

Roadmap Initiative

**Launching the Process:
Year 3 In Review**

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Introduction

This document, prepared jointly by the Canadian Institute for Health Information (CIHI) and Statistics Canada, highlights major activities, deliverables and accomplishments in the third year of the Roadmap Initiative. It is intended to supplement and update the information already contained in the document titled "*Roadmap Initiative – Launching the Process: 2 Years Later*" (www.cihi.ca), which provides an overview of the Roadmap Initiative and the major accomplishments achieved in the first two years of the Initiative.

The Roadmap Initiative

In its 1999 budget, the federal government earmarked \$95 million to fund the Health Information Roadmap Initiative¹, a four-year action plan designed to strengthen Canada's health information system. This initiative, which is a collaborative effort between CIHI, Statistics Canada, Health Canada and many other stakeholder groups at all levels – national, regional, local – outlines a shared vision for modernizing health information in Canada and focuses on providing answers to two basic questions:

- How healthy are Canadians?
- How healthy is Canada's health care system?

Planning for the projects began in the fall of 1999 and over the last three years, projects have been developed and carried out to address the specific objectives of the Roadmap Initiative, which include:

- Conducting special studies and producing regular, easy-to-understand reports on the health of Canadians and our health system;
- Addressing priority data gaps on health services and related costs, outcomes, health status, and non-medical determinants of health;
- Fostering harmonized data and technical standards to ensure the consistent and comparable collection, exchange, and interpretation of health data; and
- Creating a Canadian Population Health Initiative, a sustainable pan-Canadian effort that aims to become a strong and independent source of new information and insights on health and the health system.

Already, substantial progress has been achieved, including the:

- development of a health indicators framework and a new array of health indicators;
- publication of annual reports on the health of Canadians and of our health care system;
- production of analytical reports and special studies focusing on key questions and/or emerging issues in health and health care;
- design and implementation of the new Canadian Community Health Survey with the first data published in early 2002;
- implementation of new standards such as ICD-10-CA and CCI; and
- establishment of the Canadian Population Health Initiative (CPHI).

¹ For more detailed information on the Roadmap Initiative (and its evolution), please consult the CIHI web site (www.cihi.ca)

In all, close to 40 projects will have been completed, by the end of March 2003, that will lead both to improvements in the quality, timeliness and comprehensiveness of existing data and the development of new data standards and reporting systems where little information is now available.

Roadmap II - Continuing the Journey

In its December 2001 budget, the federal government renewed the \$95 million for an additional four years to enable CIHI and Statistics Canada to continue to provide quality and timely health information. This renewed funding will allow continued reporting on the health of Canadians and their health system. It will help provide regional health authorities and other health system managers with some of the tools they need on an ongoing basis to monitor how they are doing and to plan for the future. It will also support the production by the provinces of many of the indicators called for in the September 2000 First Ministers' agreement, and will contribute to generating the information needed to address many of the health system renewal priorities identified by the First Ministers.

The objectives of the Health Information Roadmap II are to:

- help provide the information necessary for governments to fulfill their performance reporting commitments;
- help provide the evidence base necessary for health care providers and managers to make informed decisions about health system renewal;
- help create the information necessary for Canadians to make informed decisions about their health and their use of health services; and
- expand the sharing of information through a comprehensive approach to data dissemination that respects the privacy rights of Canadians.

Much has been accomplished since the original Roadmap Initiative was launched in 1999, but there is still much work to be done to move the health information agenda forward. The following sections highlight the past year's major accomplishments and identify priorities for fiscal 2002/2003. Appendix A provides summary progress reports on each project being carried out as part of the Roadmap Initiative. For further information on the Roadmap Initiative, including progress reports, consult CIHI's web site at www.cihi.ca.

Major Accomplishments

The following provides an overview of some of the more significant Roadmap accomplishments achieved in fiscal 2001/2002. A summary progress report on each individual project is found in Appendix A.

Reports and Indicators

One of the primary objectives of the Roadmap is to provide answers to two fundamental questions, namely: *How Healthy are Canadians?*, and *How Healthy is Canada's Health Care System?*

To this end, Statistics Canada and CIHI have been actively involved in the production of various analytical reports/outputs designed to stimulate and inform the public debate on health. Some of the more significant contributions during the past year include:

- ✓ The releases of *Health Report: How Healthy are Canadians? The health divide - How the sexes differ* in April 2001 and *Health Care in Canada 2001* in May 2001, served to provide a broad range of facts about the health of Canadians and Canada's health care system. Both reports received widespread and positive media coverage and reached a broad audience of stakeholders across the country and beyond.
- ✓ In conjunction with the Canadian Lung Association and Health Canada, Statistics Canada and CIHI participated in the development of a new "Report on Respiratory Diseases in Canada", which was released on October 26, 2001 in Halifax. The report covered the areas of Tobacco Smoking, Air Quality, Asthma, Chronic Obstructive Pulmonary Disease, Lung Cancer, Infectious Diseases, Childhood Diseases, and Emerging Issues.
- ✓ Release of *Canada's Health Care Providers*, a CIHI special thematic report that presented a fact-based compilation of current research, historical trends and new data, on what we know and don't know about Canada's health care providers.
- ✓ Development work also continued on a number of special studies and reports, including regional variations in C-section rates, cardiac wait times, arthritis, and low volume procedures.
- ✓ CIHI and Statistics Canada produced, or contributed to, a number of special reports and/or publications.
- ✓ Statistics Canada and CIHI also produced revised/updated regional and provincial health indicators, which were published as an insert – *Health Indicators 2001* – in *Health Care in Canada 2001*. A new E-Publication on health indicators was also developed and launched on both CIHI and Statistics Canada web sites.
- ✓ Over the last year, CIHI and Statistics Canada continued to work closely with the Performance Indicators Review Committee (PIRC) to address issues emerging as a result of ongoing development and production of selected indicators, including indicators on re-admissions and mortality rates (e.g. 30-day stroke and AMI in-hospital). To support PIRC efforts, CIHI also launched a password protected web site for use by PIRC representatives.

Addressing Data Gaps

In fiscal 2001/2002, significant progress was made in terms of enhancing and strengthening existing data holdings, as well as developing new data sources. These include:

- ✓ Completed data collection for the first cycle of the Canadian Community Health Survey (CCHS), and released preliminary information through Statistics Canada's Health Reports and CANSIM-II. Efforts over the next year will focus heavily on the dissemination of the data.
- ✓ Completed cross-country consultation and pilot testing, and finalized content specifications for cycle 1.2 of the CCHS, which will focus on mental health disorders and general wellbeing. Data collection for cycle 1.2 will start in May 2002.
- ✓ Following the successful launch of CIHI's electronic Comparison of Hospital Activity Program (eCHAPs) reports in March 2001, over 250 registered users from across the country have accessed the new web-based interactive reports. Since then, positive feedback has been received from users with several suggestions for future enhancement, which will be taken into consideration as improvements are made to the reporting application.
- ✓ As of April 1, 2002, all provinces and territories (except Manitoba, Québec, and New Brunswick) will have initiated implementation of the revised DAD abstract (which incorporates the new diagnosis and intervention codes – i.e. ICD-10-CA and CCI).
- ✓ Implementation of the National Ambulatory Care Reporting System (NACRS) in Ontario hospital emergency departments resulted in the submission of over 3 million emergency visit records to the database. The data, which underwent an extensive data quality review, served to produce part of Ontario's *Hospital Report 2001: Emergency Department Care*, which provides a balanced scorecard that emergency departments can use to describe and evaluate their performance.
- ✓ During the last year, CIHI produced several media releases and bulletins highlighting key findings in the area of organ donation, kidney failures, liver transplantation waiting list/times, as well as injury hospitalizations and suicide deaths in Ontario and across Canada.
- ✓ Release of a first report from the Canadian Joint Replacement Registry (CJRR), which highlighted trends and variations for total hip and total knee replacements performed in Canada from 1994/1995 to 1999/2000. The CJRR, which was developed to identify ways to help improve patient care and the quality of joint replacement procedures, will assist in monitoring post-surgery performance of implants, with the goal of identifying ways to reduce unnecessary revisions (i.e. repeat surgeries) due to implant wear and breakage.
- ✓ In partnership with Health Canada, developed and secured approval of a business plan for a National Coroners/Medical Examiners Death Data Set that will provide information on injury-related deaths in Canada.
- ✓ Launch of the newly developed National Rehabilitation Reporting System (NRS), which will provide information to measure the effectiveness of rehabilitation services provided in Canada. Significant milestones this year have included the release of the Rehabilitation Minimum Data Set Manual and data collection software, and the completion of mapping tables to ICD-10-CA codes, allowing for the integration of rehabilitation data with other important data sources. To date, over 60 facilities from across the country have implemented this system, with Ontario mandating province-wide implementation effective October 2002.

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- ✓ Completed Phase 1 of the Home Care project, which included production of regional-level indicators using existing data sources. Phase 2 of this project, which was initiated in fiscal 2001/2002, builds on the activities, findings, and lessons learned from Phase 1. Through ongoing consultation with key stakeholder groups, CIHI has identified and developed a more comprehensive and balanced set of indicators for home care services, which will include financial, statistical, and clinical information.
 - ✓ Completed Phase 1 of the Continuing Care project, which included production of regional-level indicators using existing data sources. This project was subsequently expanded to include development of a new national reporting system for facility-based continuing care services. The new Continuing Care Reporting System (CCRS) was developed and tested in fiscal 2001/2002, and made available to facilities starting April 2002.
 - ✓ Completed Phase 1 of the Mental Health and Addiction Services project and released the final Phase 1 Project report titled *“Development of Indicators for Mental Health and Addiction Services”* (available on CIHI’s web site). Using 1998/1999 and 1999/2000 data, indicators were developed for publication in the first annual report of the Hospital Mental Health Reporting System.
 - ✓ In collaboration with the Patented Medicine Pricing Review Board, CIHI prepared a business case for the development of a national (claims-level) Prescription Drug Utilization Information System. This business case was presented to the F/P/T Pharmaceutical Issues Committee and the F/P/T Advisory Committee on Health Services, as well as the Conference of Deputy Ministers who, in June 2001, endorsed its development pending approval of funding (through Roadmap II). This proposal also received strong support by Health Ministers at their September 2001 meeting.
 - ✓ In the area of health expenditures, feasibility studies aimed at improving current data and/or collecting/reporting more detailed expenditure data on home care and long-term care services were completed and will lead to further enhancements to the National Health Expenditure database (NHEX).
 - ✓ Progress has also been achieved on the health human resources front with the production and release of a number of reports on physician supply, workload and migration, as well as nursing supply, distribution and information needs. CIHI also completed the development of data collection and reporting systems for Licensed Practical Nurses (LPNs) and Registered Psychiatric Nurses (RPNs).
 - ✓ Completed peer-review process for a research project, to be undertaken in collaboration with the Canadian Institutes for Health Research (CIHR), that will focus on adverse events in Canadian hospitals (previously referred to as the health system error project). Actual data collection should begin in the summer of 2002.
 - ✓ A primary health care indicator framework was developed that identifies the important attributes of primary health care and the areas that should be measured in performance evaluation. A draft list of performance indicators and definitions was also developed and reviewed by an expert working group.
 - ✓ CIHI successfully launched its new Query and Analysis (QnA) environment, which is designed to provide the foundations for an effective analytical infrastructure at CIHI. This new environment currently provides controlled access to historical data marts for select CIHI data holdings and facilitates analytical work by supporting a point and click environment along with a common set of standards, thus allowing queries to be easily built and quickly resolved.
 - ✓ Significant investments were also made in terms of furthering CIHI’s e-Strategy, including the redevelopment of its corporate web site and the completion of a functional application called QuickStats, which will provide user with easy access to a wide range of data. The new web site will be launched in May 2002.

Data and Technical Standards

Data/Content Standards

- ✓ Continued to actively provide field support to facilities implementing ICD-10-CA and CCI. This included delivery of over 150 education/training sessions to users, development and dissemination of various education/learning materials, as well as the implementation of a web-based coding query tool/database.

Technical/Interoperability Standards

- ✓ Developed, in consultation with the Advisory Council on Health Infostructure (ACHI), a proposal for coordinating the development of standards in support of the Electronic Health Record.
- ✓ Developed, with funding from the Office of Health and the Information Highway (OHIH), a design for a web-enabled dynamic standards inventory and a preliminary list of the standards and attributes that would be included in such an inventory.
- ✓ Completed, in collaboration with public and private sector stakeholders and with funding from Canada Health Infoway Inc., a substantial portion of the National e-Claims Standard (NeCST), an initiative to develop a coordinated and consistent standard for health claims exchange based on an international standard (HL7).
- ✓ Completed the development of draft HL7 Client Registry Messaging specifications, data dictionary and information/interaction models, which underwent HL7 Canada Balloting and were revised based on input from Canadian and international stakeholders.
- ✓ On the international scene, CIHI continued to be actively involved in standards development activities within the ISO community, including supporting Canadian leadership on the following ISO work items: health indicators conceptual framework, health information architecture framework (data model), and emergency data set.

Population Health

- ✓ In addition to its continued funding of population health research and infrastructure development (total funding awarded to date is approximately \$10 million), the Canadian Population Health Initiative (CPHI) developed a strategic plan for policy analysis and knowledge transfer, with priority themes identified as: obesity; poverty and health; and Aboriginal peoples' health. In the past year, the CPHI held numerous consultations with various partners from across the country in an effort to identify and collaborate on research policy linkages and the identified priority themes.

Privacy, Confidentiality and Security

- ✓ Privacy, confidentiality and security of data have been paramount throughout the development of all Roadmap projects. CIHI has taken a leadership role with respect to privacy and data protection practices and has been actively involved in several outreach and support activities, as well as monitoring changes in the privacy legislative landscape.
- ✓ In the past year, CIHI completed an extensive review of its Privacy Principles document, which was reviewed by several internal and external stakeholder groups and approved by the CIHI Board of Directors. CIHI also completed a Privacy Impact Assessment (PIA) on the Canadian Organ Replacement Register and the National Prescription Drug Utilization Information System, and work was undertaken on PIAs for the Therapeutic Abortions database, the Ontario Chronic Care Patient System (OCCPS), the Trauma registries, the National Health Expenditure database, and the Registered Nurses database.

Roadmap Priorities for Fiscal 2002/2003

Given that fiscal 2002/2003 will mark the last year of the original Roadmap Initiative, the key priorities for the upcoming year will focus on the successful completion of Roadmap I project deliverables, as well as the planning of Roadmap II projects and activities. The following provides an overview of the major program initiatives and specific activities to be addressed during the course of fiscal 2002/2003.

Reports and Indicators

- Produce the 2002 editions of *How Healthy are Canadians?* and *Health Care in Canada*.
- Continue to compile and disseminate current health indicators, including undertaking related analysis and development work to increase the utility of indicator data.
- Contribute to, and support, the activities of the F/P/T Performance Indicators Reporting Committee (PIRC).
- Carry out an expanded range of collaborative analytical activities, including collaborative reports with external stakeholders (e.g. women's health, arthritis).
- Continue to produce targeted studies aimed at providing relevant information on the health of Canadians, the health system and non-medical determinants of health.
- Focus on improving dissemination and knowledge exchange with targeted audiences, with a view of supporting enhanced application and use of the various analytical products.

Addressing Data Gaps

- Actively disseminate data collected from the first cycle of the Canadian Community Health Survey (CCHS) and initiate data collection on cycle 1.2, which will focus on mental health disorders and general wellbeing.
- Initiate development of content and survey tool for the second cycle of the CCHS.
- Continue enhancements to the electronic Comparison of Hospital Activity Program reports (eCHAPs) and extend e-reporting capability to other data holdings.
- Continue to promote (and support) the implementation of the National Ambulatory Care Reporting System (NACRS), the National Rehabilitation Reporting System (NRS), and the Canadian Joint Replacement Registry (CJRR).
- Produce and disseminate national reports on Rehabilitation and Mental Health services.
- Produce and disseminate national reports on drug utilization, drug expenditures, and (hip and knee) joint replacements.
- Launch a new national Continuing Care Reporting System (CCRS) and promote/support its implementation across the country.
- Develop a new national Prescription Drug Utilization reporting system, which will be based on claims-level data obtained from federal/provincial/territorial drug plans.
- Building on previous development work in home care, develop and pilot test a refined set of regional home care indicators for national reporting.
- Continue work on the adverse events in Canadian hospitals study (formally health system error project) and the development of primary care indicators.
- Develop and disseminate historical series of hospital (financial and statistical) data that will contribute to enhanced analysis of hospital sector activities in Canada.

- Develop a strategic plan to guide the future development of health human resources information systems and their products and services.
- Increase the relevance of analysis pertaining to health human resources products by providing increased contextual information to support interpretation of the data.
- Continue to develop and deploy the necessary infrastructures and technologies to support electronic data capture, query, analysis and dissemination activities.
- Continue efforts to increase access to, and dissemination of, data and analytical reports (with due respect to privacy guidelines).

Data and Technical Standards

- Continue to work with the field to ensure a successful implementation of ICD-10-CA and CCI, including the establishment of appropriate mechanisms for the ongoing maintenance and update of these classification standards.
- Initiate planning processes for redevelopment of existing grouping methodologies (and related weights) using ICD-10-CA and CCI (and patient-specific cost) data.
- Continue to represent Canada internationally at the ISO TC 215, HL7, and WHO.
- In collaboration with Canada Health Infoway Inc., further the identification and development of health information standards, particularly relating to the Electronic Health Record (EHR).
- Continue collaborating on projects and advising on standards issues with various cross-jurisdictional groups (e.g. ACHI EHR Working Group, Western Health Information Collaborative, Health Infostructure Atlantic, and provincial standards councils).
- Continue development work on unique identifiers for service providers and clients.

Population Health

- Implement systems to monitor, analyze, synthesize, and report on emerging population health research and policy issues.
- Build capacity to report regularly on population health issues/findings.
- Establish partnerships with key CIHR Institutes and other research agencies to facilitate research on CPHI's strategic "developmental" topics (e.g. housing and health, globalization and health, and aboriginal health) and identify other research partnership opportunities.
- Develop national and international partnerships for population health research, infrastructure development, policy analysis, and knowledge exchange.
- Continue to fund new population health research projects/programs and monitor existing research projects/programs.

Privacy, Confidentiality and Security

- Continue to develop CIHI's role as a privacy sensitive and responsible custodian of health data/information, build awareness of CIHI's privacy program with stakeholders, keep CIHI's privacy policies in tune with evolving legislation and public standards, enhance the organization's data protection tools and activities, and promote a culture of privacy by:
 - ▶ supporting the development of tools and materials that promote and strengthen data protection (e.g. privacy impact assessment, education products, etc.);
 - ▶ supporting staff in adhering to privacy principles, policies, procedures and practices through staff education, communication and improved documentation of practices; and
 - ▶ advising programs on privacy sensitive approaches to data management.

Roadmap Initiative

- In collaboration with Health Canada, initiate a formal evaluation of the Roadmap I Initiative (final evaluation document to be completed and submitted to Health Canada by September 2003)
- Develop detailed longer-term plans and budgets to address Roadmap II priorities, as outlined in the document "*Health Information Roadmap II - Continuing the Journey*".

Appendix A

Summary Progress Report, by Project

This section provides an overview of the progress achieved during fiscal 2001/2002 for the various projects identified in the *Health Information Roadmap Initiative: Launching the Process* document.

Reports and Indicators Projects

Health Indicators

- CIHI and Statistics Canada produced revised/updated regional and provincial level health indicators, which were published as an insert – *Health Indicators 2001* – in *Health Care in Canada 2001*. These indicators, which represent comparative data for 63 of Canada's largest health regions (representing 90% of Canada's population), were also used by Maclean's magazine in their June 2001 Maclean's Health Report.
- In December 2001, CIHI and Statistics Canada launched a joint E-Publication on Health Indicators. This electronic publication, which is available on both CIHI and Statistics Canada's web sites, provides easy access to basic health-region data and a selection of current regional and provincial level health indicators.
- Statistics Canada developed and produced health region level data for the following indicators: disability-free life expectancy (DFLE), potential years of life lost (PYLL), and deaths due to medically treatable diseases.
- Statistics Canada, in cooperation with its Demography Division and selected provinces, refined the methodology to produce population estimates for health regions.
- CIHI and Statistics Canada continued to work closely with the Performance Indicators Review Committee (PIRC) to address issues emerging as a result of ongoing development and production of selected indicators, including indicators on re-admissions and mortality rates (e.g. 30-day stroke and AMI in-hospital). To support PIRC efforts, CIHI also launched a password protected web site for use by PIRC representatives.

Health Reports and Special Studies

- In April 2001, Statistics Canada released a special edition of Health Reports titled *How healthy are Canadians? The health divide - How the sexes differ*, which focused on data from the National Population Health Survey (NPHS), vital statistics, the Canadian Cancer Registry, and the Census of Population, and which examined health differences between Canadian men and women.
- *Health Care in Canada 2001* – CIHI's second annual report, produced with help from Statistics Canada, was released on May 8, 2001. The report, which provides factual information about what we know and don't know about Canada's health care system, received widespread and high profile media coverage across the country. While coverage was approximately the same as for the 2000 edition, the coverage was of better quality and reach. As of March 31, 2002, the English version of Health Report 2001 received over 53,000 downloads/hits, while the French version received approximately 2500.
- Significant development work was also completed in preparation for the production and launch of the 2002 editions of both CIHI and Statistics Canada's annual Health Reports, which will be released in May and June 2002 respectively.

- *Canada's Health Care Providers*, a special CIHI thematic report on the health care team was released in November 2001. The report presented a fact-based compilation of current research, historical trends, and new data, findings and analysis on what we know and don't know about Canada's health-care providers. This report received widespread media attention, including 63 newspaper, 33 broadcast, 7 electronic and trade press items representing a total circulation of about 5 million. There were about 7,500 downloads in the first 5 weeks post-release. In addition, an upcoming issue of the *Health Care Papers* journal will be devoted to furthering the public debate on health human resources based on data from the report.
- In conjunction with the Canadian Lung Association and Health Canada, Statistics Canada and CIHI participated in the development of a new "Report on Respiratory Diseases in Canada", which was released on October 26, 2001 in Halifax. The report covered the areas of Tobacco Smoking, Air Quality, Asthma, Chronic Obstructive Pulmonary Disease, Lung Cancer, Infectious Diseases, Childhood Diseases, and Emerging Issues.
- Development work also continued on a number of targeted special studies, including an analysis of regional variations in C-section rates, cardiac wait times, arthritis, and low volume surgeries.

Integrated Health Services Projects

Discharge Abstract Database (DAD)/Morbidity Database Enhancements

- Following the official launch of CIHI's electronic Comparative Hospital Activity Program (eCHAPs) reports in March 2001, all DAD submitting hospitals were contacted and invited to participate in this new program. In order to facilitate the use of eCHAPs, a web-based demo product was developed and posted on the CIHI web site. Documentation on the processes to follow to securely access these products (using a user name, password and application code) were also distributed to all hospitals and provincial/ territorial ministries of health.
- As of March 31, 2002, over 250 registered users (representing close to 150 hospitals and 1 provincial Ministry of Health) have accessed eCHAPs.
- Positive feedback was received from users with suggestions for improvement to eCHAPs, including: availability of at least 2 years of historical data grouped to the most recent year's methodology, ability to drill down on data (i.e. by age and Plx level), ability to focus on specific time periods and the possibility of e-mail notification to alert clients when the eCHAP web site has been refreshed.
- As of April 1, 2002, all provinces and territories (except Manitoba, Québec, and New Brunswick) will have initiated implementation of the revised DAD abstract (which incorporates the new diagnosis and intervention codes - ICD-10-CA and CCI).
- CIHI completed the processing of the fiscal 1999/2000 data file for the Hospital Morbidity Database, and released it to Statistics Canada in September 2001 (3 months ahead of previous years' schedule). A media release on childhood asthma and the decreasing rate of decline in hospitalizations was also produced.

Canadian Organ Replacement Register (CORR) Enhancement

- Produced a number of media releases and bulletins highlighting key findings in the area of organ donations, transplantation, and dialysis.
- Developed and implemented a new web-based interactive CORR Bulletin (called CORR inSITES), which is an electronic quarterly bulletin that provides statistics and other relevant information on organ donations, transplants and dialysis.
- Developed and implemented new and enhanced centre-specific survival reports for CORR centres.
- Completed revised reporting forms and instruction manuals for the collection and reporting of CORR data.
- Completed development of electronic data submission specifications.

National Trauma Registry (NTR) Enhancement

- Produced a number of media releases and bulletins highlighting key findings in the area of trauma-related injury hospitalizations.
- In partnership with Health Canada, developed and secured approval of a business plan for a National Coroners/Medical Examiners Death Data Set that will provide information on injury-related deaths in Canada.
- In support of the 2002 World Injury Conference, CIHI provided researchers with free access to a small number of NTR data tables for inclusion in their conference presentations.

Therapeutic Abortions

- The 1999 national data file (excluding data from Ontario) was completed and sent to Statistics Canada in December 2001 (with complete documentation, including data dictionary and processing report). The data was subsequently released on January 18, 2002.
- An electronic data capture tool (e.g. bilingual data entry application) was developed and tested and will be distributed to Québec sites, in fiscal 2002/2003, to facilitate the electronic submission of TA data.

Canadian Cancer Registry Enhancement

- Completed an assessment of the completeness and quality of existing information using an Impact Assessment Survey completed by all Provincial/Territorial Cancer Registries.
- Support was provided to four provinces in evaluating completeness of case ascertainment.

Canadian Joint Replacement Registry (CJRR) Development

- The CJRR application was redesigned to facilitate data submissions from individual orthopedic surgeons from across Canada. This redesign made it possible for surgeons to submit data into CJRR starting in April 2001. The CJRR has been very successful outside of Ontario and the Ontario Joint Replacement Registry is now starting to gain similar momentum within Ontario. As of April 2002, over 200 surgeons are participating, representing 41% of eligible surgeons and over 60% of hip and knee replacements performed outside Ontario. This participation rate is impressive by international standards for a registry in this stage of development.

- Release, in January 2002, of a first report from the Canadian Joint Replacement Registry (CJRR), which highlighted trends and variations for total hip and total knee replacements performed in Canada from 1994/1995 to 1999/2000. The CJRR, which was developed to identify ways to help improve patient care and the quality of joint replacement procedures, will assist in monitoring post-surgery performance of implants, with the goal of identifying ways to reduce unnecessary revisions (i.e. repeat surgeries) due to implant wear and breakage.
- A number of enhancements have been proposed for the CJRR, including the capture of data on wait times, pre-surgery severity, post-surgery functioning, patient satisfaction and quality of life.

ICD-10-CA/CCI Implementation

- Distributed the 2001 English version of ICD-10-CA and CCI (on CD-ROM, paper copy, and PDF format), including coding guidelines, to acute care facilities across Canada. Completed French translation of the ICD-10-CA and CCI databases, coding guidelines and educational material, with French electronic products being available with the production of the 2003 version of the bilingual products (scheduled for release in March 2003).
- Completed a thorough review of the proposed WHO enhancements to ICD-10, and completed development of new and enhanced coding guidelines for implementation in fiscal 2002/2003 (these guidelines were posted on the CIHI web site in March 2002). Also identified errata, addenda and revisions that will be included in the 2003 version.
- Developed and implemented a web-based Coding Query Tool/Database to provide enhanced support to facilities implementing ICD-10-CA and CCI. Since its launch in June 2001, close to 1500 coding queries were received and responded to.
- Developed and disseminated/delivered a number of education/learning material/sessions (e.g. self-learning package, 2-day workshops, applied case studies, refresher courses) to facilities implementing ICD-10-CA and CCI. In fiscal 2001/2002 alone, close to 150 workshops and education sessions on ICD-10- CA/CCI were delivered in Ontario, Alberta, the Northwest Territories, Nunavut, Newfoundland, PEI, Nova Scotia, British Columbia, Yukon, and Saskatchewan.

International Classification of Functioning and Disability (ICIDH-2)

(formerly - International Classification of Impairments, Disabilities and Handicaps (ICIDH))

- As of December 2000, the ICIDH-2 (Roadmap) project deliverables and objectives were successfully completed. No new development work was carried out in fiscal 2001/2002.

Grouping Methodology Redevelopment

- Produced and disseminated electronic versions (incorporating ICD-10-CA and CCI codes) of the 2002 CMG/Plx Directory, the 2002 DPG Directory, and the 2002 CACS Directory
- Produced and disseminated electronic version of (national) RUG-III Directory.
- Produced and disseminated the 2002 version (paper and CD-ROM) of the DAD RIW and ELOS with the addition of confidence intervals and cost centre breakdowns.

Canadian Resource Intensity Weights Development

- Using inpatient case cost records from the Alberta Costing Partnership, the Ontario Case Cost Project and selected sites from British Columbia, CIHI completed the calculation of weights for its RIW 2002 and DPG 2002 using Canadian cost data exclusively.
- Calculated and published Ambulatory Care Weights for use with CACS 2002 methodology

Prescription Drug Utilization Standards and Reporting System

- In collaboration with the Patented Medicine Pricing Review Board, CIHI prepared a business case for the development of a national (claims-level) Prescription Drug Utilization Information System. This business case was presented to the F/P/T Pharmaceutical Issues Committee and the F/P/T Advisory Committee on Health Services, as well as the Conference of Deputy Ministers who, in June 2001, endorsed its development pending approval of funding (through Roadmap II). This proposal also received strong support by Health Ministers at their September 2001 meeting.
- As a starting point in the development of comparable drug utilization indicators across jurisdictions, the objective of the Roadmap I PDUSRS (Prescription Drug Utilization Standards and Reporting System) project was to develop an initial set of drug utilization indicators and to examine the feasibility of compiling these indicators using existing aggregated administrative databases. Significant milestones included the identification of potential data sources, the identification and definition of data elements, a privacy impact assessment, the development of a system for the collection of aggregated data, and analysis using Rx Canada and NHEX drug data. Experiences using currently available administrative data are shared and future activities are described in the project report. An update of the “Drug Expenditure in Canada” report has been produced. The two drug reports are scheduled for release in April 2002.
- Initiated planning for the development of a new claims-level drug database.

Home Care, National Indicators and Reports Development

- Completed Phase 1 of the Home Care project and posted a copy of the final project report on CIHI’s web site.
- Expanded and enhanced home care indicators to include waiting times, outcomes, and client-specific resource utilization.
- Developed a minimum data set to support calculation of the indicators and detailed documentation for data collection and coding, including a comprehensive data dictionary.
- Mapped MDS-HC, OASIS and SMAF (Québec) to CIHI’s home care data elements and provided advice/support to Health Infostructure Atlantic’s initiative to standardize home care data in Atlantic Canada.
- In consultation with provincial stakeholders, revised the MDS Home Care data collection tool and user documentation for Canadian use.
- Finalized recommendations for home care content for Cycle 2.1 of Statistics Canada’s Canadian Community Health Survey.
- Recruited health regions interested in participating in the Phase 2 National Pilot Test (6 regions will be selected), and developed supporting education/training materials.
- Completed technical design document, data model, and development and testing of data collection software application and database for the National Pilot Test.

Adult Inpatient Rehabilitation Services, National Indicators and Reporting System

- Conducted official launch of the National Rehabilitation Reporting System (NRS) in June 2001, in conjunction with the annual conference of the Canadian Association of Physical Medicine and Rehabilitation and RehabNET. To mark the launch, a media release was issued and various promotional products were developed and disseminated.
- Significant milestones have included the release of the Rehabilitation Minimum Data Set Manual and data collection software, and the completion of mapping tables to ICD-10-CA codes, allowing for the integration of NRS rehabilitation data with other important data sources.
- Provided extensive field support and education to participating sites, including planning for the provincial implementation of NRS in Ontario, where all approved inpatient rehabilitation beds will be mandated to report by October 2002.
- Processed data submissions and distributed quarterly facility-specific and comparative reports.
- Completed Phase 1 of a Data Quality evaluation of the NRS.
- Finalized requirements for prototype data conversion and migration to new production system, and successfully migrated prototype database to production environment.

Continuing Care, National Indicators and Reports Development

- Completed Phase 1 of the Continuing Care project, which included production of regional-level indicators using existing data sources. This project was subsequently expanded to include development of a new national reporting system for facility-based continuing care services (based on the use of MDS 2.0 adapted for Canada). The new Continuing Care Reporting System (CCRS) was developed and tested in fiscal 2001/2002, and made available to facilities starting April 2002.

Mental Health/Addiction Services, National Indicators and Reports Development

- Completed Phase 1 of the Mental Health and Addiction Services project and released the final Phase 1 Project report titled *“Development of Indicators for Mental Health and Addiction Services”* (available on CIHI’s web site).
- Using 1998/1999 and 1999/2000 data, indicators were developed for publication in the first annual report of the Hospital Mental Health Reporting System and the Quickstats section of the CIHI web site.

National Ambulatory Care Reporting System (NACRS) Implementation

- Implementation of the National Ambulatory Care Reporting System (NACRS) in Ontario hospital emergency departments resulted in the submission of over 3 million emergency visit records (for fiscal 2000/2001) to the database. The data, which underwent an extensive data quality review, served to produce part of Ontario’s *Hospital Report 2001: Emergency Department Care*, which provides a balanced scorecard that emergency departments can use to describe and evaluate their performance. The Ontario MoHLTC has since mandated implementation of NACRS for the collection and reporting of day-surgery cases and high-cost clinics, starting in April 2003.

- An e-reporting strategy for NACRS was developed to provide customized query access to NACRS data. The following reporting frequency is planned: one annual report to be disseminated in October of each year (after year-end closure of database) and cumulative scheduled semi-annual reports commencing with fiscal 2002/2003 data. Report content, peer group definition and age breakdowns were also finalized.
- Revised NACRS 2002 product specifications incorporating ICD-10-CA/CCI were completed and system modifications and testing were completed.
- Released a new NACRS e-Manual (in pdf format). An HTML version (with jump links to the DAD e-manual) was also produced and will be released in fiscal 2002/2003.

Data Quality Enhancement

- Completed and distributed facility-specific reports (18 facilities) on the findings of the first year of the DAD Data Quality project.
- Completed development of a report summarizing the findings of the first year of the study. This report was posted on the CIHI web site.
- Completed the planning and design stages for the second year of the three-year DAD Data quality study, as well as the selection of sites, completion of a pilot data collection study, revisions to the study methodology (based on pilot experience), site visits and data collection. Data analysis will be completed in the summer of 2002. A report summarizing the findings of the combined two years of the study will also be produced in fiscal 2002/2003.
- Also completed the planning and design stages for a special data quality study on Complexity (Plx) and coding optimization. This project will be completed in the summer of 2002.

Health Resources Management Projects

National Health Expenditure Database (NHEX) Enhancement

- Completed 2 feasibility studies aimed at improving current data and/or collecting/reporting more detailed expenditure data on home care services and long-term care services.
- Continued development work on another feasibility study in the area of Public Health expenditures.
- Completed a background paper on the current status of health price indexes in Canada, which identifies a number of recommendations for future development and enhancement.
- Continued investigation of potential data sources for out-of-pocket spending.
- Produced and released the Canadian segment of OECD 2001 health-related data.
- Released preliminary 2001/2002 estimates for provincial government health expenditures in October 2001. These data provide stakeholders with timely information in a format that increases its utility for use in provincial budgeting and forecasting activities.

Canadian MIS Database (formerly Annual Hospital Survey - AHS) Enhancement

- Completed data collection/quality cycle for fiscal 1999/2000 data and released the data to Statistics Canada in September 2001.
- Circulated 2001/2002 list of hospitals to provinces/territories for review and validation.
- Completed migration of all existing data to new application/platform.

- Finalized indicators and text for production of first Canadian MIS Database annual report (scheduled for release in fiscal 2002/2003).
- Developed and tested an imputation methodology using fiscal 1999/2000 data.
- In collaboration with the Coordinating Committee on Reciprocal Billing (CCRB), initiated work on the production of inter-provincial hospital billing rates (e.g. per diem rates) using fiscal 1999/2000 data.

MIS Guidelines Enhancement

- Revisions have been made to the chart of primary and secondary accounts, as well as selected workload measurement systems (e.g. enhancements to Diagnostic Imaging and Respiratory Therapy). All changes were completed and incorporated in the 2002 CD-ROM version of the MIS Guidelines.
- Initiated research and development activities for production of potential revisions to the 2003 version of MIS Guidelines, including changes to the chart of accounts and accounting guidelines (for capital expenditures, information systems, community services).
- Completed development of a web-based self-learning tool for *Introduction to the MIS Guidelines*, which will increase accessibility to learning material while decreasing costs to end-users.
- Completed developmental work on audit tools (financial and statistical), which will be pilot tested in fiscal 2002/2003.
- Completed user needs survey to determine requirements for new MIS medium.

Physician Resources Databases Enhancement and Analysis

- Produced and released a first report on the status of alternative funding/payment programs for physicians in Canada. Also obtained more current information that will be used to produce regular updates to this report.
- Developed and piloted specifications for receiving aggregate alternative payment data for physicians.
- Released, on August 8, 2001, an annual report on the *Supply, Distribution and Migration of Canadian Physicians – 2000*, which received significant media coverage, including 88 articles and 40 broadcast items representing a total circulation of 7.6 million.
- Continued work on an annual publication on physician supply, with analytical findings presented to the Expert Group on Physician Databases in December 2001. A draft report was circulated for internal and external review and the final report is scheduled for released in June 2002.
- Produced and disseminated a report on physician workload “Practising Physician Community in Canada” in October 2001.
- Developed and tested a linkage methodology between NPDB and SMDB. Preliminary analysis was completed with a 65% match rate. Approximately 800 records still remain to be reviewed on a manual basis.
- Completed a Physician Migration study (involving linkages of data from SMDB and AMA). Preliminary findings from this study were reported at the Canadian Epidemiology Congress. The final report is scheduled for released in July 2002.
- Initiated major redevelopment of existing NPDB database.

Registered Nurses Database (RNDB) Enhancement

- Released a report on nursing information needs titled *“Future Development of Information to support the Management of Nursing Resources: Recommendations”*.
- Released, in May 2001, a report on the *Supply and Distribution of Registered Nurses in Canada - 2000*, which received widespread media attention, including 74 articles and 27 broadcast items representing a total circulation of 6.5 million.
- Completed file submission and processing phases of the *2001 Supply and Distribution of Registered Nurses in Canada Report*, and provided a copy of the 2001 data file to the Canadian Nurses Association (CAN) and Statistics Canada.
- Updated *Registered Nurses System Data Dictionary and Data Submission Specifications* (new version: 3.0) to be used with the 2002 file submission.
- Released, in February 2002, a report on the *Supply and Distribution of Registered Nurses in Rural and Small Town Canada, 2000*.
- Completed the mapping of all existing provincial RPN forms to the national nursing minimum data set. RPN Registrars were provided with the results of the mapping of the forms and will start addressing the required changes.
- Developed *Registered Psychiatric Nurses System Data Dictionary and Data Submission Specifications – Version 1.2* and distributed to RPN data providers.
- Initiated construction of RPN Database based on existing RNDB, including data management table templates, verification reports and user requirements analysis report.

Allied Health Professions Database Development

- Completed data collection from eighteen health professional groups included in previous iteration of *Health Personnel in Canada* publication. Two new professional groups, Midwives and Registered Psychiatric Nurses were also added to the publication, which was released in March 2002.
- CIHI completed the mapping of all existing provincial/territorial LPN registration forms to the national nursing minimum data set, and developed the final version of *Licensed Practical Nurses System Data Dictionary and Data Submission Specifications – Version 2.0* and distributed to LPN data providers.
- Prepared ‘*Trial File Submission*’ document to ensure that Provincial/Territorial Professional Associations were at ease with the first file submission due in August 2002.
- Completed the creation and testing of the LPN database, including tables and verification reports.

Infostructure and Technical Standards Projects

In addition to the individual project updates listed below, it should be noted that CIHI was very active on a number of fronts relating to technical/interoperability standards, including:

- Developed, in consultation with the Advisory Council on Health Infostructure (ACHI), a proposal for coordinating the development of standards in support of the Electronic Health Record.
- Developed, with funding from the Office of Health and the Information Highway (OHIH), a design for a web-enabled dynamic standards inventory and a preliminary list of the standards and attributes that would be included in such an inventory.
- Completed, in collaboration with public and private sector stakeholders and with funding from Canada Health Infoway Inc., a substantial portion of the National e-Claims Standard (NeCST), an initiative to develop a coordinated and consistent standard for health claims exchange based on an international standard (HL7).

National HL7 Implementation and Education

- Based on input from the HL7 Expert Working Group, the development of national HL7 implementation guidelines for Client Registry messaging was identified as a priority area.
- Completed development of draft HL7 information/interaction models for Client Registry Messaging.
- Completed development of a draft Client Registry Messaging data dictionary.
- Completed the pan-Canadian HL7 v2.4 Message Specification working document in accordance with the HL7 Message Development Framework.
- Developed Messaging Workbench Client Registry Profiles, including XML document type definitions.
- Draft HL7 Messaging specifications, Data Dictionary, and Models underwent HL7 Canada Balloting and were revised based on input from Canadian and international stakeholders.
- Client Registry proposals were brought forward to HL7 International, numerous proposals were accepted and will become part of the HL7 International Standard.

National Data Model and Dictionary

- As of March 2001, all deliverables and objectives for this project were successfully completed. No new development work was carried out in fiscal 2001/2002.

Unique Identifiers Development

Service Provider Identifiers

- Completed successful technical testing of LPN unique identifiers with a pilot project scheduled to begin in April 2002.
- Agreements regarding use of data between MINC and LPNs have been signed as well as a contract for completion of the pilot between MINC and CIHI.

Client Identifiers

- Revised the terms of reference and reconvened the Jurisdiction/Client Identifier Expert Group.
- Revised Jurisdiction/Client Current State Assessment questionnaire based on input from the Jurisdiction/Client Identifier Expert Group.

Facility Identifiers

- Compiled and summarized feedback on the Pan-Canadianized delivery site/facility paper received from various stakeholders/ jurisdictions.
- Conducted web research to determine current facility definitions being used and to identify health program organization within facilities.

International Health Informatics Standards Development

- With the Canadian Standards Association, continued support of Canada's involvement in international standards initiatives, including recruiting Canadian experts for work items and accrediting the Canadian delegation to the ISO Technical Committee meeting that was held in August 2001.
- Hosted a series of meetings in June and December 2001 to move forward on the following ISO work items: Health Indicators Conceptual Framework, Health Information Architecture Framework (subsequently referred to as the Health Informatics Profiling Framework), and Emergency Data Set. Representatives from Australia, Japan and Canada attended these meetings.
- Prepared revised drafts for the Health Indicators Conceptual Framework (HICF) and Health Informatics Profiling Framework (HIPF).
- Completed the web site migration from Australia to Canada for ISO's Health Records and Modeling Coordination working group.
- Developed and revised a draft Technical Report on Telehealth Interoperability and completed the first draft technical specifications on Telelearning Interoperability in Health.
- Successfully completed two international ballots on new work item proposals: draft technical report for *Health Informatics Profiling Framework*, and *Guidelines for the Protection of Personal Health Data to Support Trans-Border Information Flows*.
- Established a working group from the Canadian Advisory Committee members and hosted a meeting to provide Canadian input on the ISO EHR Ad Hoc Group report development.

National Public Key Infrastructure (PKI) Framework for Health

- As of March 2001, all deliverables and objectives for this project were successfully completed. No new development work was carried out in fiscal 2001/2002. Final copies of all documents are posted on the CIHI web site.

Health Information Protection and Security Practices

- Completed an extensive review of the CIHI Privacy Principles document, which was reviewed by CIHI's Privacy, Confidentiality and Security Team, as well as the F/P/T Protection of Personal Health Information (PPHI) Working Group. The final version of this document was reviewed and approved by the CIHI Board of Directors in February 2002.
- Completed a Privacy Impact Assessment (PIA) on the Canadian Organ Replacement Register and the National Prescription Drug Utilization Information System. Work has also been undertaken on PIAs for the Therapeutic Abortions database, the Ontario Chronic Care Patient System (OCCPS), the Trauma registries, the National Health Expenditure database, and the Registered Nurses database.
- Completed a de-identification study report, which was reviewed and approved in principle. A plan to address the report's recommendations is currently being developed.
- Completed a list of FAQs relating to Privacy, which were posted on the CIHI web site.
- Completed a review of information flow diagrams for all CIHI databases.
- Completed the analysis and development of a CIHI submission in response to the draft Ontario Privacy of Personal Information Act, which was forwarded to the Ontario Ministry of Consumer and Business Services in March 2002.
- Continued to work closely with provincial/territorial jurisdictions on privacy matters, including following up on CIHI's recent consultations with Ministries and Privacy Commissioners.

Geographic Infrastructure

- Work continued on the geographic infrastructure to ensure the accuracy, precision and consistency of geographic codes in order to be able to produce data at the health region level. Geocoding of the 1998 births and stillbirths was completed.

Population Health Projects

Vital Statistics Development

- Developed an education package for physicians and other health professionals to improve certification of cause of death. A prototype education session was developed and delivered to a group of physicians in Kingston.

Health Status Outcomes

- Measurement of health state preferences. A study design and draft definitions of health states were developed and extensively reviewed. Protocols for the administration of visual analogue scale, time-trade off, standard gamble and person trade-off were established. Two focus groups with convenience samples were held, and a report summarizing the findings was drafted. Six qualitative focus groups, each with 10 members of the Canadian population, were also held in the Ottawa area, in both French and English - these focus groups offered helpful and constructive comments on the protocols and definitions they reviewed.

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- Evaluation of the psychometric properties of newly developed or adapted health status instruments through pilot tests or specially designed surveys:
 - ✓ an internal paper on a factorial analysis done with NPHS data was drafted (identified several factors or distinct dimensions of health that could be derived from the NPHS questions; it examined their contribution to health across age and sex categories, as well as their correlation with generic health measures, including the Health Utilities Index);
 - ✓ a paper describing Canadian normative data for the Health Utilities index, using the NPHS, has been completed and is under review (this study provides norms for the Canadian population using the HUI Mark III by attribute, age group, sex, and residence - household or institutional; these scores can be used as baseline measures for monitoring population health over time, to compare different populations or disease groupings, or for measures of disability-adjusted life expectancy). A comparison of several health status measurement instruments (e.g. EQ-5D, HUI3, etc.) has been completed and an evaluation report distributed to members of the Advisory Committee of the Canadian Community Health Survey (CCHS).

Canadian Community Health Survey (CCHS)

- Completed data collection for the first cycle of the Canadian Community Health Survey (CCHS), and released preliminary information through Statistics Canada's Health Reports and CANSIM-II. Efforts over the next year will focus heavily on the dissemination of the data.
- Completed cross-country consultation and pilot testing, and finalized content specifications for cycle 1.2 of the CCHS, which will focus on mental health disorders and general wellbeing. Data collection for cycle 1.2 will start in May 2002.
- Completed a study on the feasibility of collecting physical measures (as part of a future survey).
- Development work was initiated on a future cycle of the CCHS that would focus on nutrition. An operational plan and an evaluation of a collection instrument for this survey have been completed.

Person Oriented Information (POI)

- A study titled *Revascularization and heart attack outcomes* was published in Health Reports (Vol. 13, # 2).
- A paper on *Reducing Influenza Related Morbidity* was submitted for publication to Health Reports.
- A paper titled "*On the Rise: The Current and Future Burden of Congestive Heart Failure in Canada*" was submitted for publication to the Canadian Medical Association Journal (CMAJ).
- Produced two papers relating to asthma titled; *Ecological Measures of Socio-economic Status and Hospital Re-admissions for Asthma among Canadian Adults*" and *Hospital Re-admissions for Asthma in Children and Young Adults in Canada*.
- Produce an analytical paper on *Cancer Treatment Surveillance* and submitted it to NAACCR.
- Produced cancer survival estimates for patients with lung, breast, prostate and colorectal cancer, based on 1985 cohorts.
- POI database now contains eight years of linked hospital morbidity data (1992/1993 to 1999/2000).

- The Health Person Index System (HPX) software and database underwent further development resulting in improvement in security of access and logging of activity. Extensive documentation and testing was carried out in anticipation of loading data.
- Consultation with several group of researchers and collaborators from Health Canada, Nova Scotia, University of British Columbia, the Canadian Institutes for Health Research (CIHR), the Institute for Clinical and Evaluative Studies (ICES), the CVD Surveillance group, the Heart and Stroke Foundation of Canada, and the Canadian Institute for Health Information (CIHI).

Canadian Population Health Initiative (CPHI)

- A strategic plan for policy analysis and knowledge transfer was developed by the Policy Sub-Committee and approved by the CPHI Council, with priority themes identified as: obesity; poverty and health; and Aboriginal peoples' health.
- Consultations were undertaken and potential partners for future activities were identified, including: the Caledon Institute, CPRN, PRI, Community Foundations of Canada, Federation of Canadian Municipalities, ACPH and Statistics Canada.
- Held a joint seminar on social and health inequalities, in partnership with Direction de la santé publique de Montréal-Centre, forming the basis for a case study on research-policy linkages.
- Conducted an in-depth study of effective approaches to policy research.
- Distributed hard copies of the report, "Environmental Scan of Research Transfer Strategies" to a variety of stakeholders, including CIHI Board members.
- CPHI Council approved twenty-one new research proposals (6 programs and 15 projects totaling \$5.3 million) along with two developmental grants (totaling \$20,000). Total funding awarded to date is approximately \$10 million (14 programs, 27 projects, and 3 developmental grants).
- CPHI Council's Research Sub-Committee drafted a Strategic Funding Initiative document.
- Successful CPHI Partnership meeting took place in Ottawa in March 2002.
- Posted on the CIHI web site: changes to the RAI RFP and research summaries for all programs/projects funded through the March 29, 2001 intake.
- Hosted a roundtable and initiated a draft scoping paper on *poverty and health*.
- Authors and expert advisors were recruited in connection with the *Aboriginal peoples' health* theme.
- Completed a draft fact sheet on *childhood obesity*.
- Completed report on cross-country consultation with CIHR Institute for Population and Public Health (IPPH).
- Posted highlights of CPHI Council meetings and summaries of approved research projects and programs were posted on the CPHI web site.
- Knowledge exchange and linkages were advanced through activities including, presentation of panel sessions at the National Policy Research conference, formation of a partnership with HRDC, updating of content on CPHI's web pages, and participation in joint CPHI-IPPH consultations.

Adverse Events (previously referred to as Health System Error)

- A peer-review process for the research proposal was completed and a letter of approval was forwarded to the successful applicants. A formal announcement (through a media release) of the successful applicants was made on May 7, 2002.
- Actual data collection for this project is schedule to start in late summer/early fall of 2002. A final report is expected to be released in 2004.
- A stakeholder meeting is also planned for the Spring of 2002. National provider and health associations in the acute-care setting (those who will be most likely affected by the results of the research) will be invited to begin the development of a knowledge exchange strategy. Strong links have also been established with the National Patient Safety Steering Committee.

Primary Care Indicators

- A primary health care framework has been developed that identifies the important attributes of primary health care and the areas that should be measured in performance evaluation.
- A draft list of performance indicators and definitions was also developed and reviewed by an expert working group. This list primarily reflects physician-based practice and patient-level data (as opposed to community-level), reflecting gaps in pre-existing work in areas such as team integration/functionality, community health, family orientation, advocacy, and cultural appropriateness, among others.
- This preliminary work (referred to as Phase 1) will need to be further expanded on in the future. Further indicators may be added to the list to accommodate the Primary Health Care Transition Fund's needs to evaluate structural aspects of reform.
- A comprehensive stakeholder consultation is planned in early 2002 to get input and feedback on the initial list of indicators. Stakeholders will include provincial ministries of health, regional health authorities, service providers, relevant national provider associations, and consumers.
- Following the revision of the indicators, pre-pilot activities including tool development will need to occur in fiscal 2002/2003. Substantive investments will likely be required to carry out a comprehensive pilot (chart audit) of these indicators in future years.