HSU)



**CIHI Data . . .
Helps Change Practice**

Antipsychotics move from a first-line treatment to one of last resort



**CIHI data . . .
helps determine where
beds should go**

Data fed the methodology that identified future long-term care needs and communities with the greatest demand



CIHI Data . . .

Sheds light on the system's smallest patients

Health System Use benefits

- **Health System Management:** productivity and efficiency, allocation of resources, quality, safety and patient experiences
- **Clinical settings:** quality improvement initiatives, effectiveness of front-line care
- **Population and public health:** surveillance, burden of illness, quality of life, management and evaluation of public health interventions
- **Health research:** research that informs clinical programs, health system management, and population and public health

Big data and healthcare analytics at CIHI

Key CIHI data sources

Point of care (EMR, EHR, ADT, etc.):

- Ambulatory care > 20 million records
- Home care, long-term care, mental health > 1 million assessments
- Primary health care (pilot, 500k records)

Administrative data:

- Acute care > 3 million records
- Pharmaceuticals > 1.2 billion claims

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	
X30	PROVIDER ISSUING HEALTH CARD NO		
2	HEALTH CARD NUMBER		
X30	CHART NUMBER		
3	CASE RECORD NUMBER		
4	FACILITY NUMBER		

Web application

A diagram showing a computer monitor and a tower unit. Two large, light blue arrows point horizontally towards the computer, one from the left and one from the right, framing the text 'Web application' above them.

Individual Care Plan

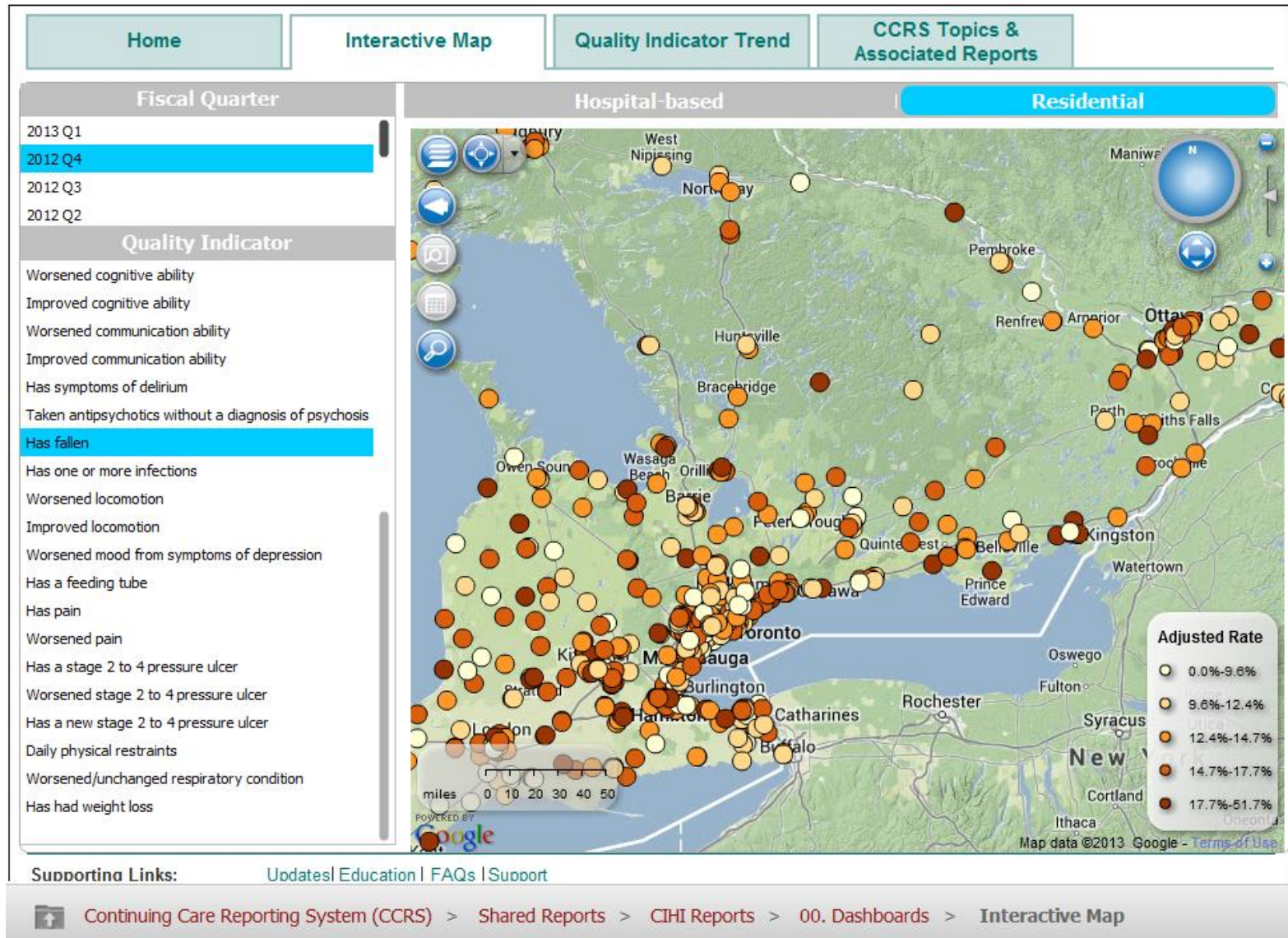
CIHI Privacy and Security Policy Framework

- planning services
- quality monitoring
- resource allocation

eReporting

- ✓ Demographics
- ✓ Client outcomes
- ✓ Quality and safety indicators
- ✓ Resource utilization

Long Term Care quality measures



Emergency Department wait times


[Home](#)
[My ED Wait Times at a Glance](#)
[My ED Wait Times Targets](#)
[My ED Wait Times Comparison Profile](#)
[Report Index](#)

Length Of Stay

How long are patients spending in the ED? How does this compare to others in Canada?

My Answer Select: Facility =
Facility A

Fiscal Year

2013

Triage Level Group

Total

Triage Level

Total

Visit Disposition Group

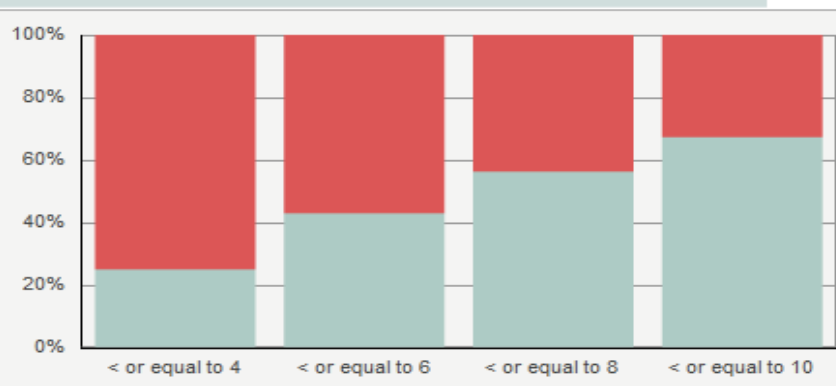
Admitted Clients

CACS Age Group

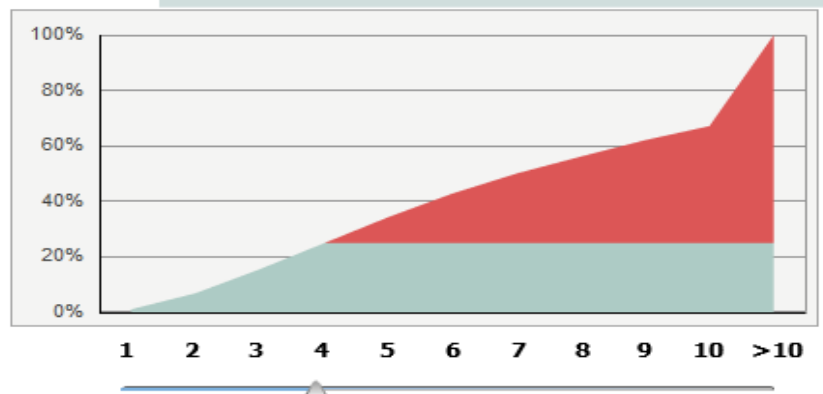
Total

Total Number of Cases:
3,423

Percentage of patients with ED visit completed within specific time thresholds



Percentage of patients with ED visit completed within selected time



Target (Hours)	Cases (SUM) - Within Target	Cases (%) - Within Target	Cases (SUM) - Above Target	Cases (%) - Above Target
< or equal to 4	852	24.89	2,571	75.11
< or equal to 6	1,468	42.89	1,955	57.11
< or equal to 8	1,924	56.21	1,499	43.79
< or equal to 10	2,301	67.22	1,122	32.78

Target (Hours)	< or equal to 4
# of Cases Within Target	852
% of Cases Within Target	24.89
# of Cases Above Target	2,571
% of Cases Above Target	75.11

[ED LOS](#)
[TPIA](#)
[TtoD](#)
[TWIB](#)
[Quick View](#) | [Custom View](#)

Supporting Links:

[Updates](#) | [Education](#) | [FAQs](#) | [Support](#)

[NACRS Home](#)

Medication Incident monitoring

Table 1: Heparin Incidents by Degree of Harm—Example of a Single-Variable Report

Degree of Harm	Frequency
Reportable Circumstance	1
Near Miss	13
None	19
Mild	6
Moderate	2
Severe	1
Death	0
Total	42

Table 2: Heparin Incidents in a Multiple-Variable Report—Medication/IV Fluid Problem by Level of Harm

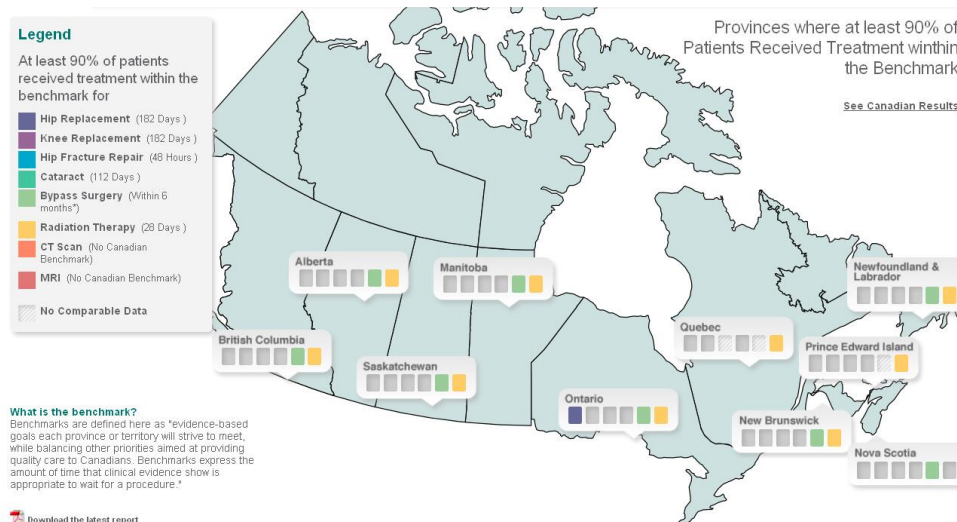
Medication/ IV Fluid Problem	Level of Harm			Total
	No Error	Error, No Harm	Error, Harm	
Wrong Route/ Technique	0	3	0	3
Wrong Product	1	5	3	9
Wrong Quantity	0	7	4	11
No Order	0	7	0	7
Wrong Time	0	4	1	5
Wrong Patient	0	6	1	7
Total	1	32	9	42

Table 4: Heparin “Severe Harm” Case Listing

NSIR Case ID	Detected Date	Degree of Harm	Functional Areas List	Medication/ IV Fluid Use Process	Medication/ IV Fluid Problem	Generic Drug Name	Description
254136987	3/6/2011	Severe	Surgical Unit	Administration	Wrong Rate/ Frequency	Heparin Sodium	Set Pump Rate Incorrectly
225639874	1/5/2010	Severe	Pharmacy	Preparing/ Dispensing	Wrong Quantity	Heparin Sodium	Prepared IV Bag Incorrectly

The Health System Performance Initiative

- Three-year plan (2012 to 2015) to strengthen pan-Canadian health system performance (HSP) reporting;
- Builds on more than 10-years of experience in indicator development and public reporting on HSP.

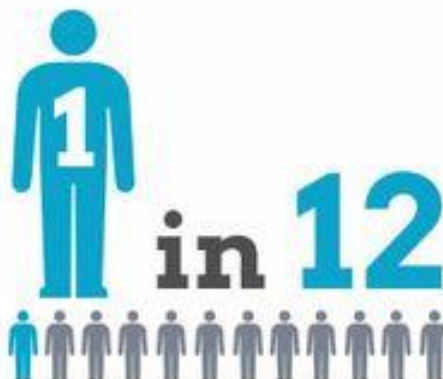


In Canadian long-term care homes,



residents is taking antipsychotic drugs without a diagnosis of psychosis

(Source: CIHI)



patients is readmitted within a month of leaving hospital

(Source: CIHI)

Wait time for cancer radiation therapy 2012



50% of Canadians got treatment in

7 DAYS OR LESS



90% got treated within

19 DAYS



Recommended maximum

28 DAYS

(Source: CIHI)

Number of Canadians who received a hip or knee replacement



2010 **73,000**
2012 **85,000**

These additional **12,000** hip and knee replacements cost the health system more than

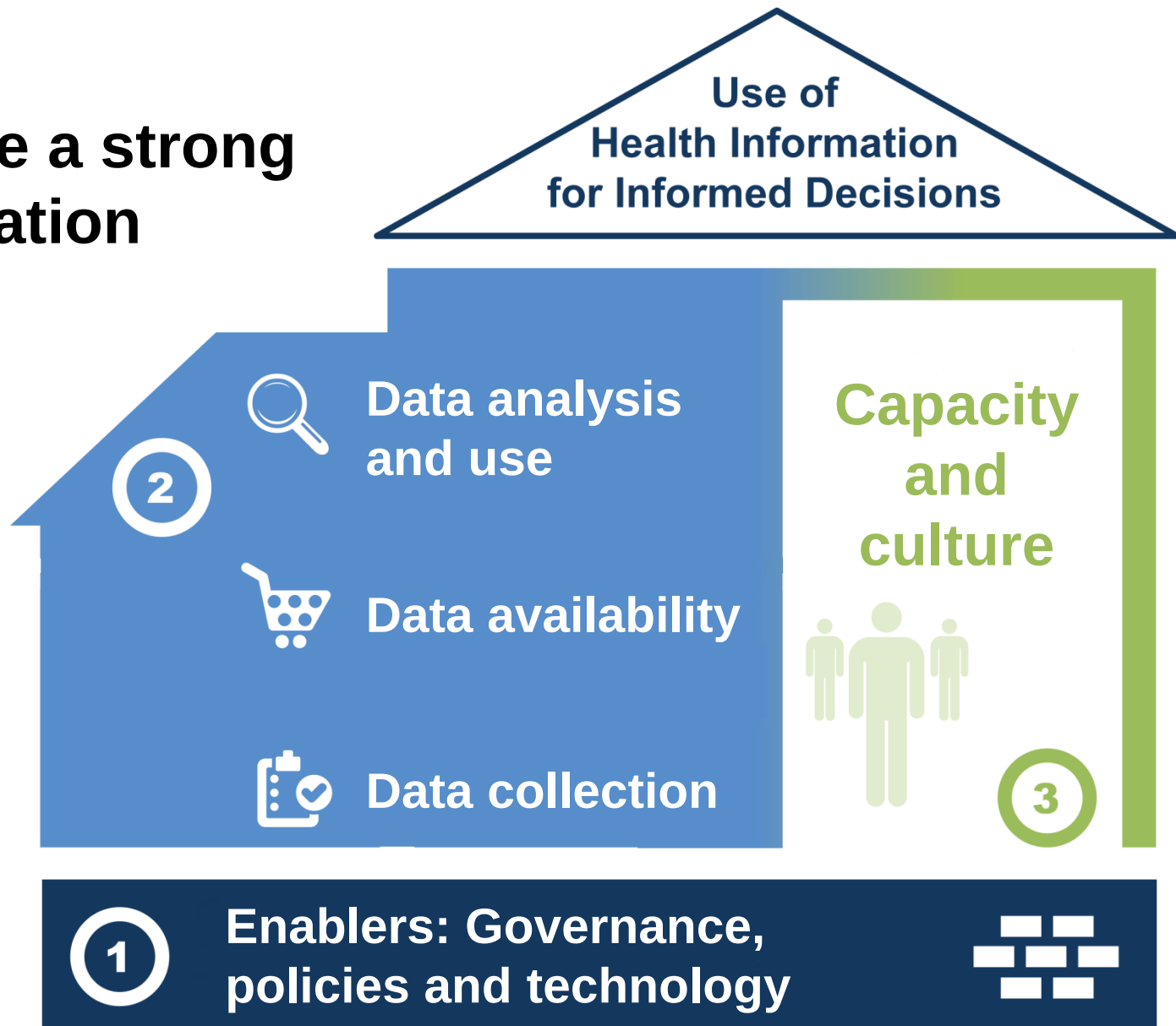
\$100 million

(Source: CIHI)

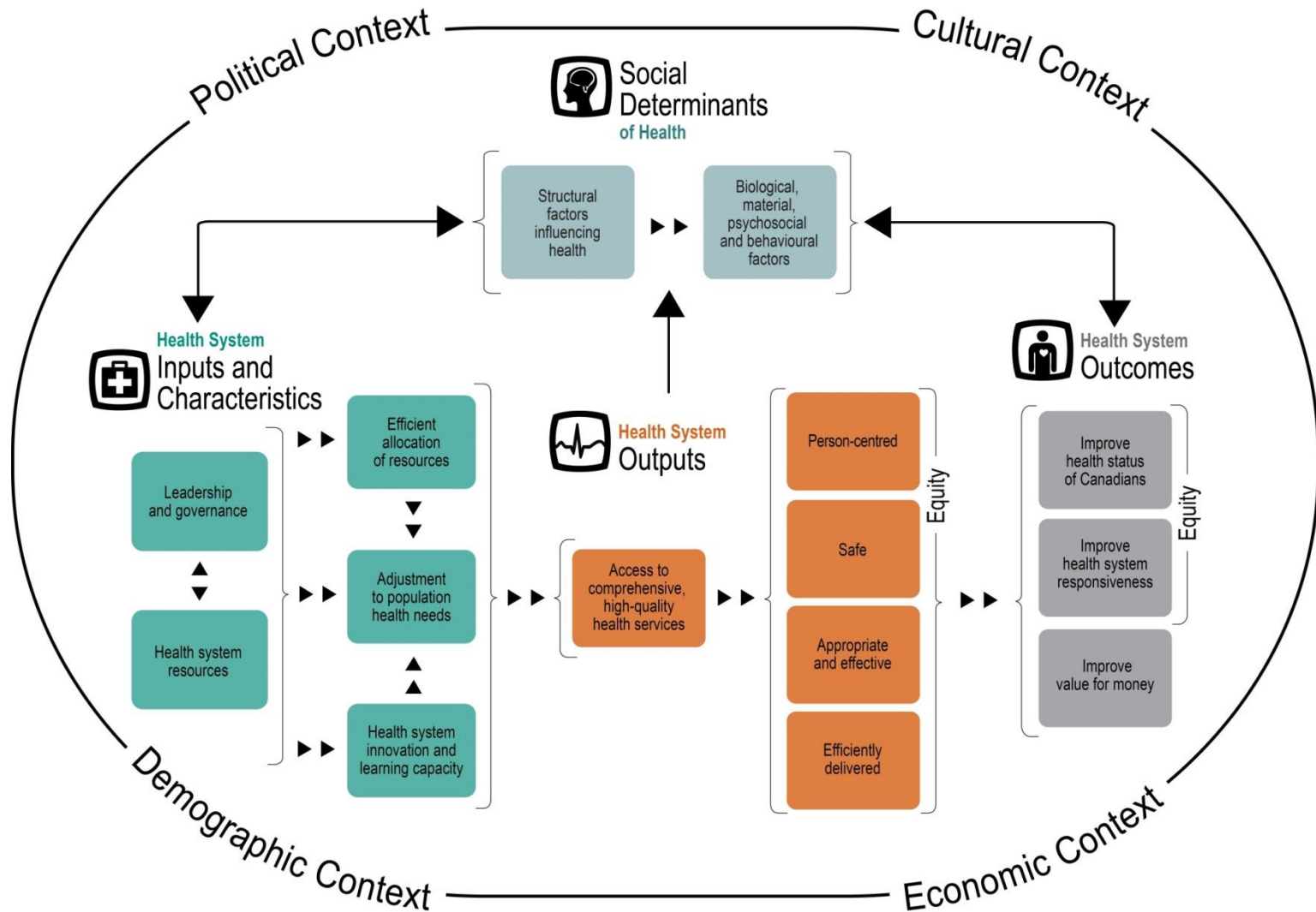
Strategies for keeping your head above water



Ensure a strong foundation

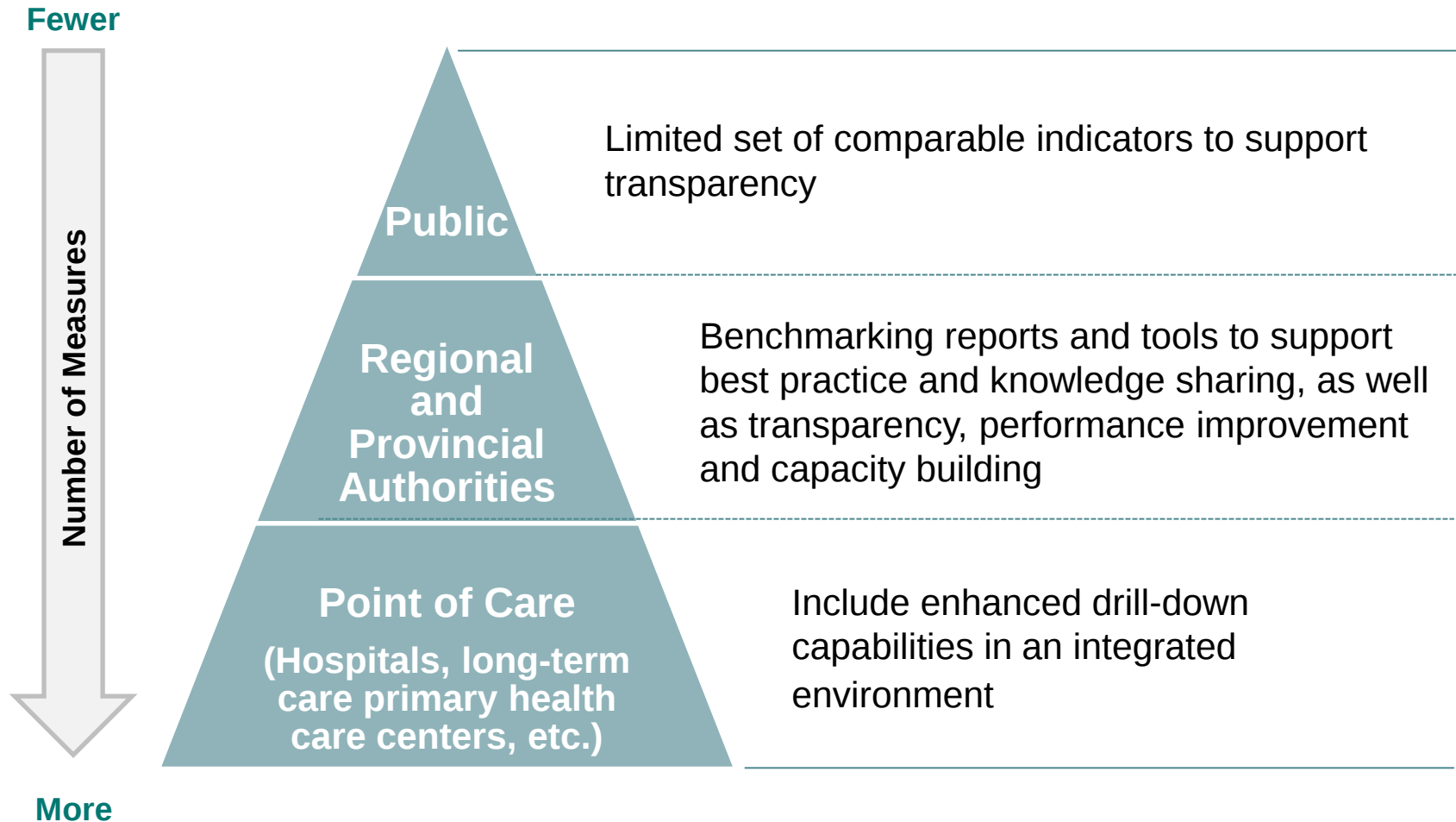


Follow a conceptual framework



17

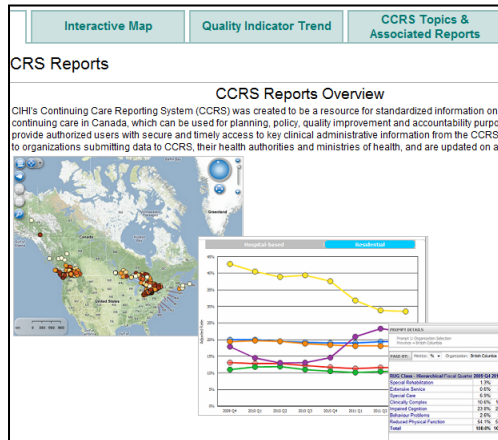
Consider your audience's needs



Collect once (electronically), use often



Avoid the data black hole



Health System Use

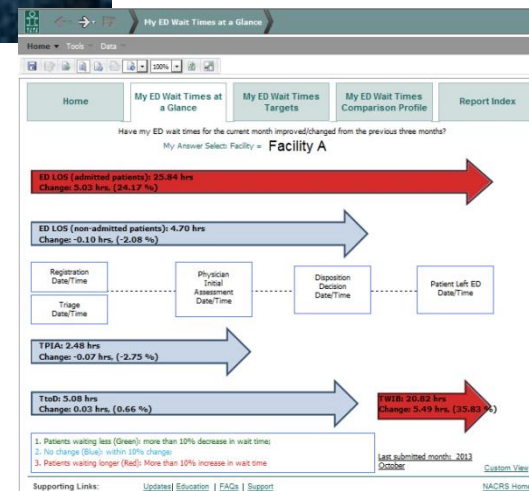
eReporting

- ✓ Demographics
- ✓ Client outcomes
- ✓ Quality and safety indicators
- ✓ Resource utilization

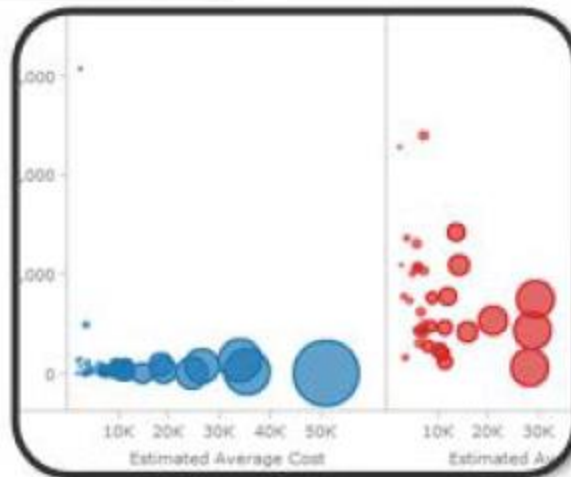
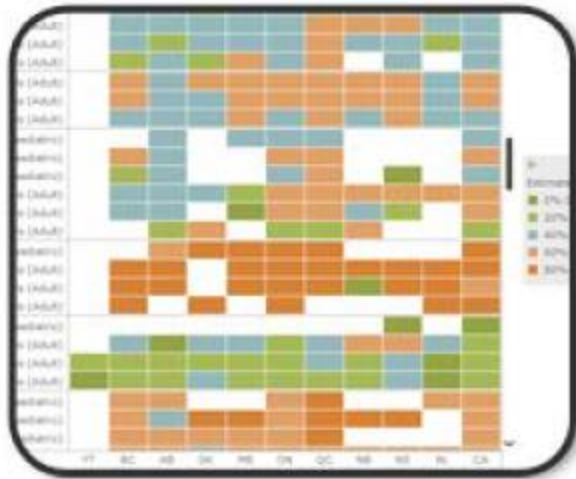
Clinical Summary

- ✓ Outcome scale scores
- ✓ Clinical assessment protocols

Individual Care Plan

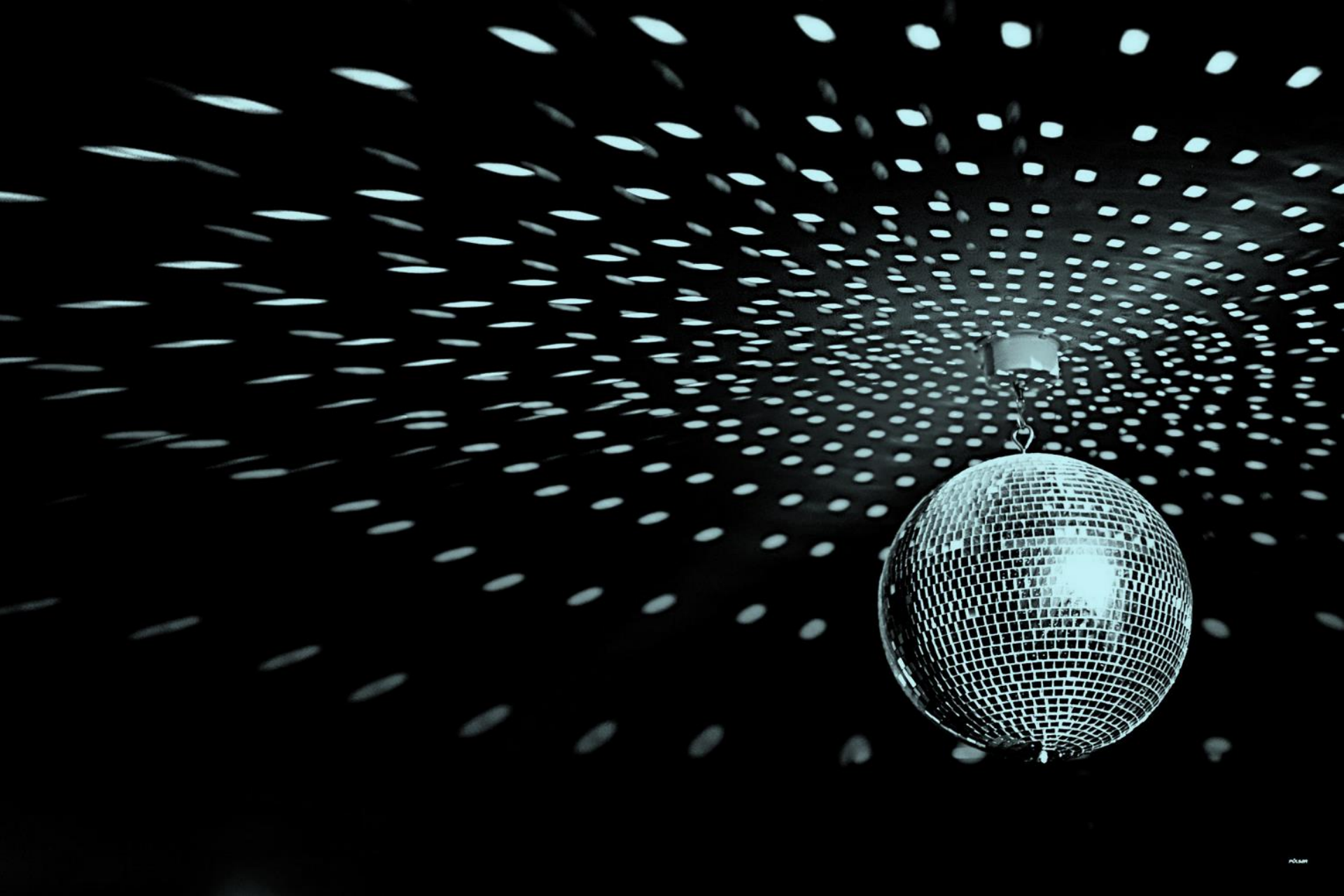


Start at the end...information needs





Simplify, know what is available to you



Beware the disco



Looking Forward

Looking forward

- Revamping older systems
- Simplifying data capture and submission burden (e.g. more use of point of care)
- Filling in jurisdictional gaps, and health service gaps (e.g. Labs, DI, primary care, community services)
- Supporting the adoption of content standards for primary health care EMRs
- Data integration, integrated e-reporting

Looking forward

- Enhanced data access, data visualization
- Patient-centred data (PREMS, PROMS)
- Health System Performance regional, hospital and LTC products



Thank You

Brent Diverty
VP Programs, CIHI
bdiverty@cihi.ca
www.cihi.ca



Canadian Institute
for Health Information

Institut canadien
d'information sur la santé