CIHI’s Analytical Plan, 2014 to 2016: Overview of Indicator Development and New Reports

September 2014 Update
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
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Introduction

The analytical products and indicators produced by the Canadian Institute for Health Information (CIHI) aim to inform the public, enlighten policy decisions and answer the most critical questions of health system managers, clinicians and other health stakeholders. The purpose of the corporate Analytical Plan is to provide a consolidated view of CIHI’s analytical activities to ensure that they are

- Aligned with CIHI’s strategic directions and priorities;
- Relevant to stakeholder needs; and
- Transparent for our partners, to help identify opportunities for collaboration and avoid duplication.

The plan builds on consultations regarding the information needs of CIHI’s priority audiences, including policy-makers and health system managers. It presents a rolling picture of CIHI’s new analytical projects, including new indicators and analytical reports, over 2 years.

Under the leadership of senior staff from across the organization, with expert external guidance from the Strategic Analytical Advisory Committee, CIHI’s analytical planning process strives to identify relevant, appropriate and actionable analyses, while optimizing the efficient use of resources. This process has produced a number of collaborative projects, including partnerships with Statistics Canada, the Canadian Partnership Against Cancer, the Canadian Patient Safety Institute, Accreditation Canada, the Public Health Agency of Canada and provincial health quality councils.


This is a draft of CIHI’s Analytical Plan as of August 1, 2014. Actual names, release dates and products may change during development. If you have any suggestions for CIHI’s Analytical Plan or would like more information, please send an email to analyticalplan@cihi.ca.

Access to Care

Bariatric Surgery in Canada

**Anticipated release date: Released May 2014**

Obesity has become a major population health issue in developed countries around the globe, increasing the risk of many other chronic health conditions. Available evidence shows that bariatric surgery can be an effective tool for significant weight loss among people who are severely obese, in turn leading to improvements in health status and quality of life. As a result of concerns regarding the continuing rise in Canada’s obesity rates and the public attention bariatric surgery has received in recent years, several jurisdictions have identified improved
Does Having a Usual Primary Care Provider Influence Hospitalization and Emergency Department Visit Rates?

**Anticipated release date: 2014–2015**

This study will evaluate the impacts of continuity of care with primary care providers on hospitalizations for ambulatory care sensitive conditions (ACSCs) and emergency department (ED) visits for family practice sensitive conditions (FPSCs). This will inform health care decision-makers on ways to reduce costly ACSC hospitalizations and FPSC ED visits through improved secondary prevention.

Wait Times for Priority Procedures—A Summary, 2015 and 2016

**Anticipated release date: 2014–2015 and 2015–2016**

This work will continue to evaluate the wait time picture across the country and how long patients can expect to wait for priority procedures. It will help answer the question “are waits getting shorter or longer at the pan-Canadian and provincial levels?” This report will provide a snapshot of how long patients wait for a priority procedure and what proportion of patients receive care within benchmarks for 8 priority procedures: hip replacement, knee replacement, hip fracture repair, cataract surgery, coronary artery bypass graft, radiation therapy, magnetic resonance imaging scans and computed tomography scans. The March 2014 report introduced new measures on waits for different types of cancer surgery, and the 2015 report will feature new indicators for IV chemotherapy waits.

Influence of Timely Access to Inpatient Rehabilitation Following Hip Fracture Surgery

**Anticipated release date: 2015–2016**

Access to and timeliness of care may affect the trajectory of patient recovery following illness or injury. This analysis will investigate whether the timeliness of admission to inpatient rehabilitation following surgery for hip fracture has an impact on patient outcomes and system resource requirements—and if so, how.

Youth and Mental Health in Canada: Snapshot Across the Continuum of Care

**Anticipated release date: 2015–2016**

Mental health is a significant and growing issue for Canada’s children and youth, with an estimated 10% to 20% affected by a mental illness or disorder. Early diagnosis and treatment have been shown to improve outcomes for children later in life. However, for many, there
remains a gap in access to appropriate community-based services, leading to a heavier reliance on hospital-based care. Research also suggests that a lack of psychosocial services for children and youth leads to an over-reliance on drugs for treatment. This project will examine the use of and variation in services provided to children and youth with mental illness in hospital-based settings, and highlight information on community-based services where available. It will also examine drug use among adolescents for mental health using available data in Western Canada, explore variations in patterns of pharmacotherapy where possible and estimate associated costs.

**Population Health**

**Trends in Health Inequalities in Canada**

**Anticipated release date: 2014–2015**

The Canadian Population Health Initiative (CPHI) will release a report on trends in health inequalities in Canada. The analysis will examine national and provincial trend data over time to show whether gaps between the highest and lowest income groups are increasing, persisting or decreasing. Several measures summarizing income-related inequality will be analyzed, along with income-specific rates for a range of health indicators, and policies and interventions designed to reduce inequality will be showcased.

**An Examination of Avoidable Mortality Variation in Canada**

**Anticipated release date: 2015–2016**

Over time, avoidable mortality rates have fallen in Canada; however, there are important variations across population groups, and across provinces and territories. This research aims to examine the main conditions associated with these geographical variations and the main population groups at risk of dying prematurely from preventable and treatable causes. Analyses of trends over time and across the country will be complemented with a scan of policies and interventions that have shown to be effective in addressing the main conditions driving avoidable mortality.

**Baseline Reporting on Health Inequalities in Canada**

**Anticipated release date: 2015–2016**

The Public Health Agency of Canada, in collaboration with CIHI and Statistics Canada, is leading the development of a baseline report that will provide a comprehensive statistical portrait of the state of health inequalities in Canada. This baseline report will present health inequalities for various subpopulations across a wide range of measures and will be well-positioned to serve as a starting point for continued analysis and monitoring of health inequalities in Canada.
NEW

Chronic Obstructive Pulmonary Disease Across Canada

Anticipated release date: 2015–2016

Chronic obstructive pulmonary disease (COPD) is a progressive chronic disease, often leading to impaired quality of life and premature death, particularly in rural populations. A recent conservative estimate indicates that COPD-related hospitalizations cost Canadians up to $1.5 billion per year. This study will investigate the patterns of health care use, including treatments received, as well as outcomes across Canada’s urban and rural populations. It will inform interventions for effective management and improved outcomes for COPD across different geographical settings.

Efficiency

Health System Efficiency in Canada: Why Does It Vary Among Regions?

Anticipated release date: Released April 2014

Measuring health system efficiency assists policy-makers in determining how much more value can be extracted from what is invested in the health system. This project measured and compared efficiency and its determinants across the provinces and territories. It aimed to fill an important performance measurement gap by developing a tool for measuring efficiency that builds on economic theory and existing empirical literature, and that incorporates the views of decision-makers to support their efforts to improve health system performance. A technical report introducing the new measurement model was released in July 2012, and an analytical report focusing on the factors that help to explain variations in efficiency at the regional level was released in April 2014. Statistics Canada worked with CIHI to provide data inputs for this project.

Appropriateness of Potentially Avoidable Emergency Department Visits

Anticipated release date: 2014–2015

Emergency departments (EDs) serve an important function within the broader health care system. Canadians visit the ED often and experience relatively long waits compared with people in other countries. This study explores the right setting/right time aspects of appropriate care in Canada’s EDs by taking a closer look at 2 types of potentially avoidable ED visits:

1) Patients who seek care for minor complaints that do not require admission and could potentially be managed by their family physicians, referred to as family practice sensitive conditions (FPSCs); and

2) Seniors living in long-term care settings who visit EDs for potentially preventable and low-acuity complaints that do not require inpatient admission.

Understanding who these patients are and their patterns of ED use may help identify areas for improvement in the system.
Compliance With Cardiovascular Drug Therapy Among Seniors

**Anticipated release date: 2014–2015**

Cardiovascular disease is the leading cause of premature death and disability in Canada, and cardiovascular drugs are more widely used and account for a higher proportion of drug spending than any other category of drugs among seniors on public drug programs in Canada. If patients do not take their medication as prescribed, there can be negative health outcomes and additional health costs, in addition to the wasted cost of the medication whose full benefit is not being realized. This study will examine persistency and compliance with the most commonly used cardiovascular drug classes among seniors. It is important to assess the degree to which these drugs are being used as prescribed to ensure that medication effectiveness and, in turn, patient outcomes are maximized.

Cost of a Standard Hospital Stay (Also Known as Cost per Weighted Case): Why Does It Vary From Province to Province?

**Anticipated release date: 2014–2015**

While the cost of a standard hospital stay (CSHS) (formerly cost per weighted case) indicator is conceptually simple—the ratio of a hospital’s inpatient costs to weighted cases—its components and calculation reflect several complex concepts. The major cost components of CSHS will be quantified and some key factors affecting the CSHS and its variability will be examined, including data quality/methodology issues, organizational context issues and clinical issues. The findings will help readers better understand the CSHS, as well as possible actions that can be taken to influence the results.

Follow-Up With Physician After Hospital Discharge

**Anticipated release date: 2014–2015**

Unplanned hospital readmissions are an important indicator of Canadian health care system performance. Growing attention has been given to strategies for reducing readmissions. Evidence suggests that continuity of care after discharge can play an important role in improving health outcomes and potentially reducing readmissions. This study will examine the frequency of post-discharge follow-up physician visits and their role in reducing hospital readmissions by linking hospital abstracts to physicians’ billing data in Alberta and/or Saskatchewan.

High Users of Inpatient Acute Care Services—Indicator

**Anticipated release date: 2014–2015**

In the Canadian health care system, patients with multiple hospitalizations account for a greater use of resources. This project will develop an indicator to measure the rate per population of individuals who had multiple episodes of care in acute care hospitals within a fiscal year. Variations in this indicator across jurisdictions may reflect differences in service delivery and therefore will be considered an indirect measure of appropriateness of care. This indicator will help regional managers monitor the impact of high users of acute care hospital services and also further investigate the characteristics of this population. Understanding this patient population may help with the design of initiatives/programs aimed at reducing frequent hospitalizations.
Organ Donation Potential in Canada

**Anticipated release date: 2014–2015**

Like many other countries, Canada has a shortage of solid organs available for transplant, and the number of deceased donors has been stagnant over the past 5 years. Canada has often been compared with the U.S. and Spain, where deceased donor rates are significantly higher. However, Canada's lower rate may be due in part to the existence of fewer eligible candidates among deceased patients as a result of fewer deaths from injury and stroke among younger Canadians. This study will look at Canadian in-hospital mortality data to measure the efficiency of the Canadian health system in converting eligible deaths for organ donation purposes. It will also examine regional variations in conversion rates, as well as how the profile of deceased donors is evolving over time.

Patterns in Operating Room Peak Utilization

**Anticipated release date: 2014–2015**

This analysis will demonstrate a model for measuring peak operating room (OR) utilization within acute care facilities. This will be accomplished by counting the number of procedures that occur in ORs within a facility using procedure start and stop times and calculating the maximum value obtained over the course of the year—the OR's peak utilization. This report will examine, at the national and provincial levels, how often facilities function at or near that peak. Other patterns in OR utilization, such as seasonality and variation by time of day and day of week, will also be explored. The potential relationships between OR utilization patterns and priority procedure surgical wait times will be discussed.

Physicians in Canada: A Closer Look at Comprehensive Clinical Payments

**Anticipated release date: 2014–2015**

This project is an effort to consolidate information from across CIHI’s databases on physician supply, distribution and spending into 1 report. In addition to consolidating existing information, this analysis will use new, more detailed information from the National Physician Database (NPDB) on clinical payments to develop an average payment per physician that is comparable across jurisdictions and is not limited to fee-for-service data only. Results of this analysis will potentially be used by provincial ministries of health and medical associations for contract negotiations, as well as by health human resources planners. This report may also encourage provinces to start contributing the detailed information required to build the new average payment indicator (currently, only 5 of 10 provinces submit the detailed data).
A Qualitative Research Study to Understand Factors Associated With Regional Variation in Efficiency

**Anticipated release date: 2015–2016**

Improving health system efficiency is a priority for all jurisdictions, given tight budget constraints faced by system managers and the need to make better use of existing resources. Previous CIHI analysis found variations in health system efficiency across Canada’s health regions, even after adjusting for some key environmental characteristics. This same study also identified some of the contextual, clinical and operational factors that were associated with efficiency. The proposed research builds on that work to examine in greater depth the population and system characteristics, policies, programs/interventions and innovations that help to explain why some regions in Canada have achieved a high level of efficiency relative to other regions.

Cost of a Standard Resident Day in Long-Term Care—Indicator

**Anticipated release date: 2015–2016**

With the aging of the Canadian population, the long-term care (LTC) sector is becoming increasingly important to the delivery of health care in Canada. However, little information is currently available to understand financial performance in this sector. This indicator will use CIHI’s financial data and patient weighting methodologies to measure the cost of a standard resident day in LTC. It will show how LTC costs vary across facilities, regions and jurisdictions in Canada. It will also be useful to evaluate efficiency within the non-hospital sector and to track changes in efficiency over time.

Health Human Resources Expenditure in Canada

**Anticipated release date: 2015–2016**

Human resources are the largest component of health care spending in Canada, estimated at 60 to 80 cents of every health care dollar. This study will provide an estimate of health human resources (HHR) expenditures in Canada in comparison with other labour market sectors. It will provide interprovincial comparisons in per capita HHR expenditure and examine how spending varies by sector of employment (hospital/non-hospital), type of provider (physician/non-physician) and source of finance (public/private). Ten-year trends will be compared with changes in workforce supply to identify factors driving overall growth in HHR expenditure.

Measuring Hospital Efficiency in Canada

**Anticipated release date: 2015–2016**

Efficiency is an important area of health system performance that receives considerable attention from policy-makers, stakeholders and the public. The purpose of this project is to measure efficiency at the hospital level, a sector that accounts for nearly 40% of all public expenditures on health. This project will examine the efficiency in the production of hospital activities and explore options for incorporating measures of quality of care, including readmission rates and in-hospital mortality rates.
Quality of Care and Patient Safety

Drug Use Among Seniors on Public Drug Programs, 2012

**Anticipated release date: Released May 2014**

Although seniors age 65 and older account for only 15% of the Canadian population, they are estimated to account for 40% of all spending on prescribed drugs and 60% of public drug program spending. Seniors take more drugs than younger Canadians because, on average, they have a higher number of chronic conditions. Although taking multiple medications may be necessary to manage these conditions, it is important to consider the benefits and risks of each medication and the therapeutic goals of the patient. Drug use is also important to monitor from a spending perspective, as increased drug utilization has been found to be the biggest driver of drug spending in Canada.

Weekend Admissions and In-Hospital Mortality

**Anticipated release date: Released June 2014**

Canadians who are admitted to hospital on weekends for emergency medical or surgical care are slightly more likely to die than those who are admitted during the week (a phenomenon called the weekend effect). 2 possible factors contribute to the weekend effect: lower hospital staffing on weekends (mainly physicians and diagnostic services) and a higher proportion of severely ill patients on weekends. The study found no weekend effect for obstetric, mental health or pediatric patients.

Changes in Palliative Care Coding and HSMR in Canada

**Submission to Journal: 2014–2015**

In-hospital mortality has been shown to be correlated with the quality of patient care. The hospital standardized mortality ratio (HSMR) is routinely used by Canadian hospitals to monitor the quality of patient care and to identify evidence of a need for improvement. Patients undergoing palliative care are removed from the calculation of this indicator. Since the HSMR was first published in Canada in November 2007, there has been a general decline in HSMR values, and some researchers have suggested that the decline is partly due to an increase in palliative care coding. Prior to releasing the HSMR for the first time, changes to palliative care coding standards were introduced by CIHI in 2006 for all provinces except Quebec. So a change in the trend of how palliative care is coded (interpretation of the standards) is expected, in light of how the coding trend has been observed in the past. The objective of this work is to investigate the extent to which the decline in HSMR values in Canadian hospitals can be explained by an increase in palliative care coding.
Falls Prevention in Canada

**Anticipated release date: 2014–2015**

This will be a joint report with Accreditation Canada and the Canadian Patient Safety Institute. Unintentional falls are extremely common and have many causes. In Canada, they are a major cause of injury requiring hospitalization and leading to disability. They are also a leading driver of injury costs. While falls are relatively common for all ages, the likelihood of falls increases with age, and their impact is most severe among those older than age 65. However, many falls can be prevented, and preventive interventions have great potential to reduce the rate of falls and subsequent health consequences. This report will provide data on falls among seniors, focusing on those occurring in health care settings. It will also profile Canadian fall prevention initiatives and tools that are available to organizations in acute care, long-term care and home care.

In-Hospital Patient Safety—Report and Indicator

**Anticipated release date: 2014–2015 (Report) and 2015–2016 (Public Indicator)**

Patients can experience unintended injuries or complications while in hospital for treatment. Across Canada, many organizations with patient safety mandates—health regions, ministries, quality councils and individual health care facilities—are working on ways to monitor the frequency of these types of unintended errors or complications. Together, CIHI and the Canadian Patient Safety Institute are using administrative data to develop a new patient safety indicator for inpatient care. The indicator will include errors or complications that can be potentially reduced or eliminated by implementing known best practices. There are 3 planned outputs from this project: a report will provide a high-level overview of the status of these patient safety events in Canada; a facility-level patient safety indicator will help monitor variations over time; and an improvement resource will point to areas of known best practices in patient safety.

In-Hospital Sepsis Event and Mortality Rates—Indicators

**Anticipated release date: 2014–2015**

Sepsis is a leading cause of in-hospital mortality and morbidity in Canada. It is a clinical syndrome defined by the presence of both whole-body infection and a systemic inflammatory response. Early recognition of the signs and symptoms of sepsis, in addition to consistent implementation of care guidelines, can lead to lower mortality rates. 2 indicators on sepsis will be developed: 1 to provide event rates for this syndrome and 1 to estimate mortality rates associated with sepsis. Both indicators will be calculated on an annual basis and reported at the facility level; they will include all hospitalized patients in acute care facilities across Canada. Results from these 2 indicators can help hospital managers, policy-makers, health care planners and decision-makers better understand the prevalence of sepsis in the hospital setting, work to improve the quality of care through early recognition of the signs and symptoms, and ultimately save lives.
Promoting Independence: Improving Physical Functioning in Residential Care

**Anticipated release date: 2014–2015**

A decline in physical functioning is not an inevitable part of aging, even among seniors in residential care settings. Decline in physical functioning is associated with loss of independence, decline in social engagement, poor mood, need for hospitalization and premature death. Carefully targeted interventions and high-quality care have been shown to improve or prevent decline in physical functioning. This project will explore CIHI’s Continuing Care Reporting System to provide clinicians and policy-makers with in-depth information to evaluate the factors associated with improving or maintaining physical functioning among seniors in residential care. The results of this analysis will support clinicians as they strive to improve the quality of life of their residents, as well as health system planners as they target scarce resources to where they will have the biggest impact.

Simultaneous Bilateral Versus Staged Bilateral Primary Total Knee Arthroplasty

**Anticipated release date: 2014–2015**

Patients who require bilateral total knee arthroplasty (TKA)—that is, replacements of both knees—can have both knees replaced within a single surgery or over multiple surgical procedures (referred to as staged procedures). There are benefits to performing simultaneous knee replacements, such as the use of a single anesthetic, lower health care costs and decreased total recovery time; however, the risks of this type of procedure remain controversial, with possible higher rates of serious complications or even death. This Analysis in Brief will investigate the outcomes of performing a simultaneous versus staged bilateral TKA in the largest cohort of its kind in Canada, informing decision-making by jurisdictions and best practices for orthopedic surgeons and patients.

Advanced Directives in Canada

**Anticipated release date: 2015–2016**

End-of-life care and decision-making is an ethically and clinically complex issue. Living wills and advanced directives are an effective way for individuals to express their preference for life-sustaining care in the event that they become incapacitated. Yet few Canadians have a living will or have even discussed their end-of-life wishes with their family or physician. Even when directives are in place, they are not always followed. This study will explore the extent to which advanced directives are in place within Canada’s long-term care setting, and whether these directives are being upheld.
**Hospital Standardized Mortality Ratio (HSMR)**

**Anticipated release date: 2015–2016**

Hospital standardized mortality ratio (HSMR) is an indicator of health care quality that measures whether the number of deaths at a hospital is higher or lower than expected, based on the average experience of Canadian hospitals. The measure is used by hospitals and health regions for quality improvement and accountability purposes. Downward HSMR trends are observed both at the national level and for many hospitals. To keep HSMR methodology in line with the trends of in-hospital mortality, HSMR models will be updated using the new baseline data year of 2012–2013. (The previous baseline was calculated using 2009–2010 data.) In addition, 3 years of HSMR results using the updated methodology will be provided to allow for trending.

**Rate of In-Hospital Specific Infections—Indicators**

**Anticipated release date: 2015–2016**

These indicators will measure the rate of challenging infections caused by 3 major pathogens: methicillin-resistant *Staphylococcus aureus* (MRSA), vancomycin-resistant enterococci (VRE) and *Clostridium difficile* (*C. difficile*). In-hospital infections result in longer hospital stays, high rates of death and, often, increased health care costs. Providing data and indicators targeting these specific infections will help hospitals and policy-makers improve patient safety measures in the acute care setting. These indicators will be relevant to all stakeholders interested in quality and safety of care at the hospital, regional and provincial/territorial levels.

**Readmissions to Intensive Care Within 48 Hours**

**Anticipated release date: 2015–2016**

International research shows that readmissions to intensive care are associated with poor patient outcomes, including higher mortality rates. Early readmissions are used as a measure of intensive care quality in many countries including the United States, the United Kingdom and Australia. This study will examine the prevalence of and factors related to intensive care unit (ICU) readmissions across Canada. Proven strategies to reduce high ICU readmission rates will be highlighted to demonstrate ways in which such information is actionable.

**Surgical Site Infections—Indicator**

**Anticipated release date: 2015–2016**

In recent decades, hospitals have faced the challenge of preventing and treating health care–associated infections caused by pathogens resistant to conventional therapies. 1 of the major groups of health care–associated infections is surgical site infections (SSIs). These infections can result in longer hospital stays, high rates of death and, often, increased health care costs. Developing and reporting on indicators targeting SSIs will help hospitals and policy-makers
improve patient safety measures in acute care settings. The proposed indicator will measure the rate of hospitalized SSIs. This project will be relevant to all stakeholders interested in safety of care at the hospital, regional and provincial/territorial levels.

Cancer

The Delivery of Radical Prostatectomy to Treat Men With Prostate Cancer

**Anticipated release date: Released August 2014**

Prostate cancer is the most common cancer diagnosed in Canadian men, yet an understanding of how prostate cancer is treated across Canada is lacking. Men with prostate cancer may opt for surgery, radiation therapy, hormone therapy or a combination of these interventions, or take a “wait and see” approach. The purpose of this report is to describe surgery for prostate cancer in Canada from 2006–2007 to 2011–2012, with a focus on potentially curative surgical treatments. This report will focus on trends and variations in surgical volumes, surgical practice patterns and surgical outcomes. Recent surgical trends will be of particular interest, because advances in surgical approaches in the treatment of prostate cancer have occurred in recent years, yet the adoption of these approaches across Canada has not been well described.

Chemotherapy Wait Times—Indicator

**Anticipated release date: 2014–2015**

The indicator will measure the time a patient waits for chemotherapy. Wait times will be measured for chemotherapy at 3 body sites: breast, lung and colon–rectum. The wait segment measured will be from the date the patient was ready to treat to the date of the first chemotherapy treatment. This study will provide a valuable first-time evaluation of how long patients wait for one of the primary forms of cancer treatment.

International Comparisons

Commonwealth Fund Study, 2014—Focus on Adults Age 55 and Older

**Anticipated release date: 2014–2015**

The Commonwealth Fund’s International Health Policy Survey provides comparable information on experiences with health care and perceptions of system performance in 11 developed countries. The 2014 annual survey will focus on adults age 55 and older and explore themes such as access to health services, integration and continuity of care, and advanced care planning. This report will highlight Canadian survey findings, including how results vary among provinces and how they
compare internationally. CIHI and the Canadian Institutes of Health Research (CIHR) have become the new national Canadian partners for The Commonwealth Fund’s annual surveys, replacing the Health Council of Canada in this role.

Commonwealth Fund Study, 2015—Focus on Primary Care Doctors

**Anticipated release date: 2015–2016**

Similar to the above project, The Commonwealth Fund’s annual International Health Policy Survey examines perceptions of the performance of the health care system in 11 developed countries, including Canada. The 2015 survey will focus on the views and experiences of primary health care doctors. This companion report will offer a closer look at Canadian results, including provincial breakdowns and changes over time where possible, and show how Canadian findings compare internationally.

Benchmarking Canada’s Health System: International Comparisons, 2015

**Anticipated release date: 2015–2016**

This project will examine how Canada compares with other countries in the Organisation for Economic Co-operation and Development (OECD) regarding health status, non-medical determinants of health, quality and access to care. The analysis will highlight where Canada is performing well and where we are lagging behind, while acknowledging the factors that influence data comparability and where caution is required with interpretation.
Annex

Annual Reports, Indicators and Data Releases

In addition to the new projects listed in this plan, CIHI also releases updates of the following reports and indicators on a yearly/other regular basis:

**Types of Care**

- Childbirth Indicators and Newborn Statistics—Quick Stats
- Acute Inpatient Hospitalizations and Emergency Department Visits in Canada—Quick Stats
- Hip and Knee Replacements in Canada: Canadian Joint Replacement Registry (CJRR)—annual report and Quick Stats
- Home Care Reporting System (HCRS)—Quick Stats
- Continuing Care Reporting System (CCRS)—Quick Stats
- National Rehabilitation Reporting System (NRS)—Quick Stats
- Hospital Mental Health Database (HMHDB)—Quick Stats
- Canadian Organ Replacement Register (CORR): Treatment of End-Stage Organ Failure in Canada—annual report and Quick Stats
- Injury and Trauma Hospitalization and Emergency Department Visits—Quick Stats
- Induced Abortions Reported in Canada—Quick Stats

**Health System Performance**

- Your Health System: In Brief—interactive website for the general public
- Your Health System: In Depth—interactive website for facilities and health regions (*new* release in September 2014)
- Health Indicators e-publication
- Organisation for Economic Co-operation and Development Health Data
- Wait Times for Priority Procedures in Canada—report and data display

**Health Workforce and Spending**

- National Health Expenditure Trends—annual report
- Hospital Financial and Statistical Information (Canadian MIS Database)—Quick Stats
- Prescribed Drug Spending in Canada—annual report
- Physicians in Canada—annual report
- Regulated Nurses in Canada—annual report and Quick Stats
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