Bulletin

December 2011

Canadian Hospital Reporting Project Update (CHRP): Public Release

This update will provide you with an overview of the plan for the CHRP public release in March 2012, and how we will work with you in the coming months to ensure that you have the information you need to discuss your results with your stakeholders.

Why is CHRP going public?

The goal of "going public" is to provide information about the quality of hospital care in Canada. Making this type of information public increases health system accountability by providing hospital decision-makers, policy makers and Canadians with detailed information to better understand the hospital system.

Regularly measuring and reporting on performance can provide further direction, and inspire questions and conversation that can lead to better care for patients.

What's being released?

A selection of indicators (see below) will be released via an online tool accessed through CIHI's website. The tool will provide access to hospital-level results as well as contextual information (e.g. community and hospital characteristics) and focused analysis (e.g. hospital peer group variations). It will be accompanied by a media release.

Selected Indicators

Not all of the indicators that are available in the secure eTool will be released publicly. Indicators that are being released

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 territorial governments, we are guided by a Board of Directors made up of health leaders across the country.

Our Vision

To help improve Canada's health system and the well-being of Canadians by being a leading source of unbiased, credible and comparable information that will enable health leaders to make better-informed decisions.

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were chosen to ensure that there is a mix of “big-dot” and condition-specific indicators. When choosing condition-specific indicators we looked at how much impact a particular indicator could have on quality of care. For example AMI and stroke constitute very large patient groups for acute care hospitals so improving quality of care in this area benefits a significant number of Canadians.

In selecting the indicators we also wanted to ensure that there is a balance across the performance dimensions, sufficient facility-level coverage (including sufficient volumes for reporting) and scientific rigour.

The indicators that will be released are:

Clinical

Indicator	**Fiscal Years Being Released**
Effectiveness (Quality and Outcomes)	
5-Day In-Hospital Mortality Following Major Surgery (rate per 1,000)	2007-2008 to 2010-2011
30-Day In-Hospital Mortality Following Acute Myocardial Infarction (AMI) (rate per 100)	2007-2008 to 2010-2011
30-Day In-Hospital Mortality Following Stroke (rate per 100)	2007-2008 to 2010-2011
28-Day Readmission After Acute Myocardial Infarction (AMI) (rate per 100)	2007-2008 to 2010-2011
28-Day Readmission After Stroke (rate per 100)	2007-2008 to 2010-2011
90-Day Readmission After Hip Replacement (rate per 100)	2007-2008 to 2010-2011
90-Day Readmission After Knee Replacement (rate per 100)	2007-2008 to 2010-2011
30-Day Overall Readmission Rate (Obstetric, Pediatric, Adult Surgical, Adult Medical) **NEW INDICATORS***	2009-2010
Patient Safety	
In-Hospital Hip Fracture in Elderly (65+) Patients (rate per 1,000)	2007-2008 to 2010-2011
Nursing-Sensitive Adverse Events for Medical Conditions (All Medical CMGs) (rate per 1,000)	2009-2010 to 2010-2011
Nursing-Sensitive Adverse Events for Surgical Procedures (All Surgical CMGs) (rate per 1,000)	2009-2010 to 2010-2011
Obstetrical Trauma - Vaginal Delivery with Instrument (rate per 100)	2007-2008 to 2010-2011
Obstetrical Trauma - Vaginal Delivery without Instrument (rate per 100)	2007-2008 to 2010-2011
Appropriateness	
Caesarean Section Rate: excluding pre-term and multiple gestations (rate per 100)	2007-2008 to 2010-2011
Vaginal Birth After Caesarean Section (VBAC) (rate per 100)	2007-2008 to 2010-2011
Use of Coronary Angiography Following Acute Myocardial Infarction (AMI) (rate per 100)	2007-2008 to 2010-2011
Accessibility	
Hip Fracture Surgeries Performed within 48 hours: Wait time across facilities (rate per 100)	2009-2010 to 2010-2011

Financial

Results from fiscal year 2007-2008 through to 2009-2010 are being released.

- Administrative Service Expense as a % of Total Expense
- Service Recipient Support Expense as a % of Total Expense
- % Benefit Hours
- Cost Per Weighted Case
- Total Worked Hours for Patient Care Functional Centres as a % of Total Worked Hours
- Total Worked Hours per Weighted Case in Nursing Inpatient Service
- Total Worked Hours per Weighted Case in Diagnostic Service
- Total Worked Hours per Weighted Case in Clinical Laboratory Service
- Total Worked Hours per Weighted Case in Pharmacy Service

Quebec Participation

We will also be releasing, for the first time, comparative facility-level results for Quebec on a select group of indicators. Quebec results will be included for all of the financial indicators as well as the following clinical indicators:

- 90-Day Readmission After Hip Replacement (rate per 100) for fiscal years 2008-2009 through to 2009-2010
- 90-Day Readmission After Knee Replacement (rate per 100) for fiscal years 2008-2009 through to 2009-2010
- 30-Day Overall Readmission Rate (Obstetric, Pediatric, Adult Surgical, Adult Medical) for fiscal year 2009-2010
- Caesarean Section Rate: excluding pre-term and multiple gestations (rate per 100) for fiscal years 2008-2009 through to 2009-2010
- Vaginal Birth After Caesarean Section (VBAC) (rate per 100) for fiscal years 2008-2009 through to 2009-2010

Support for You

We are committed to supporting you as we get closer to the public release date and will provide you with regular updates as our plans develop. In the new year, we will be working with you to prepare for the release through:

- An interactive web conference where you will be able to see what is being released and have an opportunity to ask questions
- Creating a “toolkit” (including materials such as key messages, Q&As, PowerPoint slides, etc.) to help you communicate your results to your stakeholders
- Regular email updates
- Regular updates to our website about the project

Contact Us

Please do not hesitate to contact us at hospitalreporting@cihi.ca if you have any questions or require further assistance. For additional information, please visit our website at www.cihi.ca/hospitalreporting.