EXECUTIVE SUMMARY

Canadian Health Outcomes for Better Information and Care (C-HOBIC) is leading the way with the implementation of the electronic collection of evidence-based patient-centred clinical outcomes in Canada. The project is funded by contributions from Canada Health Infoway and participating provincial partners and sponsored by the Canadian Nurses Association (CNA).

Phase 2 of this initiative introduces the development and implementation of a synoptic report to support patient care transitions. In Manitoba, this work is part of the rollout of Allscripts™ at St. Boniface Hospital. In Ontario, the synoptic report is available on the ClinicalConnect™ portal in the Hamilton Niagara Haldimand Brant (HNHB) and the Waterloo Wellington (WW) Local Health Integration Networks (LHIN). The synoptic reports display normalized admission and discharge scores from the C-HOBIC data set. By comparing these clinical outcomes between admission and discharge, health-care providers can plan the appropriate care and resources to manage ongoing care to optimize health care.

An evaluation focused on the implementation of the C-HOBIC data set in acute care in Manitoba and the use of the C-HOBIC Transition Synoptic/Summary Report (TSR) in designated sites in Ontario and Manitoba. In Manitoba, the collection of the C-HOBIC data set in acute care began in November 2012 within St. Boniface Hospital hence the evaluation focused on the early adopters’ initial experiences with applying, documenting and using the data set as well as the C-HOBIC TSR. In Ontario, while a number of organizations had been using C-HOBIC since 2006, the C-HOBIC TSR was made available to clinicians in January 2014 through the ClinicalConnect™ portal in the HNHB and WW LHINs. In these LHINs, the evaluation focused on the initial reflections of early adopters from a variety of care settings on the value of the C-HOBIC TSR in supporting patient transitions. This report includes a synthesis of the recommendations from the evaluation. While there is strong clinical support for the use of C-HOBIC information to support care transitions, it is clear that more effort needs to be directed to strengthening the processes of information exchange between care providers across the continuum.

To support future collection of the C-HOBIC data set in electronic health records, the data set was mapped to SNOMED CT. Work is underway with the Canadian Institute for Health Information regarding the inclusion of this data set in the Discharge Abstract Database and will support sustainability of this data set.
As with any large-scale change, leadership is essential. Clinicians need to understand why data standards are being implemented and how this information can support quality patient care. Ongoing engagement of clinicians about the value of standards and how this information can support practice is required. Organizations require significant time and resources to incorporate use of data in evidence-informed practice into the organizational culture. Ongoing communication and education, as well as linking initiatives to quality and performance reporting, are essential to successful change management that can make adoption a reality.

The collection of evidence-based standardized clinical outcomes offers clinicians the opportunity to improve health outcomes for the people for whom they provide care. The sharing of this information between and among health-care sectors and health-care providers provides information to support planning appropriate care and resources to manage ongoing care to optimize health.