

# Products and Services Guide, 2010–2011



Canadian Institute  
for Health Information

Institut canadien  
d'information sur la santé

## Who We Are

Established in 1994, CIHI is an independent, not-for-profit corporation that provides essential information on Canada's health system and the health of Canadians. Funded by federal, provincial and territorial governments, we are guided by a Board of Directors made up of health leaders across the country.

## Our Vision

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

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# Introduction

Welcome to the *Products and Services Guide, 2010–2011*. This annual publication is produced by the Canadian Institute for Health Information (CIHI) to assist our many clients and stakeholders in obtaining relevant information on the various products and services that CIHI offers.

Home to 27 databases, we are a leading source of unbiased, credible and comparable information. We offer a range of data holdings, standards, publications and reports, as well as analysis and education workshops, which focus on areas that are critical to informing decisions about the health system and to population health.

At CIHI, our work is guided by several overarching strategic directions. In addition to better meeting the needs of our stakeholders and allowing an overview of the range of our products and services, this guide reflects our three strategic priorities:

- We are committed to **more and better data** by enhancing its scope, quality and timeliness.
- We are committed to **analysis** and will continue to produce quality information and analyses that are actionable and relevant to our stakeholders.
- Finally, we are committed to **understanding and use**. We have been working with our stakeholders to help them better understand and use our data and analyses.

Of course, everything we do at CIHI complies with our comprehensive privacy program to protect the confidentiality and security of our data holdings. A cornerstone of this program is CIHI's privacy policy that governs how we collect, store, analyze and disseminate data.

## Organization of Guide

The products and services listed in this guide are organized into three major sections:

### a) The Big Picture

Part of our mandate involves generating public awareness about factors affecting good health, fostering a better understanding of these factors and contributing to the development of policies that improve health system management, reduce inequities and improve the health and well-being of Canadians. To accomplish this, CIHI developed products, services and tools to help inform stakeholders.

### b) An In-Depth Look

Many of the products and services in this guide are connected with CIHI's data holdings, which are key to our health information activities. The broad range of health domains covered, in conjunction with the policies and practices applied to ensure confidentiality, data protection and data quality, make the holdings an excellent source of health data. Data disclosure for all data holdings is determined by CIHI's privacy policy and policies for the protection of health information.

### c) Our Foundation

Standards are key to collecting quality data and developing health information systems. CIHI continues to lead the evolution and creation of new national health information management standards.

Disease and intervention standards classify medical conditions and other characteristics of patients. They also classify health and medical services, procedures and interventions. These standards are applied at national, provincial/territorial and local levels to ensure consistency and to allow Canadian and international comparisons. The standards are chosen to facilitate the statistical study of diseases.

Grouping methodologies, such as Case Mix Group+ (CMG+), Day Procedure Groups (DPG), Comprehensive Ambulatory Classification System (CACS) and Resource Utilization Group III (RUG-III), are standards for grouping patients/clients with similar diagnoses and similar treatment requirements. They can help health care facilities predict a patient's length of stay and resource use for utilization management purposes.

Financial and administrative standards provide an integrated approach to collecting, processing, reporting and using financial and statistical data for management decision-making, such as evaluating, controlling, budgeting and planning.

Information is categorized according to CIHI's strategic directions and the following categories of information are included, where applicable:

## Description

Each data holding, standard and knowledge development section includes a basic description and contact information.

## Resources and Standards

CIHI's resources and standards are key to collecting quality data and developing health information systems. Where applicable, information regarding CIHI's resources and standards has been included within each section.

## Publications

CIHI produces a number of publications derived from its extensive information holdings and data analysis activities. These publications address subjects topical to a broad audience. They are used to answer questions about Canadian health care and those factors that affect good health or to act as a starting point for additional research. As well, each year, CIHI produces Analysis in Brief documents on a wide variety of relevant topics. Where applicable, a listing of publications has been included within each section.

## Subscriber Reports

CIHI produces a number of subscriber reports derived from its extensive information holdings and data analysis activities. These reports contain information about data submitted to CIHI by health facilities and are available to Core Plan subscribers through CIHI's secure website under Client Services. Subscriber reports are used predominantly to manage health facilities more effectively, and information is included within individual data holdings, where applicable.

## Education

CIHI is committed to helping clients use its health information products more effectively. The CIHI education programs utilize different learning media and methods to ensure appropriate learning opportunities are available to support CIHI programs and clients. Information regarding education is included in each section, as applicable.

To make best use of the guide, please refer to our website at [www.cihi.ca](http://www.cihi.ca) for more complete information on our products and services, including availability and pricing.

# Core Plan Administration

## 1. Core Plan and Pricing

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

In this guide, Core Plan products are designated with **CORE**. Facilities under the plan receive the set of products and services for a fixed price. Clients who use CIHI services less frequently are covered on a price-per-service basis. Prices are listed on the CIHI website and are listed 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 clients and others not qualifying for Price A.

The standards-related products in PDF and HTML formats are generally offered with unlimited access to Core Plan subscribers via our website. Where these products are provided outside the Core Plan or to non-Core Plan subscribers, prices for these formats will normally represent a discounted price compared to the equivalent paper product.

Of note, to further increase public awareness about Canada's health system, CIHI publications and reports containing national health information, available in PDF format via our website, are offered to all clients at no charge.

## 2. Distribution Approach

The quantities of Core Plan elements are provided to health facilities 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 elements are subject to confidentiality and privacy restrictions and are provided taking into account any imposed limitation.

### **Core Plan—Acute Care Hospitals**

The size of a hospital is based on the total beds and volume of case abstracts submitted to 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). Core Plan elements provided to hospitals are products and services relevant to these programs as well as other health information publications and reports of general interest. For hospitals participating in



select data holdings, the size of a hospital is determined on the basis of the total beds and the volume of case abstracts submitted to program(s) in which the hospital participates.

Small hospital: **hospitals with 1 to 199 beds and a volume of no more than 50,000 case abstracts annually**

Medium hospital: **hospitals with 200 to 399 beds and a volume of no more than 100,000 case abstracts annually OR a hospital having 1 to 199 beds and a case abstracts volume in the range of 50,001 to 100,000 annually**

Large hospital: **hospitals with 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 and home care/rehabilitation facility is based on the total beds as an indication of volume of case abstracts. Core Plan elements provided to continuing and home care/rehabilitation facilities are products and services relevant to the CCRS, the Home Care Reporting System (HCRS) and the NRS as well as other health information publications and reports of general interest.

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

### **Distribution of Products and Services to Core Plan Subscribers**

The following table outlines the quantities of specific products and services provided to health facilities according to their size, as well as to regions and ministries of health.

<b>Products and Services</b>	<b>Small</b>	<b>Medium</b>	<b>Large</b>	<b>Region</b>	<b>MOH</b>
<b>Standards</b>					
<b>MIS Standards</b>	1	1	2	1	2
<b>ICD-10-CA/CCI</b>	1	2	3	1	3
<b>Disease/Intervention</b>	1	1	1	1	1
<b>Classifications Tables</b>					
<b>Data Set and Grouping Methodology Standards</b>	1	2	3	1	3
<b>Publications</b>	1	1	1	1	1
<b>Education (Participants)</b>	2	3	5	5	3

#### **Note**

Core Plan products that are available electronically have unlimited access.

### 3. Education Administration

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 quantity of participants that can attend. For all other registrations (for example, non-Core Plan clients or advanced-education offerings), please go to the CIHI website ([www.cihi.ca](http://www.cihi.ca)) and select Education, or contact the Education department by sending an email to [education@cihi.ca](mailto:education@cihi.ca) for further information.

The CIHI Education program uses the following methods of delivery:

- Distance-learning tools (for example eLearning programs, web, tele- and video conferences)
- Workshops
- Self-learning products
- Blended delivery modes (combination of methods, such as a self-learning product, a workshop and an eLearning product)

#### **In-House Education Services**

CIHI's in-house education services help individual facilities and their staff better use the various CIHI tools for effective management. This unique service allows the client to focus on individual education needs and to create an agenda that will target specific areas where detailed education is required.

Topics can include:

- General overview of CIHI and current databases;
- Detailed education on various CIHI methodologies;
- Application of the MIS Standards and CIHI reports; and
- Topics selected by the client relating to CIHI tools.

Please note that all of CIHI's regularly scheduled workshops can also be presented in an in-house education format.

For more information please go to the CIHI website ([www.cihi.ca](http://www.cihi.ca)) and select Education, or contact us at [education@cihi.ca](mailto:education@cihi.ca).

## 4. CIHI Vendor License Agreements

The CIHI vendor license agreement gives software developers (vendors) the right to receive the CIHI products required 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 service facilitates the automatic distribution of products as they become available and ensures that terms and conditions regarding use of the products for commercial and non-commercial purposes are established, both to protect CIHI and third-party proprietary rights in the products and to maintain the integrity of CIHI products. The license agreements include data-collection specifications, ICD-10-CA/CCI products and grouping-methodology specifications (that is, CMG+, DPG, expected length of stay [ELOS], Resource Intensity Weight [RIW], CACS and ambulatory cost weights [ACWs]). Additional products may be added as development projects occur. This is an annual license that must be renewed each year for the vendor to receive the listed products from CIHI. Vendor license 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).

## 5. Data Requests and Analyses

Clients may request special analyses of CIHI data, or data files if clients choose to perform their own analyses. Data disclosure is determined by CIHI's principles and policies for the protection of health information. Cost estimates for consultation and production time will be quoted to clients upon request. For more information, please go to [www.cihi.ca/requestdata](http://www.cihi.ca/requestdata).

### **Graduate Student Data Access Program**

The Graduate Student Data Access Program (GSDAP) provides data to qualifying graduate students at no cost to undertake policy-relevant research related to health and health services to fulfill graduate requirements, such as those for a master's thesis, PhD dissertation or medical research fellowship. More information is available at [www.cihi.ca/GSDAP](http://www.cihi.ca/GSDAP).

## 6. Ordering

You can order products and services by mail, fax or electronically. 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 order form. You can access an order form by going to [www.cihi.ca](http://www.cihi.ca), going to the e-order desk and printing the form.

### **Online Order/Registration Desk**

You can order publications and products or register for workshops online, 24 hours a day, seven days a week. The online order/registration desk can be accessed from CIHI's home page at [www.cihi.ca](http://www.cihi.ca).

### **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(s). Returns or claims for refunds must be initiated within 15 days of delivery of product.

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

#### **CIHI Ottawa**

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

#### **CIHI Toronto**

4110 Yonge Street, Suite 300  
Toronto, Ontario M2P 2B7  
Phone: 416-481-2002  
Fax: 416-481-2950

#### **CIHI Victoria**

880 Douglas Street, Suite 600  
Victoria, British Columbia V8W 2B7  
Phone: 250-220-4100  
Fax: 250-220-7090

#### **CIHI Edmonton**

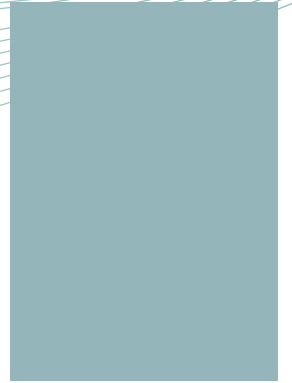
10235 101 Street, Suite 1414  
Edmonton, Alberta T5J 3G1  
Phone: 780-409-5438  
Fax: 780-421-4756

#### **CIHI Montréal**

1010 Sherbrooke Street West, Suite 300  
Montréal, Quebec H3A 2R7  
Phone: 514-842-2226  
Fax: 514-842-3996

#### **CIHI St. John's**

140 Water Street, Suite 701  
St. John's, Newfoundland and Labrador  
A1C 6H6  
Phone: 709-576-7006  
Fax: 709-576-0952



# The Big Picture

## Health System Management

Using data from its data holdings and other sources, CIHI produces a broad array of analytical reports that shed light on relevant topics and issues across the health system.

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

#### **Data**

##### **Description**

Reports developed by CIHI regarding Canada's health system are produced using CIHI data and other data and information sources to build on the existing body of knowledge related to health and health care.

#### **Analysis**

##### **Publications**

- *Patient Pathways: Transfers From Continuing Care to Acute Care*
- *A Framework for Health Outcomes Analysis: Diabetes and Depression Case Studies*
- *The Burden of Neurological Diseases, Disorders and Injuries in Canada*
- *Health Care Use at the End of Life in Western Canada*
- *Health Care in Canada*
- *The Cost of Hospital Stays: Why Costs Vary*
- *Exploring the 70/30 Split: How Canada's Health Care System Is Financed*
- *Understanding Emergency Department Wait Times: Access to Inpatient Beds and Patient Flow*
- *Understanding Emergency Department Wait Times: How Long Do People Spend in Emergency Departments in Ontario?*
- *Understanding Emergency Department Wait Times: Who is Using Emergency Departments and How Long Are They Waiting?*
- *Emergency Departments and Children in Ontario*
- *Seniors' Use of Emergency Departments in Ontario, 2004–2005 to 2008–2009*
- *Giving Birth in Canada: The Costs*
- *Giving Birth in Canada: Providers of Maternity and Infant Care*
- *Giving Birth in Canada: A Regional Profile*
- *Giving Birth in Canada: Regional Trends From 2001–2002 to 2005–2006*
- *Too Early, Too Small: A Profile of Small Babies Across Canada*
- *Waiting for Health Care in Canada: What We Know and What We Don't Know*
- *Have Health Card, Will Travel: Out-of-Province/-Territory Patients*
- *Alternate Level of Care in Canada*
- *H1N1 in Canada—A Context for Understanding Patients and Their Use of Hospital Services*
- *Wait Times Tables—A Comparison by Province, 2010*

## Understanding and Use

*Understanding and use* products and services are not available at this time.

### Contact

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

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

## Health Indicators CORE

### Data

#### Description

Health indicators are standardized measures by which to monitor health status and health system performance and characteristics among different jurisdictions and hospitals in Canada.

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

### Analysis

#### Publications

- *Health Indicators* annual reports
- *Health Indicators* e-publication
- Annually updated Hospital Standardized Mortality Ratio (HSMR) tables (available through [www.cihi.ca/hsmr](http://www.cihi.ca/hsmr))
- *HSMR: A New Approach for Measuring Hospital Mortality Trends in Canada*
- *In Focus: A National Look at Sepsis*
- *National Consensus Conference on Population Health Indicators Final Report*
- *The Health Indicators Project: The Next 5 Years*
- *The Health Indicators Project: Report From the Third Consensus Conference on Health Indicators*

### Understanding and Use

#### Subscriber Reports

- HSMR quarterly reports
- Cumulative electronic Hospital Standardized Mortality Ratio (eHSMR) reports, offered through electronic Hospital Specific Reports (eHSR)
- HSMR eReporting service (planned release for April 2010)

### Education

The education program for health indicators is intended for those individuals 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. The Health Indicators education program includes both workshop and eLearning opportunities.

### Contact

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

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

# Population Health

## Canadian Population Health Initiative **CORE**

### **Data**

#### **Description**

The Canadian Population Health Initiative (CPHI) was created in 1999 to foster a better understanding of factors that affect the health of individuals and communities and to contribute to the development of policies that reduce inequities and improve the health and well-being of Canadians.

#### **Priority Themes**

CPHI's key areas of focus for 2007 to 2012 are

- Mental health and resilience;
- Reducing gaps in health;
- Place and health; and
- Promoting healthy weights.

#### **Publications**

- *Improving the Health of Canadians: Exploring Positive Mental Health*
- *Comparing Activity and Fruit and Vegetable Consumption by Weight Status Among Children and Youth*
- *Youth Health Outcomes and Behaviours in Relation to Developmental Assets*
- *Reducing Gaps in Health: A Focus on Socio-Economic Status in Urban Canada*
- *Improving the Health of Canadians: Mental Health, Delinquency and Criminal Activity*
- *Improving the Health of Canadians: Mental Health and Homelessness*

#### **Funded Research and Other Reports**

- *Mentally Healthy Communities: Aboriginal Perspectives*
- *Mentally Healthy Communities: A Collection of Papers*
- *The Canadian Population Health Initiative: Action Plan 2007–2012*
- CPHI-funded research results summaries (available online)

### **Understanding and Use**

#### **Workshop Proceedings Reports**

- *Mentally Healthy Communities: Mental Health, Delinquency and Criminal Activity—Workshop Proceedings Report*
- *Mental Health and Homelessness in Canada—Workshop Proceedings Report*

#### **Education**

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

### **Contact**

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



# Primary Health Care

## Primary Health Care **CORE**

### **Data**

#### **Description**

The Primary Health Care Information program collaborates with key stakeholders across Canada to address priority primary health care (PHC) information needs. Our goal is to establish new pan-Canadian data sources that can be used to better understand PHC across Canada, report on PHC indicators and inform health policy and decision-making at various levels. Our work includes both data solutions (standards and data source development) and information solutions (indicators and service delivery analyses).

### **Analysis**

#### **Publications**

- *Primary Health Care (PHC) Electronic Medical Records Content Standards, Version 2.0*
- *Chronic Disease Prevention and Management in Seniors*
- *Diabetes Care Gaps and Disparities in Canada*
- *Experiences With Primary Health Care in Canada*
- *Primary Health Care (PHC) Indicators Chartbook: An Illustrative Example of Using PHC Data for Indicator Reporting*
- *Pan-Canadian Primary Health Care Indicators, Volume 1*
- *Pan-Canadian Primary Health Care Indicators, Volume 2 (Technical Specifications)*

### **Understanding and Use**

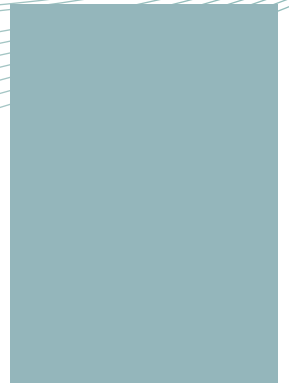
#### **Education**

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 primary health care and chronic disease prevention and management. Information will be shared through conferences, workshops, information sheets, bulletins and the CIHI website.

### **Contact**

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





An In-Depth  
Look

# Acute and Ambulatory Care

## 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 (inpatient acute, chronic, rehabilitation and psychiatric) and day surgery interventions from facilities in all provinces and territories, except Quebec. Quebec acute inpatient records are submitted through a different process but are added to DAD to create the Hospital Morbidity Database (HMDB), which is used to report national statistics about acute care.

### Resources and Standards

- File layout documents
- Vendor specifications
- *Discharge Abstract Database Abstracting Manual*
- *CMG+ Directory*
- *DPG Directory*
- *DAD Executive Summary—Database Background and General Data Limitations Documentation*
- CIHI data quality studies of DAD

▶ See details regarding the CMG+ and DPG grouping methodologies on pages 43 and 44.

### Analysis

- Selected statistics are available on CIHI's website under Quick Stats.
- *Inpatient Hospitalizations and Average Length of Stay Trends in Canada, 2003–2004 and 2004–2005*
- *Trends in Acute Inpatient Hospitalizations and Day Surgery Visits in Canada, 1995–1996 to 2005–2006*
- *Giving Birth in Canada: Regional Trends From 2001–2002 to 2005–2006*
- *Too Early, Too Small: A Profile of Small Babies Across Canada*
- *Highlights of 2006–2007 and 2007–2008 Inpatient Hospitalizations and Emergency Department Visits*
- *Alternate Level of Care in Canada*
- *Wait Times Tables—A Comparison by Province*
- *Surgical Volumes Trends*
- *Health Care in Canada*
- *A Framework for Health Outcomes Analysis: Diabetes and Depression Case Studies*
- *Health Indicators* (annual publication)
- HSMR report series

- CJRR annual reports
- *H1N1 in Canada—A Context for Understanding Patients and Their Use of Hospital Services*

## **Understanding and Use**

### **Subscriber Reports**

- electronic Hospital Specific Reports (eHSR), offered monthly, quarterly and annually
- electronic Comparison of Hospital Activity Program (eCHAP), offered quarterly

### **Education**

The DAD education program is intended for health record professionals and others who are responsible for coding and abstracting patient records and submitting data to CIHI or who work directly with the data.

### **Data Requests**

CIHI responds to custom data requests on a cost-recovery basis. For information on custom data requests, refer to the Request Data web page, which provides more detail on media requests, graduate student requests and research/other requests.

### **Contact**

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

## Hospital Morbidity Database **CORE**

### **Data**

The Hospital Morbidity Database (HMDB) is a national data collection and reporting tool that captures administrative, clinical and demographic information on inpatient hospital discharges. It provides national discharge statistics from Canadian health care facilities by diagnoses and procedures. Discharge data is received from acute care facilities in Quebec and is combined with a subset of discharge data from DAD to complete the national picture.

### **Resources and Standards**

- *Discharge Abstract Database Abstracting Manual*
- *HMDB Executive Summary—Database Background and General Data Limitations Documentation*

### **Analysis**

- *Inpatient Hospitalizations and Average Length of Stay Trends in Canada, 2003–2004 and 2004–2005*
- *Trends in Acute Inpatient Hospitalizations and Day Surgery Visits in Canada, 1995–1996 to 2005–2006*
- *Giving Birth in Canada: Regional Trends From 2001–2002 to 2005–2006*
- *Tabular Reports: 1994–1995 to 2000–2001*
- Selected statistics are available for this database on CIHI's website under Quick Stats.

### **Understanding and Use**

#### **Education**

The HMDB education program is intended for health record professionals and others who are responsible for coding and abstracting patient records and submitting data to CIHI or who work directly with the data.

#### **Data Requests**

CIHI responds to custom data requests on a cost-recovery basis. For information on custom data requests, refer to the Request Data web page, which provides more detail on media requests, graduate student requests and research/other requests.

### **Contact**

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

## 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-based 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
  - Canadian Emergency Department Diagnosis Short-List (CED-DxS)
  - Presenting Complaint Pick-List for Emergency Departments
  - Submission status reports
  - *National Ambulatory Care Reporting System Manual*
  - *NACRS Executive Summary—Database Background and General Data Limitations Documentation (2004–2005 to 2008–2009)*
  - NACRS data quality reports
  - *Canadian Coding Standards for ICD-10-CA and CCI* (see details on page 40)
  - Comprehensive Ambulatory Classification System (CACS)
    - a) *Comprehensive Ambulatory Classification System (CACS) Directory*
    - b) *Comprehensive Ambulatory Classification System (CACS) RIW and Title Tables*
    - c) *Comprehensive Ambulatory Classification System Assignment Table (ICD-10-CA/CCI)*
- ▶ See details regarding the CACS grouping methodology on page 45.

### Analysis

- Selected statistics are available on CIHI's website under Quick Stats.
- *Health Indicators* (annual publication)
- *Understanding Emergency Department Wait Times: Who Is Using Emergency Departments and How Long Are They Waiting?*
- *Understanding Emergency Department Wait Times: How Long Do People Spend in Emergency Departments in Ontario?*
- *Understanding Emergency Department Wait Times: Access to Inpatient Beds and Patient Flow*
- *Emergency Departments and Children in Ontario*
- *Wait Times Tables: A Comparison by Province*

## Understanding and Use

### Subscriber Reports

- eNACRS reports
- Emergency Department Wait Time Indicator reports, offered monthly

### Education

The education program for NACRS is primarily intended for health information management professionals, clinicians, finance/MIS personnel and decision support and utilization management staff who work directly with CIHI's ambulatory care patient data and reports for decision-making.

### Data Requests

CIHI responds to custom data requests on a cost-recovery basis. For information on custom data requests, refer to the Request Data web page, which provides more detail on media requests, graduate student requests and research/other requests.

### Contact

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

## Therapeutic Abortions Database **CORE**

### Data

The Therapeutic Abortions Database (TADB) is a national data holding that captures administrative, clinical and demographic information on women obtaining an induced abortion in Canada.

### Resources and Standards

- *Executive Summary—Data Limitations: Therapeutic Abortions Database, 2003*
- *Data Quality Documentation: Therapeutic Abortions Database, 2002*

### Analysis

Abortion statistics are released annually in Statistics Canada's *The Daily*.

## 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 Request Data web page, which provides more detail on media requests, graduate student requests and research/other requests.

### Contact

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



# Continuing and Specialized Care

## Hospital Mental Health Database **CORE**

### **Data**

The Hospital Mental Health Database (HMHDB) contains hospitalization data for mental illness across Canada.

### **Resources and Standards**

- *Hospital Mental Health Database Data Dictionary*

### **Analysis**

- *Depression in Ontario: What Predicts a First Mental Health Rehospitalization?*
- *The Association Between Socio-Economic Status and Inpatient Hospital Service Use for Depression*
- *Hospital Length of Stay and Readmission for Individuals Diagnosed With Schizophrenia: Are They Related?*
- *Hospital Mental Health Services in Canada* (historical annual report)

### **Understanding and Use**

*Understanding and use* products and services are unavailable at this time.

### **Contact**

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

# Ontario Mental Health Reporting System

## Data

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

## Resources and Standards

- *Ontario Mental Health Reporting System Resource Manual, 2010–2011*
  - *System for Classification of In-Patient Psychiatry (SCIPP) Grouping Methodology: Flowcharts and SAS Code, OMHRS Version*
  - *System for Classification of In-Patient Psychiatry (SCIPP) Grouping Methodology Case Mix Index (CMI) Values, OMHRS Version*
- ▶ See details regarding the SCIPP grouping methodology and SCIPP–Weighted Patient Day (SWPD) products on page 47.

## Analysis

- *Exploring Hospital Mental Health Service Use in Ontario*
- Selected statistics are available for this database on CIHI's website under Quick Stats under Hospital Mental Health Database.

## Understanding and Use

### Subscriber Reports

- OMHRS comparative reports, offered quarterly

### Education

The education program for OMHRS is intended for representatives of Ontario facilities that participate in OMHRS. Designated site coordinators, mental health clinicians and staff involved in case management, quality improvement, program evaluation, administration and decision support would find this program beneficial.

## Contact

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

# National Rehabilitation Reporting System **CORE**

## **Data**

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

## **Resources and Standards**

- *Rehabilitation Minimum Data Set Manual, February 2010 Edition*
- *FIM DVD: Assessing Function With FIM instrument v5.2 (English only)*
- *Rehabilitation Patient Group (RPG) Grouping Methodology: Flowcharts and SAS Code, NRS Version*
- *Rehabilitation Patient Group (RPG) Grouping Methodology and Weights, NRS 2010–2011 Version*

▶ See details regarding the Rehabilitation Patient Group grouping methodology on page 46.

## **Analysis**

- *Factors Predicting Discharge Home From Inpatient Rehabilitation After Stroke*
- *Inpatient Rehabilitation in Canada*
- *Clients Returning to Inpatient Rehabilitation*
- *Clients Transitioning From Inpatient Rehabilitation to Complex Continuing Care or Home*
- Further analyses and selected statistics are available for this database on CIHI's website.

## **Understanding and Use**

### **Subscriber Reports**

- NRS eReporting: data uploaded quarterly

### **Education**

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

## **Contact**

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

## Continuing Care Reporting System **CORE**

### Data

The Continuing Care Reporting System (CCRS) collects and reports information on residents of continuing care facilities, both hospital and residential based, in Canada.

### Resources and Standards

- *RAI-MDS 2.0 and RAPs Canadian Version User's Manual, Second Edition, March 2005*
  - CCRS assessment and tracking forms
  - *Continuing Care Reporting System Specifications Manual*
  - *CCRS RAI-MDS 2.0 Output Specifications Manual*
  - *Clinical Assessment Protocols (CAPs) Manual: For Use With RAI-MDS 2.0 and RAI-HC Assessment Instruments*
  - *Resource Utilization Group III (RUG-III) Grouping Methodology: Flowcharts and SAS Code, CCRS Version*
  - *Resource Utilization Group III (RUG-III) Grouping Methodology Case Mix Index (CMI) Values, CCRS Version*
  - *Ontario Rug Weighted Patient Day (RWPD) Methodology—CCRS Technical Document*
  - *RUG-III (34-Group) Grouping Methodology*
- ▶ See details regarding the RUG-III grouping methodology on page 48.

### Analysis

- *Facility-Based Continuing Care in Canada, 2004–2005*
- *Caring for Nursing Home Residents With Behavioural Symptoms: Information to Support a Quality Response*
- *The “Younger” Generation in Ontario Complex Continuing Care*
- *Resident Safety: An Analysis of Characteristics Associated With Falling in Ontario Complex Continuing Care*
- *Complex Continuing Care in Ontario: Resident Demographics and System Characteristics, 1996–1997 to 2002–2003*
- *Short Stays in Ontario Complex Continuing Care Facilities, 2001–2002*
- 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 education program for CCRS is intended for educators and staff involved in clinical assessment, data collection and data submission, as well as managers, RAI coordinators and others responsible for case management, quality improvement, program evaluation and decision support.

## Contact

[ccrs@cihi.ca](mailto:ccrs@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. The HCRS now includes a separate module—the HCRS-CA—to capture information from the interRAI Contact Assessment.

## Resources and Standards

- *RAI–Home Care (RAI-HC) Manual, Canadian Version, Second Edition, October 2002*
- RAI-HC assessment form
- *Coding Standards for RAI-HC in Hospital Settings*
- *interRAI Contact Assessment (CA) Screening Level Assessment for Emergency Department and Intake From Community/Hospital User’s Manual*
- *interRAI Contact Assessment (CA) Canadian Version Screening Level Assessment for Emergency Department and Intake From Community/Hospital Assessment Form*
- *Home Care Reporting System Specifications Manual*
- *Home Care Reporting System—Contact Assessment (HCRS-CA) Specifications Manual*
- *Home Care Reporting System RAI-HC Output Specifications Manual*
- *Home Care Reporting System—Contact Assessment Output Specifications Manual*
- *Clinical Assessment Protocols (CAPs) Manual: For Use With RAI-MDS 2.0 and RAI-HC Assessment Instruments*
- *Resource Utilization Group III—Home Care (RUG-III-HC) Grouping Methodology: Flowcharts and SAS Code, HCRS Version*

▶ See details regarding the RUG-III grouping methodology on page 48.

## Analysis

- *The Yukon: Pioneers in Home Care Information*
- *Development of National Indicators and Reports for Home Care Phase II—Final Project Report*
- 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, data collection and data submission, as well as managers, RAI coordinators and others responsible for case management, quality improvement, program evaluation and decision support.

### Contact

[homecare@cihi.ca](mailto:homecare@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 activities in Canada.

### Resources and Standards

- *Transplant Recipient and Organ Donor Information, 2009—Instruction Manual*
- *Chronic Renal Failure Patients on Renal Replacement Therapy, 2009—Instruction Manual*

### Analysis

- *Canadian Organ Replacement Register Annual Report*
- *Canadian Organ Replacement Register Directory, 2009*
- Centre-specific comparison indicators 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 education program for CORR is intended for nephrologists, managers of dialysis centres, clinical nurses, research assistants and data coordinators in dialysis units across Canada.

### Contact

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

## National Trauma Registry **CORE**

### **Data**

The National Trauma Registry (NTR) provides national statistics on injury-related hospitalizations in Canada.

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 facilities designated to provide specialized trauma care.

### **Resources and Standards**

- *National Trauma Registry Data Dictionary* (in progress)

### **Analysis**

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

### **Understanding and Use**

*Understanding and use* products and services are not available at this time.

### **Contact**

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

# 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 due to major trauma in 11 participating hospitals in Ontario, including demographic, pre-hospital and hospital care, patient outcomes and six-month follow-up.
- 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).

In addition, Ontario-specific data is available through the National Trauma Registry Minimum Data Set eReporting system.

## Resources and Standards

- *Ontario Trauma Registry Data Dictionary*

## Analysis

- *Ontario Trauma Registry Report: Major Injury in Ontario*
- *Ontario Trauma Registry Report: Injury Deaths in Ontario*
- Selected statistics are available for these data sets on CIHI's website under Quick Stats.

## Understanding and Use

### Education

Data analyst training workshops are intended for new trauma data analysts and designated site coordinators to ensure consistent and accurate capture of trauma hospitalization information.

## Contact

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



## Canadian Joint Replacement Registry **CORE**

### **Data**

The Canadian Joint Replacement Registry (CJRR) captures information on hip and knee joint replacements performed in Canada and follows joint replacement patients over time to monitor their revision rates.

### **Resources and Standards**

- Data element documentation and definitions
- Web-based submission user manual

### **Analysis**

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

### **Understanding and Use**

Understanding and use products and services are not available at this time.

### **Contact**

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

## Pharmaceuticals

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

#### **Data**

The National Prescription Drug Utilization Information System (NPDUIS) Database is designed to provide data for the critical analysis of drug utilization and cost trends so that Canada's health system has more comprehensive and accurate information on how prescription drugs are being used.

#### **Analysis**

- *Drug Use Among Seniors on Public Drug Programs in Canada: 2002 to 2008*
- *Proton Pump Inhibitor Use in Seniors: An Analysis Focusing on Drug Claims, 2001 to 2008*
- *Antipsychotic Use in Seniors: An Analysis Focusing on Drug Claims, 2001 to 2007*

#### **Understanding and Use**

##### **National Prescription Drug Utilization Information System—Database Plan Information Document**

This document, updated twice annually, provides high-level information regarding the design and policies of public drug programs to assist in the interpretation of drug utilization information.

#### **Contact**

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

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

### Data

The National System for Incident Reporting (NSIR) collects data from participating Canadian hospitals on all medication and IV fluid problems that occur during the medication-use process, including rare event and near-miss incidents.

### Resources and Standards

- *National System for Incident Reporting Minimum Data Set* (forthcoming in spring 2010)
- *National System for Incident Reporting Data Submission Specifications Manual* (forthcoming in spring 2010)

### Analysis

- *External Field Review (EFR) Results for the National System for Incident Reporting, August 2009*
- *National Pilot Test Report for the National System for Incident Reporting, Executive Summary*

### Understanding and Use

#### Education

The education program is intended for staff at health care facilities who are involved in collecting, submitting and analyzing medication incident data submitted to NSIR.

#### Contact

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

## Health Human Resources

### Health Personnel Database **CORE**

#### Data

The Health Personnel Database (HPDB) contains aggregate, supply-based trend information by province/territory and year for 24 health occupations in Canada.

#### Resources and Standards

- *Health Personal Database Technical Report*

#### Analysis

- *Canada's Health Care Providers, 1997 to 2006, A Reference Guide*
- *Canada's Health Care Providers—2007 Provincial Profiles*
- *Guidance Document for the Development of Data Sets to Support Health Human Resources Management in Canada*
- *Distribution and Internal Migration of Canada's Health Care Workforce*

#### Understanding and Use

*Understanding and use products and services are not available at this time.*

#### 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, 2008–2009*
- *National Physician Database—Utilization Data, 2008–2009*
- *National Physician Database, 2008–2009—Methodology Notes*
- Historical reports and analyses from this database are available on CIHI's website.

### **Understanding and Use**

*Understanding and use* products and services are not available at this time.

### **Contact**

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

## 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, 2009*
- *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.

### **Understanding and Use**

*Understanding and use* products and services are not available at this time.

### **Contact**

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

## Nursing Database **CORE**

### **Data**

The Nursing Database includes data for the three regulated nursing professionals in Canada: registered nurses (RNs), 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**

- *Regulated Nurses: Canadian Trends, 2005 to 2009*
- *Provincial/Territorial Nursing Workforce Highlights and Profiles, 2009*
- *Workforce Trends of Regulated Nurses in Canada, 2009* (data and summary tables)
- Selected statistics are available for this database on CIHI's website under Quick Stats.

### **Understanding and Use**

*Understanding and use* products and services are not available at this time.

### **Contact**

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

## National Survey of the Work and Health of Nurses **CORE**

### **Data**

The National Survey of the Work and Health of Nurses (NSWHN) was undertaken in partnership with Statistics Canada and Health Canada. The survey was administered to a sample of RNs, LPNs and RPNs from across the country. Data from the survey helps identify relationships between selected health outcomes, the work environment and work–life experiences.

### **Analysis**

- *Findings From the 2005 National Survey of the Work and Health of Nurses*
  - *Part-Time Nurses, Full-Time Ambitions . . . What Do We Know?*
  - *The Work and Health of Nurses . . . How Do Nurses' Perceptions Vary Across Canada?*
  - *Absenteeism of Nurses—What Do We Know . . . How Do They Compare?*
  - *A Lift for Patients . . . A Relief for Nurses?*
  - *Satisfaction and Respect on the Job . . . How Do They Relate to the Absenteeism of Nurses?*
  - *How Satisfied Are Nurses With Being a Nurse and With Their Current Job?*

### **Understanding and Use**

*Understanding and use products and services are not available at this time.*

### **Contact**

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

## Occupational Therapist Database **CORE**

### **Data**

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

### **Resources and Standards**

- *Occupational Therapist Database Data Dictionary*
- *Occupational Therapist Database Data Submission Specifications Manual*
- *Occupational Therapist Database Privacy Impact Assessment*

### **Analysis**

- *Occupational Therapists in Canada, 2009*

### **Understanding and Use**

*Understanding and use products and services are not available at this time.*

### **Contact**

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

## Pharmacist Database **CORE**

### **Data**

The Pharmacist Database (PDB) is a source of timely, quality information for the pharmacy profession in Canada. The PDB aims to provide standardized comparative data and reports on the demographic, education and employment characteristics of pharmacists in Canada.

### **Resources and Standards**

- *Pharmacist Database Data Dictionary*
- *Pharmacist Database Data Submission Specifications Manual*
- *Pharmacist Database (PDB) Privacy Impact Assessment*

### **Analysis**

- *Pharmacists in Selected Provinces and Territories in Canada, 2009*

### **Understanding and Use**

*Understanding and use products and services are not available at this time.*

### **Contact**

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

## Physiotherapist Database **CORE**

### **Data**

The Physiotherapist Database (PTDB) is a source of timely, quality information for the physiotherapy profession in Canada. The PTDB aims to provide standardized comparative data and reports on the demographic, education and employment characteristics of physiotherapists in Canada.

### **Resources and Standards**

- *Physiotherapist Database Data Dictionary*
- *Physiotherapist Database Data Submission Specifications Manual*
- *Physiotherapist Database Privacy Impact Assessment*

### **Analysis**

- *Physiotherapists in Canada, 2009*

### **Understanding and Use**

*Understanding and use products and services are not available at this time.*

### **Contact**

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

## Medical Laboratory Technologist Database **CORE**

### **Data**

The Medical Laboratory Technologist Database (MLTDB) is a source of timely and quality information for 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 Data Dictionary*
- *Medical Laboratory Technologist Database Data Submission Specifications*
- *Medical Laboratory Technologist Database Privacy Impact Assessment*

### **Analysis**

- *Medical Laboratory Technologist Database, 2008 Data Release*
- *Medical Laboratory Technologists and Their Work Environment*

### **Understanding and Use**

*Understanding and use products and services are not available at this time.*

### **Contact**

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

## Medical Radiation Technologist Database **CORE**

### **Data**

The Medical Radiation Technologist Database (MRTDB) is a source of timely and quality information for 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 Data Dictionary*
- *Medical Radiation Technologist Database Data Submission Specifications Manual*
- *Medical Radiation Technologist Database Privacy Impact Assessment*

### **Analysis**

- *Medical Radiation Technologist Database, 2008 Data Release*
- *Medical Radiations Technologists and Their Work Environment*

### **Understanding and Use**

*Understanding and use products and services are not available at this time.*

### **Contact**

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

## Health Expenditures

### National Health Expenditure Database **CORE**

#### **Data**

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

#### **Analysis**

- *National Health Expenditure Trends*
- *Drug Expenditure in Canada*
- *Public-Sector Expenditures and Utilization of Home Care Services in Canada: Exploring the Data*
- *The Cost of Acute Care Hospital Stays by Medical Condition in Canada, 2004–2005*
- Selected statistics are available for this database on CIHI's website under Quick Stats.

#### **Understanding and Use**

*Understanding and use products and services are not available at this time.*

#### **Contact**

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



## Canadian MIS Database **CORE**

### **Data**

The Canadian MIS Database (CMDB) contains financial and statistical information on hospitals and health regions across Canada.

### **Resources and Standards**

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

▶ See details regarding the MIS Standards on page 42.

### **Analysis**

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

### **Understanding and Use**

#### **Subscriber Reports**

- eMIS Reports, offered twice annually

#### **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.

### **Contact**

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

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

### **Data**

The OECD Health Database contains information on health care spending, health care services and health status among 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*, and a biennial paper publication, *Health at a Glance*. CIHI will respond to research and analysis requests based on the Canadian segment supplied to the OECD.

### **Understanding and Use**

*Understanding and use* products and services are not available at this time.

### **Contact**

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

## Medical Imaging

### Medical Imaging Technologies Database **CORE**

#### **Data**

The Medical Imaging Technologies Database contains the results from the National Survey of Selected Medical Imaging Equipment. The survey is completed annually and captures information on the number, distribution and key characteristics of eight selected imaging technologies across Canada.

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

- Configuration (for example, angiography suites—single-plane/bi-plane; MRI—closed bore/open bore)
- Level of technology (for example, CT—number of slices; MRI—field strength)
- Number of exams (CT and MRI only until 2007; all types of equipment thereafter)

#### **Analysis**

- *Medical Imaging in Canada*

#### **Understanding and Use**

*Understanding and use* products and services are not available at this time.

#### **Contact**

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



Our  
Foundation

Standards are key to collecting quality data and developing health information systems. CIHI continues to lead the evolution and creation of new national health information management standards. Standards help provide a framework for collecting and reporting on health information.

For further information on CIHI's standards and grouping methodologies, please visit the CIHI website at [www.cihi.ca](http://www.cihi.ca).

## Coding and Classifications

### ICD-10-CA/CCI CORE

#### Standards

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

The 10th revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10) was approved by the World Health Organization in 1990, and has been available for implementation since 1993. On CIHI's recommendation, the federal, provincial and territorial governments approved ICD-10 as the Canadian disease-classification standard to maintain consistency with international reporting. ICD-10-CA is an enhanced version of ICD-10 that reflects current medical practices in Canada.

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

CCI classifies a broad range of interventions. CCI has been designed to be service-provider and service-setting neutral and can be used comprehensively throughout the health system. CCI was introduced in Canada in conjunction with ICD-10-CA, replacing the Canadian Classification of Diagnostic, Therapeutic and Surgical Procedures (CCP) and the procedure volume of ICD-9-CM.

Format	Resources
CD-ROM	ICD-10-CA/CCI
PDF	Canadian Coding Standards for ICD-10-CA and CCI
Zip File	Code Title Tables: ICD-10-CA, CCI
Zip File	Category/Rubric Tables: ICD-10-CA and CCI
Zip File	Validation Tables: ICD-10-CA, CCI
PDF	ICD-10-CA and CCI Evolution Tables
Zip File	Conversion Tables: ICD-10-CA/CCI to ICD-9/CCP or ICD-10-CA/CCI to ICD-9-CM
Disk	Equivalency Tables: ICD-9-CM/ICD-9 Diagnoses, ICD-9-CM/CCP Procedures, 1999
Disk	Validation Tables: ICD-9-CM or ICD-9/CCP, 1999

## **Understanding and Use**

### **Education**

The education program for ICD-10-CA and CCI is primarily intended for health information management professionals who are responsible for coding acute care patient records and submitting data to CIHI. Other health information professionals who rely on data and reports influenced by the new classification standards and require a sound understanding of ICD-10-CA and CCI would also find this education beneficial.

### **Contact**

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

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

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

# Management Information Systems

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

### **Standards**

The MIS Standards provide a standardized framework for the collection and reporting of 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**

CD-ROM

- ▶ Also see the Canadian MIS Database on page 37.

### **Understanding and Use**

#### **Education**

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

### **Contact**

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

## Case Mix

### Case Mix Groups+ **CORE**

#### **Grouping Methodology**

The Case Mix Groups+ (CMG+) methodology is designed to aggregate acute care inpatients with similar clinical and resource-utilization characteristics. The CMG+ methodology is updated annually. CMG+ 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+ 2010 Directory*
- *CMG+ 2010 Title Table*
- *Comorbidity Code Finder Table for CMG+ 2010*
- *Flagged Intervention Code Table for CMG+ 2010*
- *DAD Resource Intensity Weights (RIW) and Expected Length of Stay (ELOS) for 2010*
- *Base DAD Resource Intensity Weights (RIW) and Expected Length of Stay (ELOS) Table for 2010*
- Length of Stay percentile tables

▶ Also see the Discharge Abstract Database on page 16.

#### **Understanding and Use**

*Case Mix Decision Support Guide: CMG+* was developed to increase clients' ability to understand and use CMG+ grouping information to inform decision-support.

#### **Education**

The education program for CMG+ is intended for all users of health information who are exposed to CMG+, RIW or ELOS from either a coding or analytical perspective.

#### **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)

## Day Procedure Groups **CORE**

### **Grouping Methodology**

Day Procedure Groups (DPG) is a national classification system for ambulatory hospital patients that focuses on the area of day surgery. Patients are assigned to categories according to the most significant procedure recorded on the patient abstract. Patients assigned to the same DPG group represent a homogeneous cluster with similar clinical episodes and requiring similar resources. The DPG grouping methodology continues to be based on the CCI and is the result of an extensive review and revision process using Canadian case-cost data. Each DPG group is assigned a DPG Resource Intensity Weight (RIW) value, which is used to standardize the expression of hospital day surgery volumes, recognizing that not all day surgery patients require the same health care resources. The volume of day surgery cases is then expressed as total day surgery weighted cases; these weighted cases can be directly compared to the inpatient weighted cases.

### **Resources and Standards**

- *Day Procedure Groups (DPG) Directory for 2010*
- *Day Procedure Groups (DPG) 2010 Title Table*
- *Day Procedure Groups (DPG) RIW and Title Table for 2010*
- *Day Procedure Groups (DPG) Code Finder Table for 2010*

▶ Also see the Discharge Abstract Database on page 16.

### **Understanding and Use**

#### **Education**

The education program for DPG is intended for all users of health information who are exposed to DPGs or RIWs. See [www.cihi.ca/education](http://www.cihi.ca/education) for details.

#### **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).



# Comprehensive Ambulatory Classification System **CORE**

## **Grouping Methodology**

The Comprehensive Ambulatory Classification System (CACS) is a national grouping methodology for ambulatory care patients that includes emergency departments, clinics and same-day surgery. Patients are grouped according to main diagnosis, most resource-intensive intervention and visit disposition data collected via the National Ambulatory Care Reporting System (NACRS).

## **Resources and Standards**

- *CACS Directory for 2010*
- *CACS RIW and Title Table for 2010*
- *CACS Code Finder Table (ICD-10-CA/CCI) for 2010*

▶ Also see the NACRS data holding on page 19.

## **Understanding and Use**

### **Education**

The education program for CACS is intended for all users of health information who are exposed to CACS or Resource Intensity Weights (RIWs). See [www.cihi.ca/education](http://www.cihi.ca/education) for details.

### **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 NRS episode to one of 83 RPGs.

### **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 23.

### **Understanding and Use**

#### **Education**

The education program for RPG is intended for all users of health information who are exposed to RPG grouping methodology and weights. See [www.cihi.ca/education](http://www.cihi.ca/education) for details.

#### **Contact**

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## 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 RAI-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 for 2010: 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 CMI values as a CSV file.

▶ Also see the OMHRS data holding on page 22.

### Understanding and Use

#### Education

The education program for SCIPP is intended for all users of health information who are exposed to the SCIPP grouping methodology and SCIPP Weighted Patient Day reports. See [www.cihi.ca/education](http://www.cihi.ca/education) for details.

#### Contact

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

## Resource Utilization Groups III **CORE**

### Grouping Methodology

The Resource Utilization Groups III (RUG-III) methodology is used within the Continuing Care Reporting System (CCRS). The methodology assigns continuing care assessments to resource utilization groups using the 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 the CCRS. RUG-III (34-Group) is applicable to only Ontario long-term care data in the CCRS.

### Resources and Standards

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

- *Resource Utilization Groups III (RUG-III) Grouping Methodology Case Mix Index (CMI) Values, CCRS Version*
- *Resource Utilization Groups III (RUG-III) Grouping Methodology: Flowcharts and SAS Code, CCRS Version*
- *CCRS Ontario CCC RWPD Methodology Technical Document*

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

- *Resource Utilization Groups III (RUG-III) Grouping Methodology and Case Mix Index (CMI) Values for Ontario Long-Term Care, CCRS Version*
- *Resource Utilization Groups III (RUG-III) Grouping Methodology: Flowcharts and SAS Code, CCRS Version*

▶ Also see the CCRS data holding on page 24.

### Understanding and Use

#### Education

The education program for RUG-III is intended for users of health information who are exposed to RUG-III and RUG Weighted Patient Day (RWPD) reports. See [www.cihi.ca/education](http://www.cihi.ca/education) for details.

#### Contact

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

## Resource Utilization Groups III–Home Care **CORE**

### **Grouping Methodology**

The Resource Utilization Groups 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). The RUG-III-HC methodology assigns each assessment to one of 23 groups.

### **Resources and Standards**

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

▶ Also see the HCRS data holding on page 25.

### **Understanding and Use**

#### **Education**

The education program for RUG-III-HC is intended for users of health information who are exposed to the RUG-III-HC grouping methodology. See [www.cihi.ca/education](http://www.cihi.ca/education) for details.

#### **Contact**

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



# Appendix

## Abbreviations and Initialisms

ACW—ambulatory cost weight

CACS—Comprehensive Ambulatory Classification System

CAP—Clinical Assessment Protocol

CCI—Canadian Classification of Health Interventions

CCRS—Continuing Care Reporting System

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

CT—computed tomography

CPHI—Canadian Population Health Initiative

DAD—Discharge Abstract Database

DPG—Day Procedure Groups

eCHAP—electronic Comparison of Hospital Activity Program

ELOS—expected length of stay

eHSR—electronic Hospital Specific Report

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

HPDB—Health Personnel Database

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

NSWHN—National Survey of the Work and Health of Nurses

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

RAI—Resident Assessment Instrument

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-MDS-MH<sup>v</sup>—Minimum Data Set–Mental Health

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

RAP—Resident Assessment Protocol



RIW—Resource Intensity Weight

RPG—Rehabilitation Patient Group

RUG-III—Resource Utilization Group III

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

RWPD—Resource Weighted Patient Day Report

SCIPP—System for Classification of In-Patient Psychiatry

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

TADB—Therapeutic Abortions Database

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