



## Products and Services Guide, 2013–2014

About CIHI



Canadian Institute  
for Health Information

Institut canadien  
d'information sur la santé

The page features decorative wavy lines in grey and teal that flow across the top and sides, framing the central content area.

## 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

Welcome to the *Products and Services Guide, 2013–2014* from the Canadian Institute for Health Information (CIHI). This publication is a yearly look at our most recent and upcoming products and services that are available to you, our valued customers.

Now home to 28 valuable databases, CIHI is proud to continue its tradition of delivering unbiased, credible and comparable health information. We collect, store, analyze and disseminate pan-Canadian health data in accordance with one of the strongest privacy, security and data quality programs in Canada. This enables us to protect the confidentiality and security of our collective data.

CIHI regularly creates strategic plans to guide our work through the current and future challenges that affect the Canadian health care sector. CIHI's analytical plan ensures that our reports and products give you access to the specific health information you need to make better decisions. Our data plan, meanwhile, ensures that the data quality is high and our data holdings are optimally suited to the needs of data users.

In addition to our data holdings, CIHI produces a wealth of reports, analyses, publications, data standards and education workshops. They are all in keeping with our mission of helping inform decision-making, strengthening the health care system and improving the health of Canadians.

You will find the *Products and Services Guide* divided into the following five health care themes:

- Types of Care
- Health System Performance
- Spending and Health Workforce
- Factors Influencing Health
- Standards and Data Submission

A description of each theme follows on the next page. We hope you find this guide useful; please do not hesitate to contact CIHI with any questions, concerns or general comments. To make best use of this guide, please visit [www.cihi.ca](http://www.cihi.ca) for more complete information about our products and services, including availability and pricing.

# Theme Descriptions

CIHI's products and services fall within five major categories:

## Types of Care

These are primary health care, hospital care, community care (including home care, community care and community mental health services), specialized services (including mental health and addictions, joint replacements and organ replacements), pharmaceutical care and utilization.

## Health System Performance

An area of great focus at CIHI, health system performance focuses on access to health, wait times and quality of care outcomes—in other words, how well health care services are provided to patients and the outcomes (results) of the care that patients receive. You'll also find indicators of integration and continuity of care that measure the health of Canadians and the performance of the health system in Canada.

## Spending and Health Workforce

*Spending* focuses on expenditures by geography (national, provincial and regional) and by category (physician, hospital and drugs).

*Workforce* focuses on services provided by our health human resources, including physicians, nurses and other health care providers.

## Factors Influencing Health

These important factors fall within environmental, socio-economic and lifestyle categories, which affect the health of Canadians and our health care system.

## Standards and Data Submission

This helps provide a framework for collecting and reporting on health information. CIHI is pleased to continue to lead the evolution and creation of new national health information management standards.

# Supporting Our Work

## Privacy and Security

Privacy impact assessments (PIAs) document and evaluate the privacy impacts of programs and systems. CIHI is committed to completing PIAs on all of its data holdings; further information can be found in this guide and our published PIAs. For information, visit the Privacy section of CIHI's website, accessible via the **Privacy** link in the upper right-hand corner.

CIHI would like to thank all hospitals, regional health authorities, governments and health care practitioners across the country that submit data and help inform our in-depth analytical reports on Canada's health system and the health of Canadians. Without you, our work would not be possible.

## Publications

CIHI produces many publications based on our extensive information holdings and data analysis activities. These publications address subjects relevant to a broad audience. They are used to answer questions about Canadian health care and those factors that affect good health; they can also act as a starting point for additional research. As well, CIHI produces annual Analysis in Brief documents on a wide variety of topics. You can access CIHI's publications from the Products section of our website. You will find a list of publications in each section of this guide, where applicable.

## Subscriber Reports

CIHI produces many subscriber reports, such as electronic reports (eReports), which are derived from our extensive information holdings and data analysis activities. These reports contain information about data submitted to CIHI by health facilities. Subscribers such as health facilities predominantly use subscriber reports to review, assess and manage their resources. These reports are available to Core Plan subscribers who create a user profile on CIHI's secure website under Applications > Interactive Tools/Databases. For more information, please see Core Plan Administration in this guide.

## Education

CIHI is committed to helping customers use our health information products effectively. Our education programs utilize different learning media and methods to enable you to keep ahead of evolving coding standards, access CIHI's latest health information, support CIHI's data collection and data quality, and interpret and apply information to make informed administrative and clinical decisions. You'll find notes on education throughout this guide. For more information on registering for courses, visit <https://learning.cihi.ca>.

## Monthly e-Publication: *Land*

CIHI publishes *Land*, our electronic publication that lives online at [www.cihi.ca/land](http://www.cihi.ca/land), 10 times a year. Simple to navigate, it delivers CIHI's latest news and reports, as well as feature stories that dive beneath the data. *Land* is meant to start a conversation; it is about what you need to know—not just what we want to say.



# Core Plan Administration

## Core Plan and Pricing

Most Canadian health facilities have access to a set of CIHI's information products and services. These are part of a Core Plan subscription with CIHI, which is provided through bilateral agreements between CIHI and ministries of health. In addition, CIHI offers many products and services through the Core Plan at no additional charge to regional health authorities (or similar) and ministries of health.

In this guide, Core Plan products are designated with **CORE**. Under the plan, facilities receive the set of products and services for a fixed price. Customers who are not covered through the Core Plan pay on a price-per-service basis. Prices are listed on CIHI's website as either Price A or Price B. Price **A** applies to Canadian health facilities, governments, not-for-profit health agencies, universities, health professionals and researchers from the public sector. Price **B** applies to private commercial operations (including but not limited to software vendors and consultants), foreign customers and others who do not qualify for Price A.

Core Plan subscribers generally have unlimited online access to standards-related products in PDF and HTML formats. For non-Core Plan customers, prices for these formats will normally be discounted, compared with the equivalent paper product.

To increase public awareness of Canada's health system, CIHI's publications and reports containing national health information are available (in PDF format) for free online to all customers. Some of our products are also now available in electronic format and can be accessed from our website.

## Distribution

Health facilities access quantities of Core Plan products and services according to their size (small, medium or large), which is determined on the basis of the health facility type, the total number of beds and the annual volume of case abstracts. Some Core Plan products and services are subject to confidentiality and privacy restrictions.

Facilities can pool resources to improve their access to Core Plan products and services. This enables **any** facility with online access to that pool to order products and services. For example, one pool could consist of one regional health authority, one large acute care facility, one medium long-term care facility and one small long-term care facility. With just one username and password, an authorized person from the health authority or any of the facilities in the pool could log in and place orders for publications or register staff members for education sessions. The maximum number of CIHI products and services under Core Plan pooling is equal to the sum of the Core Plan entitlements for each participating facility. Classroom sizes will also affect availability. The person placing the order or registering for education sessions can determine how to best utilize the Core Plan entitlements for each facility. If your organization is interested in establishing a Core Plan pool, please contact us at [orderdesk@cihi.ca](mailto:orderdesk@cihi.ca).

## Core Plan: Acute Care Hospitals

Hospital size is based on the total number of beds and the volume of case abstracts submitted to any one of these CIHI data holdings: the Discharge Abstract Database (DAD), the National Ambulatory Care Reporting System (NACRS), the National Rehabilitation Reporting System (NRS) and the Continuing Care Reporting System (CCRS).

Under the Core Plan, hospitals receive products and services relevant to these data holdings, as well as other health information publications and reports of general interest. For hospitals participating in selected data holdings, the size of a hospital is determined on the basis of the total number of beds and the volume of case abstracts submitted to the program(s) in which the hospital participates.

- Small hospitals: **1 to 199 beds and a volume of no more than 50,000 case abstracts annually**
- Medium hospitals: **200 to 399 beds and a volume of no more than 100,000 case abstracts annually OR hospitals with 1 to 199 beds and a volume of 50,001 to 100,000 case abstracts annually**
- Large hospitals: **400 or more beds or more than 100,000 case abstracts annually**

## Core Plan: Continuing and Home Care/Rehabilitation Facilities

The size of a continuing care/rehabilitation facility is based on the total number of beds (as an indication of volume of case abstracts). Under the Core Plan, continuing care/rehabilitation facilities receive products and services relevant to CCRS and NRS data holdings, as well as other health information publications and reports of general interest.

- Small facilities: **1 to 30 beds**
- Medium facilities: **31 to 99 beds**
- Large facilities: **100 or more beds**

## Education

Hospitals, regional health authorities (or similar) and provincial and territorial ministries of health covered by the Core Plan receive core education sessions at no additional charge. See the distribution table for the number of participants that can attend from each facility/organization. For all other registrations (for example, non-Core Plan customers), please refer to the Pricing and Information section of CIHI's Learning Centre at <https://learning.cihi.ca>, or contact the Education department at [education@cihi.ca](mailto:education@cihi.ca).

CIHI delivers its education programs via the following methods:

- Web conferences: live, web-based interactive presentations with discussion
- Workshops: face-to-face, interactive sessions at locations across Canada
- Self-study products:
  - Interactive, online learning courses
  - Downloadable documents
  - Online web conference recordings with learning assessments (where applicable)

## In-House Education Services

CIHI offers in-house education services to help individual facilities and their staff better use CIHI's various tools for effective management. This unique service allows you to focus on specific education needs and create an agenda that will target specific areas where detailed education is needed. Please note that all of CIHI's regularly scheduled workshops may be presented as in-house sessions, subject to CIHI's availability.

For more information about CIHI's education products and services, visit <https://learning.cihi.ca> or send an email to [education@cihi.ca](mailto:education@cihi.ca).

## CIHI Vendor Licence Agreements

CIHI's vendor licence agreement gives software developers (vendors) the right to receive CIHI's products that they require to develop and support software that meets electronic-submission requirements for CIHI's data holdings and/or the use of ICD-10-CA/CCI in non-CIHI software. This enables CIHI to automatically distribute products as they become available, establish terms and conditions around commercial and non-commercial use, protect CIHI and third-party proprietary rights in the products and maintain the integrity of CIHI's products. The licence agreements include data-collection specifications, ICD-10-CA/CCI products and grouping-methodology specifications, such as those for Case Mix Group+/Comprehensive Ambulatory Classification System (CMG+/CACS), expected length of stay (ELOS) and Resource Intensity Weight (RIW). Over time, CIHI may add additional products as development projects arise. A vendor licence agreement is valid for a period of three years (2013–2014 to 2015–2016). After this period, vendors must renew their licence to receive the listed products from CIHI. The list of products must be completed and returned to CIHI each year. Vendor licence fees vary according to the product. For some products, additional licence fees may be required for authorized use by end users. For further information, please contact us at [vendors@cihi.ca](mailto:vendors@cihi.ca).

## Data Requests and Analyses

You may request permission to perform your own analysis of CIHI's data or data files. CIHI's principles and policies for the protection of health information govern data disclosure. Upon request, we can provide you with quotes of cost estimates for consultation and production time. For more information, please visit [www.cihi.ca/requestdata](http://www.cihi.ca/requestdata).

## Graduate Student Data Access Program

Through the Graduate Student Data Access Program, qualified graduate students can access CIHI's data at no cost to undertake policy-relevant research related to health and health services or to fulfill graduate or medical residency program requirements. More information is available at [www.cihi.ca/gsdap](http://www.cihi.ca/gsdap).

## Ordering

You can order products and services by mail, by fax or online. Payment, as applicable, must accompany all orders.

### CIHI Order Desk

495 Richmond Road, Suite 600  
Ottawa, Ontario K2A 4H6  
Phone: 613-241-7860  
Fax: 613-241-8120

### Mail/Fax

You can order publications and products by completing an online order form. Please visit [www.cihi.ca](http://www.cihi.ca), click **Contact Us** at the top of the page, click **Order online** under Publications and Products, then at the top of the page click **Order Form**. Please print the form and fax it to the number indicated on the form.

### Online Order/Registration

You can order publications and products or register for workshops online at any time. Please visit [www.cihi.ca](http://www.cihi.ca), click **Contact Us** at the top of the page, then click either **Order online** under Publications and Products or **Register online** under Education.

### Shipping and Handling

Please allow 10 days for delivery. All orders within Canada include shipping and handling. Orders outside of Canada are subject to a shipping and handling charge.

### Returns and Refunds

To return any item, simply indicate the reason for your return, include a copy of the invoice and send the package to CIHI's Toronto office. We will issue a credit note once we have received and processed the returned item. Returns or claims for refunds must be initiated within 15 days of delivery of the product.

Please contact any CIHI office for more information about our products or services.

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## Types of Care







# Health Services

## Primary Health Care **CORE**

### Data

The Primary Health Care Data and Information program collaborates with key stakeholders across Canada to address priority primary health care (PHC) data and information needs. Our goal is to strengthen and improve the PHC data available to clinicians and health system decision-makers. Our focus is helping our stakeholders in their efforts to measure, manage and improve PHC by delivering standards, data, insight and knowledge. This program of work includes both data and information solutions.

### Analysis

#### Publications

- *Using Primary Health Care Voluntary Reporting System (PHC VRS) Electronic Medical Record (EMR) Data to Assess the Burden of Multiple Chronic Conditions* (2013)
- *Primary Health Care Voluntary Reporting System (PHC VRS) Privacy Impact Assessment* (2013)
- *Primary Health Care Voluntary Reporting System (PHC VRS) Data Validation Study* (2013)
- *Pan-Canadian Primary Health Care (PHC) Practice-Based Survey Tools* (2013)
- *Primary Health Care Voluntary Reporting System (PHC VRS) Data Submission Guide* (2012)
- *Pan-Canadian Primary Health Care (PHC) Indicators Update* (2012)
- *Draft Pan-Canadian Primary Health Care (PHC) Electronic Medical Records Content Standard, Version 2.1, Data Extraction Specification* (2012)
- *Draft Pan-Canadian Primary Health Care (PHC) Electronic Medical Records Content Standard, Version 2.1, Implementation Guide* (2012)
- *Disparities in Primary Health Care Experiences Among Canadians With Ambulatory Care Sensitive Conditions* (2012)
- *Draft Primary Health Care (PHC) Electronic Medical Records Content Standard, Version 2.0, Business View* (2011)
- *Draft Pan-Canadian Primary Health Care (PHC) Electronic Medical Records Content Standard, Version 2.0, Data Extraction Specification* (2011)
- *Draft Pan-Canadian Primary Health Care (PHC) Electronic Medical Records Content Standard, Version 2.0, Implementation Guide* (2011)
- *Seniors and the Health Care System: What Is the Impact of Multiple Chronic Conditions?* (2011)

## Understanding and Use

### Client Support and Training

This program is intended for health system planners and managers, PHC providers, researchers, e-health experts, electronic medical record vendors and other individuals responsible for coordinating or administering PHC and for chronic disease prevention and management. Information will be shared through conferences, workshops, comparative feedback and analytical reports, information sheets, frequently asked questions, presentations, bulletins and CIHI's website.

### Contact

[phc@cihi.ca](mailto:phc@cihi.ca)

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## National Ambulatory Care Reporting System **CORE**

### Data

The National Ambulatory Care Reporting System (NACRS) is a data collection and reporting tool designed to capture information on client visits to hospital- and community-based ambulatory care. NACRS currently collects data on day surgery, emergency department use and other ambulatory care visits.

### Resources and Standards

- File Layout Documents
  - Vendor Specifications
  - Submission Status Reports
  - *NACRS Manual*
  - *Canadian Emergency Department Diagnosis Short List (CED-DxS)*
  - *Presenting Complaint List (PCL) for Emergency Departments*
  - NACRS Data Quality Reports
  - NACRS Management Reports
  - NACRS Outstanding Rejected Records Reports
  - *Canadian Coding Standards for Version 2012 ICD-10-CA and CCI* (see details on page 57)
  - *Comprehensive Ambulatory Classification System (CACS) Directory*
  - *Data Quality Documentation for External Users: National Ambulatory Care Reporting System* (formerly *Data Quality Documentation, National Ambulatory Care Reporting System—Executive Summary*)
  - Data quality reabstraction studies of NACRS
- See details regarding the CACS grouping methodology on page 60.

## Analysis

- Selected statistics are available for this database on CIHI's website under Quick Stats.
- *Health Indicators* (annual publication)
- *Wait Times in Canada—A Comparison by Province*

## Understanding and Use

### Subscriber Reports

- eNACRS Reports, refreshed monthly

### Education

The NACRS education program is designed to reach a broad spectrum of participants who are interested in learning about this reporting system. This includes staff involved in collecting and submitting data, such as health information management professionals. Ministry of health leaders, decision-support and utilization management staff, clinicians and finance/MIS personnel can also benefit from the NACRS education program.

For more information about NACRS courses, please refer to CIHI's Learning Centre at <https://learning.cihi.ca>. While most courses are applicable to all data types (day surgery, emergency department and other ambulatory care), some may be applicable to emergency department data only.

### Data Requests

CIHI responds to custom data requests on a cost-recovery basis. For information on custom data requests, refer to the Data Requests web page for details on media requests, graduate student requests and research/other requests.

## Contact

[cad@cihi.ca](mailto:cad@cihi.ca)

# Discharge Abstract Database **CORE**

## Data

The Discharge Abstract Database (DAD) is a data collection and reporting tool that captures administrative, clinical and demographic information on hospital discharges from facilities in all provinces and territories outside Quebec. Discharge data from acute care facilities in Quebec is submitted through a different process and is combined with a subset of discharge data from the DAD to create the Hospital Morbidity Database (HMDB) and complete the national picture. The DAD also captures day surgery interventions from all provinces and territories except Alberta, Ontario, Quebec and Nova Scotia. Alberta, Ontario and Nova Scotia submit all day surgery interventions to the National Ambulatory Care Reporting System (NACRS); Quebec day surgery data is not included in the DAD or the HMDB.

## Resources and Standards

- File Layout Documents
- Vendor Specifications
- Submission Status Reports
- *DAD Abstracting Manual*
- DAD Management Reports
- DAD Outstanding Hard Error Reports
- *Canadian Coding Standards for Version 2012 ICD-10-CA and CCI* (see details on page 57)
- *Case Mix Group+ (CMG+) Directory*
- *Comprehensive Ambulatory Classification System (CACS) Directory*
- *Data Quality Documentation for External Users: Discharge Abstract Database*
- Data quality reabstraction studies of the DAD

► See details regarding the CMG+ and CACS grouping methodologies on pages 58 and 60.

## Analysis

- Selected statistics are available for this database on CIHI's website under Quick Stats.
- *Profiling Acute Inpatient Care for Sparsely Populated Areas in Western Canada*
- *Highlights of 2009–2010 Selected Indicators Describing the Birthing Process in Canada*
- *In Due Time: Why Maternal Age Matters*
- *Wait Times in Canada—A Comparison by Province*
- *Health Care in Canada*
- *Health Indicators* (annual publication)
- HSMR report series
- CJRR analytical reports
- Induced abortions tables

- *H1N1 in Canada—A Context for Understanding Patients and Their Use of Hospital Services*
- *The Impact of the H1N1 Pandemic on Canadian Hospitals*

## Understanding and Use

### Subscriber Reports

- electronic Hospital Specific Reports (eHSR), offered monthly, quarterly and annually
- eDAD Reports (previously called electronic Comparison of Hospital Activity Program [eCHAP]), refreshed monthly

### Education

The DAD education program is designed to reach a broad spectrum of participants who are interested in learning about the DAD. This includes staff involved in collecting and submitting data, such as health information management professionals. Ministry of health leaders, decision-support and utilization management staff, clinicians and finance/MIS personnel may also benefit from the DAD education program.

For more information about DAD courses, please refer to CIHI's Learning Centre at <https://learning.cihi.ca>.

### Data Requests

CIHI responds to custom data requests on a cost-recovery basis. For information on custom data requests, refer to the Data Requests web page for details on media requests, graduate student requests and research/other requests.

### Contact

[cad@cihi.ca](mailto:cad@cihi.ca)

## Continuing Care Reporting System **CORE**

### Data

The Continuing Care Reporting System (CCRS) collects and reports information about residents of continuing care facilities (in both hospitals and communities) across Canada.

### Resources and Standards

- *Resident Assessment Instrument (RAI) RAI-MDS 2.0 User's Manual, Canadian Version, February 2012*
- CCRS assessment forms

- *HCC Medication List, 2013–2014 (for Use With CCRS and HCRS)*
- *Common ICD-10-CA Codes Used in Continuing Care, 2013–2014*
- *HCC Language Codes (for Use With CCRS, HCRS and HCRS-CA), 2013–2014*
- *Continuing Care Reporting System Data Submission User Manual, 2013–2014*
- *Continuing Care Reporting System RAI-MDS 2.0 Output Specifications, 2013–2014*
- *Resident Assessment Instrument (RAI) MDS 2.0 User's Manual, Canadian Version, Addendum—Original Resident Assessment Protocols (RAPs)*
- *Clinical Assessment Protocols (CAPs) Manual: For Use With Community and Long-Term Care Assessment Instruments, March 2008*

### RUG-III (44-Group)

- *Resource Utilization Groups III (RUG-III 44-Group) Grouping Methodology: Flowcharts, SAS Code and CMI Values, CCRS Version, 2013–2014*  
This product includes
  - SAS code and detailed flowcharts for the RUG-III (44-group) logic (PDF format for the flowcharts, PDF and text formats for the code);
  - Test data as a comma-separated value (CSV) file; and
  - The RUG-III (44-group) Case Mix Index (CMI) values as a CSV file.
- *CCRS Ontario RWPD Technical Document*
- *CCRS Interpreting Ontario RWPD Reports* (complex continuing care facilities, 2011–2012)
- *CCRS How RUG-III (44-Group) CMIs Are Calculated*

### RUG-III (34-Group)

- *Resource Utilization Groups III (RUG-III 34-Group) Grouping Methodology: Flowcharts, SAS Code and CMI Values, CCRS Version*  
This product includes
  - SAS code and detailed flowcharts for the RUG-III (34-group) logic (PDF format for the flowcharts, PDF and text formats for the code);
  - Test data as a CSV file; and
  - The RUG-III (34-group) CMI values as a CSV file.
- *CCRS Ontario RWPD Technical Document*
- *CCRS Interpreting Ontario RWPD Reports* (long-term care facilities, 2011–2012)

► See details regarding the RUG-III grouping methodology on page 62.

## Analysis

- *Seniors and Alternate Level of Care: Building on Our Knowledge*
- *When a Nursing Home Is Home: How Do Canadian Nursing Homes Measure Up on Quality?*

- *Caring for Seniors With Alzheimer's Disease and Other Forms of Dementia*
- *Depression Among Seniors in Residential Care*
- Selected statistics are available for this database on CIHI's website under Quick Stats.

## Understanding and Use

### Subscriber Reports

- CCRS eReports, updated quarterly

### Education

The CCRS education program is intended for educators and staff involved in clinical assessment and data collection, as well as managers, RAI coordinators and others responsible for case management, quality improvement, program evaluation and decision support.

For more information about CCRS courses, please refer to CIHI's Learning Centre at <https://learning.cihi.ca>.

### Contact

[continuingcare@cihi.ca](mailto:continuingcare@cihi.ca)

## National Rehabilitation Reporting System **CORE**

### Data

The National Rehabilitation Reporting System (NRS) contains client data from participating adult inpatient rehabilitation facilities and programs across Canada.

### Resources and Standards

- *National Rehabilitation Reporting System, Data Quality Documentation, 2011–2012*
  - *Rehabilitation Minimum Data Set Manual*
    - *Rehabilitation Minimum Data Set Manual, Module 1—Technical Specifications and Data Submissions, 2013–2014*
    - *Rehabilitation Minimum Data Set Manual, Module 2—Clinical Coding and NRS Training, 2013–2014*
  - *Rehabilitation Patient Group (RPG) Grouping Methodology and Weights: Flowcharts and SAS Code, 2013–2014 Version*
  - *NRS eReports Manual: User Guide and Report Interpretation Guidelines* (English only; available electronically only)
- See details regarding the Rehabilitation Patient Group methodology on page 59.

## Analysis

- Selected statistics and analyses are available for this database on CIHI's website under Quick Stats.

## Understanding and Use

### Subscriber Reports

- NRS eReports (data uploaded quarterly)
- NRS data in CIHI Portal (data uploaded quarterly)
- Operational Reports: Record-Level RPG Files (data uploaded quarterly)
- Operational Reports: Submission Reports
- eManagement Reports: Data submission monitoring

### Education

The education program is intended for representatives from facilities that have an end-user license agreement and an eService agreement with CIHI for the NRS. Those participating in the collection and submission of rehabilitation data, as well as rehabilitation clinicians, administrators, and decision-support and utilization staff interested in program evaluation and process improvement, may find this program valuable.

- NRS for Assessors—Assessing Client Function With the FIM® instrument (eLearning)
- NRS for Assessors—Additional Functional Measures and Follow-up Assessment (eLearning)
- NRS for Coders—Capturing Health Characteristics (eLearning)
- ICD-10-CA for the NRS (archived web conference)
- NRS for Trainers (eLearning *plus* web conference or workshop)
- NRS Refresher Series (web conference series)
- NRS Data Submission (eLearning)
- Building and Using Your NRS eReports Strategically (workshop)
- Building Your eReports (web conference)
- Using NRS Reports: Case Studies (web conference)

For more information about NRS courses, client must sign into CIHI's Learning Centre at <https://learning.cihi.ca>.

## Contact

[nrs@cihi.ca](mailto:nrs@cihi.ca)



## Home Care Reporting System **CORE**

### Data

The Home Care Reporting System (HCRS) collects and reports information on clients who receive publicly funded home care in Canada. HCRS now includes a separate module to capture information from the interRAI Contact Assessment.

### Resources and Standards

- *RAI–Home Care (RAI-HC) User’s Manual, Canadian Version, September 2010*
- *RAI-HC Assessment Form (Minimum Data Set Home Care [MDS-HC] Canadian Version)*
- *interRAI Contact Assessment (CA) Screening Level Assessment for Emergency Department and Intake From Community/Hospital Assessment Form and User’s Manual, September 2010*
- *HCC Medication List, 2013–2014 (for Use With CCRS and HCRS)*
- *Common ICD-10-CA Codes Used in Home Care, 2013–2014*
- *HCC Language Codes (for Use With CCRS, HCRS and HCRS-CA), 2013–2014*
- *Home Care Reporting System Data Submission Specifications Manual, 2013–2014*
- *Home Care Reporting System RAI-HC Output Specifications, 2013–2014*
- *Home Care Reporting System—Contact Assessment: Data Submission Specifications Manual, 2013–2014*
- *Home Care Reporting System—Contact Assessment: Administrative Data Elements Coding Manual, 2012–2013*
- *Home Care Reporting System—Contact Assessment: Output Specifications Manual, 2013–2014*
- *interRAI Clinical Assessment Protocols (CAPs) Manual: For Use With Community and Long-Term Care Assessment Instruments, March 2008*
- *RAI–Home Care (RAI-HC) User’s Manual, Canadian Version, Addendum—Original Client Assessment Protocols (CAPs)*
- *Resource Utilization Group III Home Care (RUG-III-HC) Grouping Methodology: Flowcharts and SAS Code, HCRS Version, 2010–2011*

► See details regarding the RUG-III-HC grouping methodology on page 63.

### Analysis

- *Seniors and Alternate Level of Care: Building on Our Knowledge*
- *Supporting Informal Caregivers—The Heart of Home Care*
- *Caring for Seniors With Alzheimer’s Disease and Other Forms of Dementia*
- Selected statistics are available for this database on CIHI’s website under Quick Stats.

## Understanding and Use

### Subscriber Reports

- HCRS eReports, updated quarterly

### Education

The education program for HCRS is intended for educators and staff involved in clinical assessment and data collection, as well as managers, RAI coordinators and others responsible for case management, quality improvement, program evaluation and decision support.

For more information about HCRS courses, please refer to CIHI's Learning Centre at <https://learning.cihi.ca>.

### Contact

[homecare@cihi.ca](mailto:homecare@cihi.ca)

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## Hospital Morbidity Database **CORE**

### Data

The Hospital Morbidity Database (HMDB) captures administrative, clinical and demographic information on hospital inpatient events. Discharge data is received from acute care facilities in Quebec and is appended to the acute care data from the Discharge Abstract Database (DAD) to complete the national picture.

### Resources and Standards

- *Discharge Abstract Database Abstracting Manual*
- *Data Quality Documentation for External Users, Hospital Morbidity Database, 2010–2011*

### Analysis

- Selected statistics are available for this database on CIHI's website under Quick Stats.
- *Surgery for Pancreatic and Esophageal Cancer in Canada: Hospital Experience and Care Centralization*
- CJRR analytical reports

## Understanding and Use

### Data Requests

CIHI responds to custom data requests on a cost-recovery basis. For information on custom data requests, refer to the Data Requests web page for details on media requests, graduate student requests and research/other requests.

### Contact

[cad@cihi.ca](mailto:cad@cihi.ca)

## Ontario Mental Health Reporting System

### Data

The Ontario Mental Health Reporting System (OMHRS) contains client data from Ontario mental health facilities with designated adult inpatient beds.

### Resources and Standards

- *Ontario Mental Health Reporting System (OMHRS) Resource Manual, 2013–2014*
    - *Module 1: Clinical Coding*
    - *Module 2: Technical Specifications and Data Submission*
  - *Ontario Mental Health Reporting System Guide to Interpreting Quarterly Comparative Reports, 2013–2014*
  - *Ontario Mental Health Reporting System Quarterly Data Quality Reports Companion Document, 2013–2014*
  - *Ontario Mental Health Reporting System Data Quality Documentation, 2011–2012*
  - *Ontario Mental Health Reporting System: Interpreting SCIPP Weighted Patient Day Reports, 2013–2014*
  - *System for Classification of In-Patient Psychiatry (SCIPP) Grouping Methodology: Flowcharts and SAS Code, OMHRS Version, 2013–2014*
  - *System for Classification of In-Patient Psychiatry (SCIPP) Grouping Methodology: Case Mix Index (CMI) Values, OMHRS Version, 2013–2014*
- See details regarding the SCIPP grouping methodology and SCIPP Weighted Patient Day (SWPD) products on page 61.

## Analysis

- *Restraint Use and Other Control Interventions for Mental Health Inpatients in Ontario* (2011)
- *Exploring Hospital Mental Health Service Use in Ontario, 2007–2008*
- *Depression in Ontario: What Predicts a First Mental Health Rehospitalization?* (2010)
- Selected statistics and further analyses are available for this database on CIHI's website under Quick Stats, under Hospital Mental Health Database.

## Understanding and Use

### Subscriber Reports

Available quarterly to participating facilities

- eOMHRS Submission Reports
- Facility SWPD Report
- Comparative SWPD Report
- OMHRS Quarterly Comparative Reports
- OMHRS Quarterly Data Quality Reports

### Education and Support

The education and client support program for OMHRS is intended for representatives of Ontario facilities, such as designated site coordinators, database contacts, mental health educators and clinicians involved in clinical assessment. As well, managers and others responsible for quality improvement, program evaluation and decision support in mental health may find it valuable.

- Introduction to Operational Reports for OMHRS (eLearning course)
- OMHRS Clinical Coding: Laying the Foundation (workshop)
- Ontario Mental Health Reporting System: Data Submission (eLearning course)

For more information about OMHRS courses, clients must sign into CIHI's Learning Centre at <https://learning.cihi.ca>.

## Contact

[omhrs@cihi.ca](mailto:omhrs@cihi.ca)

## Hospital Mental Health Database **CORE**

### Data

The Hospital Mental Health Database (HMHDB) contains data for hospital mental health services across Canada. Data sources for the HMHDB include the Discharge Abstract Database, the Ontario Mental Health Reporting System, the Hospital Mental Health Survey and the Hospital Morbidity Database.

### Resources and Standards

- *Hospital Mental Health Database, Data Dictionary for Fiscal Years 2006–2007 to 2010–2011*
- *Hospital Mental Health Database, 2010–2011: User Documentation*
- *Data Guide for Mental Health and Addictions at the Canadian Institute for Health Information*

### Analysis

- *Hospital Mental Health Services in Canada* (report)
- *Impact of Concurrent Mental Health and Substance-Use Disorders on Use of Hospital Services*

### Understanding and Use

Indicators for hospital mental health services in Canada and regional hospital mental health services are available on CIHI's website under Quick Stats. These indicators include diagnoses, lengths of stay, separation rates and readmission rates for hospital mental health services in Canadian psychiatric hospitals, both general and specialty.

### Contact

[mentalhealth@cihi.ca](mailto:mentalhealth@cihi.ca)

## National Trauma Registry

### Data

The National Trauma Registry (NTR) provides national statistics on injury-related hospitalizations in Canada. The final data year is 2012–2013. No new data will be collected in the future; however, historical data is available.

The NTR has two data sets:

- The Minimum Data Set (MDS) includes demographic, diagnostic and procedural information on all patients hospitalized in Canada due to injury.
- The Comprehensive Data Set (CDS) contains data on patients hospitalized with major trauma in participating facilities.

## Resources and Standards

- *National Trauma Registry (NTR) Comprehensive Data Set Data Dictionary*
- *National Trauma Registry (NTR) Comprehensive Data Set—Data Submission Specifications*

## Analysis

- *National Trauma Registry Report: Major Injury in Canada*
- The NTR MDS eReporting system contains information on injury hospitalizations in Canada.
- Selected statistics are available for the NTR MDS data set on CIHI's website under Quick Stats.

## Contact

[ntr@cihi.ca](mailto:ntr@cihi.ca)

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# Ontario Trauma Registry

## Data

The Ontario Trauma Registry (OTR) identifies, describes and quantifies trauma injury–related hospitalizations in Ontario.

The OTR has two data sets:

- The Comprehensive Data Set (CDS) contains detailed data on patients hospitalized in Ontario's lead trauma hospitals due to major trauma, including demographics, pre-hospital and hospital care, and patient outcomes.
- The Death Data Set (DDS) contains data on all deaths in Ontario due to injury, including demographic data, cause of death, injury details, motor vehicle crash information and factors contributing to death (such as alcohol).

## Resources and Standards

- *Ontario Trauma Registry (OTR) Comprehensive Data Set Data Dictionary*

## Analysis

- *Ontario Trauma Registry Report: Major Injury in Ontario*
- In addition, Ontario-specific data is available through the National Trauma Registry Minimum Data Set eReporting system.
- Selected statistics are available for this database on CIHI's website under Quick Stats.

## Contact

[otr@cihi.ca](mailto:otr@cihi.ca)

# Clinical Registries

## Canadian Joint Replacement Registry (CJRR)

### Data

The Canadian Joint Replacement Registry (CJRR) captures information on primary and revision hip and knee joint replacement procedures performed across the country. The registry collects information directly from participating facilities, regions and orthopedic surgeons.

### Resources and Standards

- *Canadian Joint Replacement Registry Minimum Data Set Manual*
- *CJRR Electronic Data Submission Requirements for Use by Software Developers Only*
- Web-based submission user manual and video tutorial

### Analysis

- *CJRR Report: Hip and Knee Replacements in Canada*
- Selected statistics are available for this database on CIHI's website under Quick Stats.
- Analysis in Brief reports
- Custom data requests

### Understanding and Use

- *Data Quality Documentation for Users* is available on the website at [www.cihi.ca/cjrr](http://www.cihi.ca/cjrr).

### Education

The education program for CJRR is intended for individuals responsible for entering or preparing CJRR data and submitting it to CIHI. This may include orthopedic research and clinical staff, health records personnel or other persons involved in CJRR data capture and submission.

For more information about CJRR courses, please refer to CIHI's Learning Centre at <https://learning.cihi.ca>.

### Contact

[cjrr@cihi.ca](mailto:cjrr@cihi.ca)

## Canadian Organ Replacement Register **CORE**

### **Data**

The Canadian Organ Replacement Register (CORR) records, analyzes and reports on the level of activity and outcomes of vital organ transplantation and renal dialysis in Canada.

### **Resources and Standards**

- *Transplant Recipient and Organ Donor Information—Instruction Manual*
- *Chronic Renal Failure Patients on Renal Replacement Therapy—Instruction Manual*
- *Canadian Organ Replacement Register Directory*
- *e-Directory of Canadian Dialysis Centres Accepting Visitors*
- *Electronic Submission Standards (Dialysis)*

### **Analysis**

- *Canadian Organ Replacement Register Report*
- Centre-specific comparison indicator reports for quality assurance purposes, offered annually
- Selected statistics are available for this database on CIHI's website under Quick Stats and e-Statistics.

## **Understanding and Use**

### **Education**

The CORR education program is intended for nephrologists, managers of dialysis, clinical nurses, research assistants and data coordinators in dialysis units.

For more information about CORR courses, please refer to CIHI's Learning Centre at <https://learning.cihi.ca>.

### **Contact**

[corr@cihi.ca](mailto:corr@cihi.ca)



## Medical Imaging Technologies Database

### Data

The Medical Imaging Technologies Database contains results from the annual National Inventory of Selected Medical Imaging Equipment. In 2012, the final year of data collection, the survey captured information on the number, distribution and key characteristics of nine selected imaging technologies in Canada.

Additional information, which varies depending on the type of equipment, is also captured:

- Configuration (for example, SPECT-CT—spiral/non-spiral; MRI—closed bore/open bore);
- Level of technology (for example, CT—number of slices; MRI—field strength); and
- Number of exams.

### Analysis

- *Medical Imaging in Canada*
- Data for 2012 is available on CIHI's website under Quick Stats.

### Contact

[mit@cihi.ca](mailto:mit@cihi.ca)

## National Prescription Drug Utilization Information System Database **CORE**

### Data

The National Prescription Drug Utilization Information System (NPDUIS) Database houses pan-Canadian information related to public program formularies, drug claims, policies and population statistics. Its information supports accurate, timely and comparative analytic and reporting requirements to establish sound pharmaceutical policies and effectively manage Canada's public drug benefit programs.

### Analysis

- *Hospitalization Due to Adverse Drug Reactions Among Seniors, 2006 to 2011*

## Understanding and Use

- *NPDUIS Database Plan Information Document*

This document, updated annually, provides high-level information regarding the design and policies of public drug programs to help interpret drug utilization information.

- *NPDUIS Database Plan Information: Summary of Changes*

This document, updated annually, summarizes changes to plan information over time (as highlighted in above document).

## Contact

[drugs@cihi.ca](mailto:drugs@cihi.ca)

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## National System for Incident Reporting **CORE**

### Data

The National System for Incident Reporting (NSIR) collects data from participating Canadian health care facilities on all medication and IV fluid problems that occur during the medication-use process, including near misses and rare events.

### Resources and Standards

- *National System for Incident Reporting Minimum Data Set*
- *National System for Incident Reporting—Introduction to the Minimum Data Set Resource Manual*
- *National System for Incident Reporting—System User Guide*
- *National System for Incident Reporting—Batch Submission Specifications Document*

### Education

The education program is intended for staff at health care facilities who are involved in the submission and analysis of medication incident data. This education series consists of three self-study courses that focus on the minimum data set, system functionality and analysis and use of NSIR medication incident data.

For more information about NSIR courses, please refer to CIHI's Learning Centre at <https://learning.cihi.ca>.

## Contact

[nsir@cihi.ca](mailto:nsir@cihi.ca)

## CIHI Portal

If you're in the health sector and need data for your decisions or research—CIHI Portal is the tool for you.

CIHI Portal enables you to view, analyze, report and share important health care data and information across multiple levels of your organization, as well as with other organizations across Canada that participate in Portal. The result is that you can evaluate performance and best practices and better inform your management and decision-making processes.

- Pricing is based on the number and type of users, with a variety of packages available.
- CIHI provides ministries of health with one registration for an analyst. Ministries can choose to offer this complimentary registration to an analyst on staff or to an analyst at any facility within their jurisdiction. **CORE**

## Data

The CIHI Portal includes information on inpatient care, day surgery, emergency care, ambulatory care, inpatient rehabilitation, financial data for the hospital sector, population count and neighbourhood income data.

## Analysis

Different levels of access provide different levels of analytical functionality:

- Analyst level: users can create new reports using the Portal business intelligence suite.
- Information consumer level: users can access reports created by analysts and build reports using reporting templates.
- Report reader level: users can view reports on the latest analytical findings and monitor key performance indicators.

## Understanding and Use

### Education

Included in your subscription to CIHI Portal is a comprehensive education program that ranges from a start-up package to more in-depth education. You can also participate in facilitated communities of practice and share reports with other registered users.

## Contact

[portal@cihi.ca](mailto:portal@cihi.ca)





# Health System Performance





# Health System Analysis and Emerging Issues

## Health System/Special Reports **CORE**

### **Data**

CIHI produces analytical products for a broad range of health system policy- and decision-makers, system managers and researchers. These products are developed using CIHI's widespread data holdings, as well as selected external sources, and are designed to highlight relevant, appropriate and actionable analyses. The findings build on the existing body of health and health system knowledge and inform decision-making.

### **Analytical Plan Projects**

The following is a list of recently or soon-to-be released analyses and special studies in CIHI's priority theme areas. For a broader list of upcoming releases, please consult the *Analytical Plan 2012 to 2014*.

### **Cancer**

- *Mastectomy and Breast-Conserving Surgery in Canada* (October 2012)
- *Hospital Use at End of Life by Cancer Patients Who Die in Hospital* (anticipated April 2013)

### **Bridging Population Health and Health Services**

- *Disparities in Primary Health Care Experiences Among Canadians With Ambulatory Care Sensitive Conditions* (March 2011)
- *Obesity in Canada* (June 2011)
- Avoidable mortality: special focus of *Health Indicators 2012* (June 2012)
- *Hospital Care for Heart Attacks in First Nations, Inuit and Métis* (anticipated February 2013)
- *End-Stage Renal Disease Among Aboriginal Peoples in Canada: Treatment and Outcomes* (anticipated February 2013)
- *Redistributive Impact of the Health Care System* (anticipated March 2013)

### **Access**

- *Seniors and the Health Care System: What Is the Impact of Multiple Chronic Conditions?* (January 2011)
- *Wait Times in Canada—A Comparison by Province, 2012* (March 2012)
- *Pathways of Care for Patients With Stroke in Ontario* (July 2012)
- *Seniors and Alternate Level of Care* (November 2012)
- *Health Care in Canada, 2012: A Focus on Wait Times* (November 2012)
- *Giving Birth in Rural and Remote Canada* (anticipated March 2013)
- *Wait Times in Canada—A Comparison by Province, 2013* (anticipated March 2013)

## International

- *Learning From the Best: Benchmarking Canada's Health System* (November 2011)

## Quality and Patient Safety

- *Health Indicators 2011: A Focus on Mental Health Indicators* (June 2011)
- *Restraint Use and Other Control Interventions for Mental Health Inpatients in Ontario* (August 2011)
- *In Due Time: Why Maternal Age Matters* (September 2011)
- *Health Care in Canada 2011: A Focus on Seniors and Aging* (December 2011)
- *All-Cause Readmission to Acute Care and Return to the Emergency Department* (June 2012)
- *Medication Reconciliation in Canada: Raising the Bar* (November 2012)
- *Quality and Safety in Residential Care* (anticipated January 2013)
- *Readmissions and Implant Survival After Metal-on-Metal Primary Hip Arthroplasty* (anticipated February 2013)

## Efficiency

- *Developing a Model for Measuring the Efficiency of the Health System in Canada—Policy Review Summary* (July 2012)
- *Health Outcomes of Care: An Idea Whose Time Has Come* (August 2012)

## Understanding and Use

*Your Partner in Health Research Online* is an online tool for researchers to further explore how CIHI's data can meet their research needs.

## Contact

[healthreports@cihi.ca](mailto:healthreports@cihi.ca)  
[analyticalplan@cihi.ca](mailto:analyticalplan@cihi.ca)



# Health Indicators **CORE**

## **Data**

Health indicators are standardized measures used to monitor health status and health system performance and characteristics in different jurisdictions and hospitals across Canada.

Health indicators reported by CIHI are produced using various CIHI data holdings.

## **Analysis**

- *Health Indicators* (annual report)
- *Health Indicators* e-publication
- *Health Indicators Technical Notes*
- *Injury Hospitalizations and Socio-Economic Status* (Analysis in Brief)
- Hospital standardized mortality ratio (HSMR) tables (updated annually)
- *In Focus: A National Look at Sepsis* (2009)
- *HSMR: A New Approach for Measuring Hospital Mortality Trends in Canada*

## **Understanding and Use**

### **Subscriber Reports**

- HSMR eReporting service
- Cumulative electronic Hospital Standardized Mortality Ratio (eHSMR) Reports, offered through electronic Hospital Specific Reports (eHSR)
- Health Indicators Annex (TBD)

### **Education**

The health indicators education program is intended for those responsible for assessing health status and health system performance in their jurisdictions and developing and/or using health indicators for their facility, region or province/territory. It includes workshops, web conferences and self-study courses.

For more information about health indicators courses, please refer to CIHI's Learning Centre at <https://learning.cihi.ca>.

## **Contact**

[indicators@cihi.ca](mailto:indicators@cihi.ca)  
[hsmr@cihi.ca](mailto:hsmr@cihi.ca)





# Spending and Health Workforce





## Canadian MIS Database **CORE**

### Data

The Canadian MIS Database (CMDB) contains financial and statistical information on the country's hospitals and regional health authorities.

### Resources and Standards

- *Standards for Management Information Systems in Canadian Health Service Organizations* (MIS Standards)

► See details regarding the MIS Standards on page 64.

### Analysis

- *Canadian MIS Database, Hospital Financial Performance Indicators*
- Selected statistics are available for this database on CIHI's website under Quick Stats—Spending.
- Patient Cost Estimator
- Financial indicators are also reported in the Canadian Hospital Reporting Project.

## Understanding and Use

### Subscriber Reports

- CMDB e-Reports
- CMDB Submission Reports

### Education

The MIS education program is primarily intended for managers, directors and facility/regional MIS coordinators who are responsible for coordinating or administering the financial and statistical information necessary for effective decision-making.

For more information about MIS courses, please refer to CIHI's Learning Centre at <https://learning.cihi.ca>.

### Contact

[cmdb@cihi.ca](mailto:cmdb@cihi.ca)

# Health Expenditures

## OECD Health Database (Canadian Segment) **CORE**

### Data

The OECD Health Database contains information on health care spending, health care services and health status for member countries of the Organisation for Economic Co-operation and Development (OECD) ([www.oecd.org](http://www.oecd.org)). CIHI and Statistics Canada maintain the Canadian segment of the OECD Health Database.

### Analysis

The OECD produces an annual electronic publication, *OECD Health Data*, which in 2012 was released for the second time on OECD.Stat (<http://stats.oecd.org>), as well as a biennial paper publication (next release in 2013), *Health at a Glance*. CIHI will respond to research and analysis requests based on the Canadian segment supplied to the OECD.

### Contact

[oeedcs@cihi.ca](mailto:oeedcs@cihi.ca)

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## National Health Expenditure Database **CORE**

### Data

The National Health Expenditure Database (NHEx) provides an overview of total health care spending in Canada, by spending category and source of finance.

### Analysis

- *National Health Expenditure Trends* (annual report)
- Selected statistics are available for this database on CIHI's website under Quick Stats.

### Contact

[nhex@cihi.ca](mailto:nhex@cihi.ca)

# Health Professions

## Health Personnel Database **CORE**

### **Data**

For 24 health occupations in Canada, the Health Personnel Database (HPDB) contains aggregate information on regulatory environment, entry to practice, supply and demographic trends by province/territory, as well as year and graduate trends by school and/or province/territory and year. Data from 1988 to 2009 is available on request (depending on the occupation).

### **Resources and Standards**

- HPDB Methodological Notes available in *Canada's Health Care Providers, 2000 to 2009: A Reference Guide*

### **Analysis**

- Annual (provincial profiles) and biennial (reference guide) publications are available on CIHI's website for the HPDB (since 2005)
- *Canada's Health Care Providers—2011 Provincial Profiles* (spring 2013)
- *Canada's Health Care Providers, 1997 to 2011: A Reference Guide* (spring 2013)

### **Understanding and Use**

Complementary products are available on CIHI's website.

### **Data Requests**

CIHI responds to custom data requests on a cost-recovery basis. For information on custom data requests, refer to the Data Requests web page for details on media requests, graduate student requests and research/other requests.

### **Contact**

[hpdb@cihi.ca](mailto:hpdb@cihi.ca)

## National Physician Database **CORE**

### Data

The National Physician Database (NPDB) contains data on physician payments and services in Canada.

### Resources and Standards

- *National Physician Database Data Submission Specifications Manual*

### Analysis

- *National Physician Database—Payments Data, 2011–2012*
- *National Physician Database—Utilization Data, 2011–2012*
- *National Physician Database, 2011–2012—Methodology Notes*
- Historical reports and analyses from this database are available on CIHI's website.

### Contact

[physicians@cihi.ca](mailto:physicians@cihi.ca)

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## Scott's Medical Database **CORE**

### Data

Scott's Medical Database (SMDB) provides information on the supply, distribution and migration patterns (between jurisdictions and between countries) of Canadian physicians.

### Analysis

- *Supply, Distribution and Migration of Canadian Physicians, 2012*
- *International and Interprovincial Migration of Physicians, Canada*
- Selected statistics are available for this database on CIHI's website under Quick Stats.
- Historical reports and analyses from this database are available on CIHI's website.

### Contact

[physicians@cihi.ca](mailto:physicians@cihi.ca)



## Nursing Database **CORE**

### **Data**

The Nursing Database includes data for the three groups of regulated nursing professionals in Canada: registered nurses (RNs) and nurse practitioners (NPs); licensed practical nurses (LPNs); and registered psychiatric nurses (RPNs).

### **Resources and Standards**

- *Registered Nurses System Data Dictionary and Processing Manual*
- *Licensed Practical Nurses System Data Dictionary and Processing Manual*
- *Registered Psychiatric Nurses Data Dictionary and Processing Manual*

### **Analysis**

- Annual publications (since 2002) are available on CIHI's website for the Nursing Database.
- *Regulated Nurses: Canadian Trends, 2007 to 2011* (winter 2013)

### **Understanding and Use**

- Complementary products are available on CIHI's website.
- Summary tables

### **Data Requests**

CIHI responds to custom data requests on a cost-recovery basis. For information on custom data requests, refer to the Data Requests web page for details on media requests, graduate student requests and research/other requests.

### **Contact**

[nursing@cihi.ca](mailto:nursing@cihi.ca)

## Physiotherapist Database **CORE**

### **Data**

The Physiotherapist Database (PTDB) has been a source of timely, quality information on the profession of physiotherapy in Canada since 2007. The PTDB aims to provide standardized comparative data on and analysis of the demographic, education, geographic and employment characteristics of physiotherapists in Canada.

### **Resources and Standards**

- *Physiotherapist Database Manual*
- *Physiotherapist Database Privacy Impact Assessment*

### **Analysis**

- Annual publications (since 2007) are available on CIHI's website for the PTDB.
- Latest report: *Physiotherapists in Canada, 2011* (fall 2012)

### **Understanding and Use**

- Complementary products are available on CIHI's website.
- National, provincial and territorial highlights
- Profiles
- Data tables
- Database guide with detailed methodology

### **Data Requests**

CIHI responds to custom data requests on a cost-recovery basis. For information on custom data requests, refer to the Data Requests web page for details on media requests, graduate student requests and research/other requests.

### **Contact**

[ptdb@cihi.ca](mailto:ptdb@cihi.ca)

# Occupational Therapist Database **CORE**

## **Data**

The Occupational Therapist Database (OTDB) has been a source of timely, quality information on the profession of occupational therapy in Canada since 2006. The OTDB aims to provide standardized comparative data on and analysis of the demographic, education, geographic and employment characteristics of occupational therapists in Canada.

## **Resources and Standards**

- *Occupational Therapist Database Manual*
- *Occupational Therapist Database Privacy Impact Assessment*

## **Analysis**

- Annual publications (since 2006) are available on CIHI's website for the OTDB.
- Latest report: *Occupational Therapists in Canada, 2011* (fall 2012)

## **Understanding and Use**

- Complementary products are available on CIHI's website.
- National, provincial and territorial highlights
- Profiles
- Data tables
- Database guide with detailed methodology

## **Data Requests**

CIHI responds to custom data requests on a cost-recovery basis. For information on custom data requests, refer to the Data Requests web page for details on media requests, graduate student requests and research/other requests.

## **Contact**

[otdb@cihi.ca](mailto:otdb@cihi.ca)

## Pharmacist Database **CORE**

### **Data**

The Pharmacist Database (PDB) has been a source of timely, quality information on the profession of pharmacy in Canada since 2006. The PDB aims to provide standardized comparative data on and analysis of the demographic, education, geographic and employment characteristics of pharmacists in Canada.

### **Resources and Standards**

- *Pharmacist Database Manual*
- *Pharmacist Database Privacy Impact Assessment*

### **Analysis**

- Annual publications (since 2006) are available on CIHI's website.
- Latest report: *Pharmacists in Canada, 2011* (fall 2012)

### **Understanding and Use**

- Complementary products are available on CIHI's website.
- National, provincial and territorial highlights
- Profiles
- Data tables
- Database guide with detailed methodology

### **Data Requests**

CIHI responds to custom data requests on a cost-recovery basis. For information on custom data requests, refer to the Data Requests web page for details on media requests, graduate student requests and research/other requests.

### **Contact**

[pdb@cihi.ca](mailto:pdb@cihi.ca)

## Medical Radiation Technologist Database **CORE**

### Data

The Medical Radiation Technologist Database (MRTDB) provides information on the profession of registered medical radiation technology in Canada. The MRTDB aims to provide standardized comparative data and reports on the geographic, demographic, education, certification and employment characteristics of medical radiation technologists in Canada.

### Resources and Standards

- *Medical Radiation Technologist Database Reference Guide*
- *Medical Radiation Technologist Database Technical Notes*
- *Medical Radiation Technologist Database Privacy Impact Assessment*

### Analysis

- *Medical Radiation Technologists in Canada, 2011*
- *Medical Radiation Technologist Database Information Sheet*
- *Medical Radiation Technologists and Their Work Environment*

### Contact

[mrtdb@cihi.ca](mailto:mrtdb@cihi.ca)

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## Medical Laboratory Technologist Database **CORE**

### Data

The Medical Laboratory Technologist Database (MLTDB) provides information on the profession of registered medical laboratory technology in Canada. The MLTDB aims to provide standardized comparative data and reports on the geographic, demographic, education, certification and employment characteristics of medical laboratory technologists in Canada.

### Resources and Standards

- *Medical Laboratory Technologist Database Reference Guide*
- *Medical Laboratory Technologist Database Technical Notes*
- *Medical Laboratory Technologist Database Privacy Impact Assessment*

## Analysis

- *Medical Laboratory Technologists in Canada, 2011*
- *Medical Laboratory Technologist Database Information Sheet*
- *Medical Laboratory Technologists and Their Work Environment*

## Contact

[mltdb@cihi.ca](mailto:mltdb@cihi.ca)

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## Canadian Multiple Sclerosis Monitoring System

### Data

The Canadian Multiple Sclerosis (MS) Monitoring System contains administrative, demographic, clinical, treatment, therapy and outcomes data on MS patients coast to coast.

### Resources and Standards

- *Canadian Multiple Sclerosis Monitoring System Resource Manual, Version 2012*
  - Data Dictionary Module
  - Extract File Submission and Technical Specifications (ASCII and XML) Module
  - Online Data Entry Submission Module

## Understanding and Use

### Education

The education program for the Canadian MS Monitoring System is intended for those involved in data collection and submission.

- Canadian Multiple Sclerosis Monitoring System Data File Submission
- Canadian Multiple Sclerosis Monitoring System Online Data Entry

## Contact

[ms@cihi.ca](mailto:ms@cihi.ca)



# Factors Influencing Health







# Canadian Population Health Initiative **CORE**

## Data

The Canadian Population Health Initiative (CPHI) works to foster a better understanding of factors that affect the health of individuals and communities. It also seeks to contribute to the development of policies that reduce inequalities and improve the health and well-being of Canadians.

## Analysis

- *Disparities in Primary Health Care Experiences Among Canadians With Ambulatory Care Sensitive Conditions* (March 2012)
- *The Role of Social Support in Reducing Psychological Distress* (March 2012)
- *Hospital Care for Heart Attacks Among First Nations, Inuit and Métis* (February 2013)
- *End-Stage Renal Disease Among Aboriginal Peoples in Canada: Treatment and Outcomes* (February 2013)

## Understanding and Use

- *Developing a Model for Measuring the Efficiency of the Health System in Canada* (June 2012)
- Self-study course—Reducing Gaps: Using Area-Based Socio-Economic Measures to Explore Population Health (August 2012)
- *Contemporary Use of Area-Based Socioeconomic Measures*—special issue of the *Canadian Journal of Public Health* (November 2012)
- *Mental Health: Population Perspectives*—special issue of the *Canadian Journal of Community Mental Health* (November 2012)

## Education

The CPHI education program is designed for those involved in health planning and decision-making who want to learn more about applying population health concepts to their work. This includes interdisciplinary health-planning teams, district/regional/provincial health authorities, public health units and decision-makers beyond the health sector. The CPHI education program includes workshop, web conference and eLearning opportunities.

For more information about CPHI courses, please refer to CIHI's Learning Centre at <https://learning.cihi.ca>.

## Contact

[cphi@cihi.ca](mailto:cphi@cihi.ca)





## Standards and Data Submission





## ICD-10-CA/CCI **CORE**

### Standards

#### **International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Canada (ICD-10-CA)**

The World Health Organization developed the *International Statistical Classification of Diseases and Related Health Problems, 10th Revision* (ICD-10), an international standard for reporting clinical diagnoses.

For morbidity classification in Canada, CIHI developed the ICD-10-CA, a clinical modification of ICD-10 featuring additional codes and specificity.

#### **Canadian Classification of Health Interventions (CCI)**

CIHI developed CCI to accompany ICD-10-CA. CCI classifies a broad range of interventions, designed to be service-provider and service-setting neutral and to be used comprehensively throughout the health system.

#### Resources

- ICD-10-CA/CCI Folio application (web download)
- *ICD-10-CA/CCI* (PDF)
- *Canadian Coding Standards for Version 2012 ICD-10-CA and CCI* (PDF)
- *Code Title Tables: ICD-10-CA, CCI* (ASCII file)
- *Category/Rubric Tables: ICD-10-CA and CCI* (ASCII file)
- *Validation Tables: ICD-10-CA, CCI* (ASCII file)
- *ICD-10-CA and CCI Evolution Tables* (PDF)

#### **Canadian Coding Standards for Version 2012 ICD-10-CA and CCI**

The Canadian Coding Standards are for use with ICD-10-CA and CCI. They are intended to supplement the classification rules inherent in ICD-10-CA and CCI by providing additional information that could not be embedded into the classifications. The coding standards are updated on the same cycle as ICD-10-CA/CCI.

The coding standards apply to all data sets submitted to the Discharge Abstract Database (DAD) and the National Ambulatory Care Reporting System (NACRS).

The *Canadian Coding Standards for Version 2012 ICD-10-CA and CCI* applies to fiscal years 2012–2013, 2013–2014 and 2014–2015.

## Understanding and Use

### Education

The education program for ICD-10-CA and CCI is primarily intended for health information management professionals responsible for coding patient records and submitting data to CIHI's DAD and NACRS databases. Other health information professionals who rely on data and reports influenced by these classification standards and who require a sound understanding of ICD-10-CA and CCI may also find this education beneficial.

For more information about Classifications courses, please refer to CIHI's Learning Centre at <https://learning.cihi.ca>.

### Contact

For inquiries regarding v2012 ICD-10-CA/CCI and the Canadian Coding Standards, please contact us at [ccicd-10@cihi.ca](mailto:ccicd-10@cihi.ca).

For inquiries related to the tables, please contact us at [vendors@cihi.ca](mailto:vendors@cihi.ca).

For inquiries about education, please contact us at [education@cihi.ca](mailto:education@cihi.ca).

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## Case Mix

### Case Mix Group+ **CORE**

#### Grouping Methodology

The Case Mix Group+ (CMG+) methodology is designed to aggregate acute care inpatients with similar clinical and resource utilization characteristics. Updated annually, it is designed to take advantage of the increased clinical specificity of ICD-10-CA and CCI. This methodology, developed using multiple years of acute care inpatient activity and cost records, introduces and enhances several grouping factors to improve the ability to clinically group inpatients and to define length of stay and resource use indicators.

#### Resources and Standards

- *CMG+ Directory* (multiple years supported)
- *DAD Resource Intensity Weights (RIWs) and Expected Length of Stay (ELOS)*

► Also see the Discharge Abstract Database on page 16.

## Understanding and Use

- *Case Mix Decision Support Guide*
- *CMG+ Client Tables* (multiple years supported)

## Education

The CMG+ education program is intended for users of health information who are exposed to CMG+ or RIWs.

For more information about Case Mix courses, please refer to CIHI's Learning Centre at <https://learning.cihi.ca>.

## Contact

If you have a question, please submit it through CIHI's online eQuery tool at [www.cihi.ca/equery](http://www.cihi.ca/equery), or email us at [casemix@cihi.ca](mailto:casemix@cihi.ca).

[www.cihi.ca/casemix](http://www.cihi.ca/casemix)

## Rehabilitation Patient Group **CORE**

### Grouping Methodology

The Rehabilitation Patient Group (RPG) methodology assigns each completed episode in the National Rehabilitation Reporting System (NRS) to one of 83 RPG groups.

### Resources and Standards

- *Rehabilitation Patient Group (RPG) Grouping Methodology and Weights, NRS Version*

This product includes

- SAS code and detailed flowcharts for the RPG logic (PDF format for the flowcharts, PDF and text formats for the code);
- Test data as a comma-separated value (CSV) file; and
- The RPG weights as a CSV file.

► Also see the NRS data holding on page 19.

## Understanding and Use

### Education

The RPG education program is intended for users of health information who are exposed to the RPG grouping methodology and weights.

For more information about Case Mix courses, please refer to CIHI's Learning Centre at <https://learning.cihi.ca>.

### Contact

[casemix@cihi.ca](mailto:casemix@cihi.ca)

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## Comprehensive Ambulatory Classification System **CORE**

### Grouping Methodology

The Comprehensive Ambulatory Classification System (CACS) is a national grouping methodology for ambulatory care patients. It includes emergency department, clinic and same day surgery data submitted to the National Ambulatory Care Reporting System (NACRS) as well as day procedure data submitted to the Discharge Abstract Database (DAD). NACRS data is grouped according to the main problem (diagnosis), most resource-intensive intervention, visit disposition or program area. DAD data is grouped to a subset of CACS cells by the most responsible diagnosis or most resource-intensive intervention.

The anesthetic technique, age group and investigative technologies are used to assign a Resource Intensity Weight (RIW).

### Resources and Standards

- *CACS Directory* (multiple years supported)
- Also see the DAD and NACRS data holdings.

## Understanding and Use

- *CACS 2011 Information Sheet* (for information on the redevelopment)
- *CACS Client Tables* (multiple years supported)

### Education

The CACS education program is intended for users of health information who are exposed to CACS or RIWs.

For more information about Case Mix courses, please refer to CIHI's Learning Centre at <https://learning.cihi.ca>.



## Contact

If you have a question, please submit it through CIHI's online eQuery tool at [www.cihi.ca/equery](http://www.cihi.ca/equery), or email us at [casemix@cihi.ca](mailto:casemix@cihi.ca).

[www.cihi.ca/casemix](http://www.cihi.ca/casemix)

## System for Classification of In-Patient Psychiatry

### Grouping Methodology

The System for Classification of In-Patient Psychiatry (SCIPP) grouping methodology is used within the Ontario Mental Health Reporting System (OMHRS). The methodology uses MDS-MH assessment data to assign mental health assessments to SCIPP groups.

### Resources and Standards

- *System for Classification of In-Patient Psychiatry (SCIPP) Grouping Methodology: Flowcharts and SAS Code, OMHRS Version*

This product includes

- SAS code and detailed flowcharts for the SCIPP logic (PDF format for the flowcharts, PDF and text formats for the code);
- Test data as a comma-separated value (CSV) file; and
- The SCIPP Case Mix Index values as a CSV file.

- *OMHRS Interpreting SWPD Reports*

► Also see the OMHRS data holding on page 23.

### Education

The SCIPP education program is intended for users of health information who are exposed to the SCIPP grouping methodology and SCIPP Weighted Patient Day reports.

For more information about Case Mix courses, please refer to CIHI's Learning Centre at <https://learning.cihi.ca>.

## Contact

[casemix@cihi.ca](mailto:casemix@cihi.ca)

## Resource Utilization Group version III **CORE**

### Grouping Methodology

The Resource Utilization Group version III (RUG-III) methodology is used within the Continuing Care Reporting System (CCRS). It assigns continuing care assessments to Resource Utilization Groups using RAI-MDS 2.0 assessment data and appropriate Case Mix Index (CMI) values.

CIHI supports two versions of the RUG-III grouping methodology and associated CMI values. RUG-III (44-group) can be applied to all data in CCRS. RUG-III (34-group) is applicable to only Ontario long-term care data in CCRS.

### Resources and Standards

#### RUG-III (44-Group)

- *Resource Utilization Groups III (RUG-III 44-Group) Grouping Methodology: Flowcharts, SAS Code and CMI Values, CCRS Version*

This product includes

- SAS code and detailed flowcharts for the RUG-III (44-group) logic (PDF format for the flowcharts, PDF and text formats for the code);
  - Test data as a comma-separated value (CSV) file; and
  - The RUG-III (44-group) CMI values as a CSV file.
- *CCRS Technical Document—Ontario RUG Weighted Patient Day (RWPD) Methodology*
  - *CCRS Interpreting RUG Weighted Patient Day Reports for Ontario Complex Continuing Care Facilities*
  - *CCRS How RUG-III (44-Group) CMIs Are Calculated—CCRS Technical Document*

#### RUG-III (34-Group)

- *Resource Utilization Groups III (RUG-III 34-Group) Grouping Methodology: Flowcharts, SAS Code and CMI Values, CCRS Version*

This product includes

- SAS code and detailed flowcharts for the RUG-III (34-group) logic (PDF format for the flowcharts, PDF and text formats for the code);
  - Test data as a CSV file; and
  - The RUG-III (34-group) CMI values as a CSV file.
- *CCRS Technical Document—Ontario RUG Weighted Patient Day (RWPD) Methodology*
  - *CCRS Interpreting Ontario RUG Weighted Patient Day Reports for Ontario Long-Term Care Facilities*

► Also see the CCRS data holding on page 17.

## Understanding and Use

### Education

The RUG-III education program is intended for users of health information who are exposed to RUG-III and RUG Weighted Patient Day (RWPD) reports.

For more information about Case Mix courses, please refer to CIHI's Learning Centre at <https://learning.cihi.ca>.

### Contact

[casemix@cihi.ca](mailto:casemix@cihi.ca)

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## Resource Utilization Group version III–Home Care **CORE**

### Grouping Methodology

The Resource Utilization Group version III–Home Care (RUG-III-HC) is the grouping methodology applied to RAI-HC Canadian version assessment data submitted to the Home Care Reporting System (HCRS). Its methodology assigns each assessment to one of 23 groups.

### Resources and Standards

- *Resource Utilization Group version III–Home Care (RUG-III-HC) Grouping Methodology: Flowcharts and SAS Code, HCRS Version*

This product includes

- SAS code and detailed flowcharts for the RUG-III-HC logic (PDF format for the flowcharts, PDF and text formats for the code);
- Test data as a comma-separated value (CSV) file; and
- The RUG-III-HC Case Mix Index (CMI) values as a CSV file.

► Also see the HCRS data holding on page 21.

### Contact

[casemix@cihi.ca](mailto:casemix@cihi.ca)

# MIS Standards

## Standards for Management Information Systems in Canadian Health Service Organizations (MIS Standards) **CORE**

### Standards

The MIS Standards provide a standardized framework for collecting and reporting financial and statistical data on the day-to-day operations of health service organizations across the continuum of care.

### Resources and Standards

- *Standards for Management Information Systems in Canadian Health Service Organizations* (MIS Standards)

### Format

- Files are downloadable from CIHI's online store.
- Also see the Canadian MIS Database on page 41.

## Understanding and Use

### Education

Workshops and self-study courses offered through the MIS Standards education program are intended for a range of audiences. This includes health care personnel new to the MIS Standards as well as managers, directors and facility/regional MIS coordinators responsible for coordinating or administering the financial and statistical information necessary for effective decision-making.

For more information about MIS courses, please refer to CIHI's Learning Centre at <https://learning.cihi.ca>.

### Contact

[mis@cihi.ca](mailto:mis@cihi.ca)



# Appendix





# Abbreviations and Initialisms

CACS—Comprehensive Ambulatory Classification System

CAP—Clinical Assessment Protocol

CCI—Canadian Classification of Health Interventions

CCRS—Continuing Care Reporting System

CDS—Comprehensive Data Set

CED-DxS—Canadian Emergency Department Diagnosis Short List

CIHI—Canadian Institute for Health Information

CJRR—Canadian Joint Replacement Registry

CMDB—Canadian MIS Database

CMG—Case Mix Group

CMI—Case Mix Index

CORR—Canadian Organ Replacement Register

CPHI—Canadian Population Health Initiative

CT—computed tomography

DAD—Discharge Abstract Database

DDS—Death Data Set

eHSR—electronic Hospital Specific Report

ELOS—expected length of stay

eNACRS—NACRS web-based comparative reporting

FIM® instrument<sup>i</sup>—a measure of functional independence

HCRS—Home Care Reporting System

HMDB—Hospital Morbidity Database

HMHDB—Hospital Mental Health Database

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i. © 1997, Uniform Data System for Medical Rehabilitation, a division of UB Foundation Activities, Inc.

HPDB—Health Personnel Database

HSMR—hospital standardized mortality ratio

ICD-10-CA<sup>ii</sup>—International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Canada

MDS—Minimum Data Set

MIS—management information system

MLTDB—Medical Laboratory Technologist Database

MRI—magnetic resonance imaging

MRTDB—Medical Radiation Technologist Database

NACRS—National Ambulatory Care Reporting System

NHEX—National Health Expenditure Database

NPDB—National Physician Database

NPDUIS Database—National Prescription Drug Utilization Information System Database

NRS—National Rehabilitation Reporting System

NSIR—National System for Incident Reporting

NTR—National Trauma Registry

OECD—Organisation for Economic Co-operation and Development

OMHRS—Ontario Mental Health Reporting System

OTDB—Occupational Therapist Database

OTR—Ontario Trauma Registry

PDB—Pharmacist Database

PHC—primary health care

PTDB—Physiotherapist Database

RAI—Resident Assessment Instrument

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ii. Based on the *International Statistical Classification of Diseases and Related Health Problems, 10th Revision* (ICD-10)  
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RAI-HC<sup>iii</sup>—Resident Assessment Instrument—Home Care

RAI-MDS 2.0<sup>iv</sup>—Resident Assessment Instrument—Minimum Data Set 2.0

RAI-MH<sup>v</sup>—Resident Assessment Instrument—Mental Health

RIW—Resource Intensity Weight

RPG—Rehabilitation Patient Group

RUG-III—Resource Utilization Group version III

RUG-III-HC—Resource Utilization Group version III—Home Care

RWPD—RUG Weighted Patient Day

SCIPP—System for Classification of In-Patient Psychiatry

SMDB<sup>vi</sup>—Scott's Medical Database (formerly Southam Medical Database)

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vi. The SMDB contains information on physicians in Canada and is maintained by Scott's Directories, a division of Business Information Group.



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