



Products and Services Guide, 2011–2012

About CIHI



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, 2011–2012*. The Canadian Institute for Health Information (CIHI) produces this annual publication to provide you, our many clients and stakeholders, with relevant information on the various products and services that we offer.

Home to 27 databases, CIHI is 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 that focus on areas that are critical to informing decisions about the health system and to population health.

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.

To reflect our new branding and new website, the *Products and Services Guide* is now organized by health care theme:

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

Themes are described on pages 2 and 3.

Theme Descriptions

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

1. Types of Care

In this section, you'll find products and services relating principally to primary health care, hospital care, community care (including home care, community care and community mental health services) and specialized services (including mental health and addictions, trauma and injuries, joint replacements, organ replacements and medical imaging), as well as pharmaceutical care and utilization.

2. Health System Performance

Under this heading, we've listed products and services relating primarily to health access and wait times, and quality of care outcomes—essentially how well health care services are provided to patients—as well as the outcomes or results of the care that patients receive. Here, you'll also find integration and continuity of care and indicators, which measure the health of Canadians and the performance of the health system in Canada.

3. Spending and Workforce

This section contains products and services relating to spending and workforce.

Those relating to our analysis of Canadian health care *spending* are divided into two sections: geography (national, provincial and regional spending) and category (physician, hospital and drug spending).

In *workforce*, information products and services that focus on the health care workforce aim to better understand and highlight the various types of services provided by our health human resources. This includes services provided by physicians, nurses and other health care providers.

4. Factors Influencing Health

Here, you'll find products and services that focus on a variety of factors—including environmental, socio-economic and lifestyle—that impact the health of Canadians and our health care system.

5. Standards and Data Submission

Standards are the 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.

We rely on the information supplied by hospitals, regional health authorities, medical practitioners and governments to inform our in-depth analytic reports on Canada's health system and the health of Canadians. More information about submitting data can be found in this 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 serve to answer questions about Canadian health care and factors that affect good health, and to act as a starting point for additional research. As well, each year, CIHI produces Analysis in Brief documents on a 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. CIHI's education programs utilize different learning media and methods to ensure that appropriate learning opportunities are available to support its programs and clients. CIHI's education programs are designed to keep clients ahead of evolving coding standards; to provide access to CIHI's latest health information; to support CIHI's data collection and data quality; and to help stakeholders interpret and apply information to make informed administrative and clinical decisions. Each section contains information regarding education, as applicable.

For more information about CIHI's courses and how to register, please visit the Events and Education section of CIHI's website.

For more complete information on our products and services, including availability and pricing, visit our website at www.cihi.ca.

Core Plan Administration

1. Core Plan and Pricing

Most Canadian health facilities have access to a set of CIHI 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 charge to organizations such as regional health authorities (or similar) and ministries of health.

In this guide, Core Plan products are designated with **CORE**. Facilities/ organizations 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 CIHI's website in two categories:

- **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 discount compared with the price of the equivalent paper product.

Of note, to further increase public awareness about Canada's health system, CIHI's 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.

For orders/registrations, facilities and regional health authorities (or similar) can be grouped into a Core Plan pool to allow greater access to Core Plan products and services, more specifically, to publications and standards as well as Education sessions. The maximum number of products and services that can be ordered/registered under the Core Plan pool equals the sum of the quantities of the Core Plan elements that would typically be provided to the individual facilities and region included in the Core Plan pool. If your facility or region is interested in establishing a Core Plan pool, please contact us at orderdesk@cihi.ca.

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 care/rehabilitation facility is based on the total beds as an indication of volume of case abstracts. Core Plan elements provided to continuing care/rehabilitation facilities are products and services relevant to CCRS and 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.

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

Note

Core Plan products that are available electronically have unlimited access.

3. Education Administration

Facilities, 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 from each facility/organization. For all other registrations (for example, non-Core Plan clients or advanced-education offerings), please refer to “Pricing and Information” in the Events and Education section of our website, or contact the Education department by email at education@cihi.ca.

CIHI’s Education program uses the following methods of delivery:

- Web conferences: live, web-based interactive presentations with discussion
- Workshops: face-to-face, interactive sessions at locations across the country
- Self-study products:
 - eLearning: interactive, online learning
 - Self-learning products (SLPs): downloadable, re-useable documents and fact sheets
 - Archived resources: online web conference recordings with learning assessments, where applicable

In-House Education Servicesⁱ

CIHI's in-house education services help facilities/organizations 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 needed. Please note that all of CIHI's regularly scheduled workshops can be presented as an in-house session.

For more information about all of CIHI's education products and services, please visit the Events and Education section of our website, or contact us by email at education@cihi.ca.

4. CIHI Vendor Licence Agreements

The CIHI vendor licence 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 licence agreements include data-collection specifications, ICD-10-CA/CCI products and grouping-methodology specifications (such as CMG+/CACS [Case Mix Group+/Comprehensive Ambulatory Classification System], Expected Length of Stay [ELOS], Resource Intensity Weight [RIW], CACS and CACS Resource Intensity Weight). Additional products may be added as development projects occur. This is an annual licence that must be renewed each year in order for the vendor to receive the listed products from CIHI. 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 send an email to 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.

i. Scheduling of in-house sessions is subject to availability of CIHI's resources.

Graduate Student Data Access Program

The Graduate Student Data Access Program (GSDAP) provides data to qualified graduate students at no cost to undertake policy-relevant research related to health and health services to fulfill graduate or medical residency program requirements. More information is available at www.cihi.ca/GSDAP.

6. Ordering

You can order products and services by mail, 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 products and services by completing an order form. An order form can be accessed on the Orders and Pricing section of our website, www.cihi.ca. Select “Products” and follow the instructions.

Online Order/Registration Desk

You can order products and services or register for Education sessions online, 24 hours a day, seven days a week. The online order/registration desk can be accessed from our website at www.cihi.ca. Select either “Products” or “Events and Education” and follow the instructions.

Taxes

All Canadian orders are subject to a 5% goods and services tax (GST) or harmonized sales tax (HST), as applicable. The HST rates are 12% for British Columbia, 13% for Ontario, New Brunswick and Newfoundland and Labrador, and 15% for Nova Scotia. Quebec orders relating to CD-ROM products and the CORR Directory are subject to a provincial sales tax of 8.5%.

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 the product.

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

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Types of Care

Health Services

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 analytical products).

Analysis

Publications

- *Draft Primary Health Care (PHC) Electronic Medical Records Content Standard, Version 2.0, Business View*
- *Primary Health Care (PHC) Electronic Medical Records Content Standard Data Extraction Specification*
- *Primary Health Care (PHC) Electronic Medical Records Content Standard Privacy Impact Assessment*
- *Primary Health Care (PHC) Electronic Medical Records Content Standard General Implementation Guide*
- *Primary Health Care (PHC) Electronic Medical Records Indicators Implementation Guide*
- *Primary Health Care (PHC) Electronic Medical Records Content Standard Terminology Options Analysis Report*
- *Primary Health Care (PHC) Voluntary Reporting System Data Submission Specification*
- *Primary Health Care (PHC) Voluntary Reporting System Privacy Impact Assessment*
- *Primary Health Care (PHC) Indicators Chartbook (2012)*
- *Seniors and the Health Care System: What Is the Impact of Multiple Chronic Conditions?*
- *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, frequently asked questions, presentations, bulletins and CIHI's website.

Contact

phc@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 Shortlist (CED-DxS)*
- *Presenting Complaint Pick-List for Emergency Departments*
- Submission status reports
- *NACRS Abstracting Manual*
- NACRS data quality reports
- *NACRS Outstanding Rejected Records Report*
- *Canadian Coding Standards for ICD-10-CA and CCI* (see details on page 59)
- *Comprehensive Ambulatory Classification System (CACS) Directory*

- *Data Quality Documentation, National Ambulatory Care Reporting System—Executive Summary*
 - CIHI data quality reabstraction studies of NACRS
- ▶ See details regarding the CACS grouping methodology on page 63.

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*
- *Seniors' Use of Emergency Departments in Ontario, 2004–2005 to 2008–2009*
- *Trends in Acute Inpatient Hospitalizations and Day Surgery Visits in Canada, 1995–1996 to 2005–2006*
- *Wait Times Tables: A Comparison by Province*

Understanding and Use

Subscriber Reports

- eNACRS reports, refreshed monthly
- Emergency Department Wait Time Indicator Reports, refreshed monthly

Education

The NACRS education program is designed to reach a broad spectrum of participants who are interested in learning about NACRS. This includes staff involved in collecting and submitting data to NACRS, such as health information management professionals. Other interested parties include data users such as ministry of health leaders, decision support and utilization management staff, clinicians and finance/MIS personnel.

Participants should refer to the course descriptions for details on course content. While most courses are applicable to all data types (day surgery, emergency department and other ambulatory care), select courses 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, which provides more detail on media requests, graduate student requests and research/other requests.

Contact

nacrs@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 about hospital discharges from facilities in all provinces and territories, except Quebec. Discharge data from acute care facilities in Quebec is submitted through a different process and combined with a subset of discharge data from the DAD to create the Hospital Morbidity Database (HMDB), completing the national picture. The DAD also captures day surgery procedures from all provinces and territories except Alberta, Ontario, Quebec and some facilities in Nova Scotia. These jurisdictions/facilities, except Quebec, submit all day surgery interventions to the National Ambulatory Care Reporting Systems. Quebec day surgery data is not included in DAD or HMDB.

Resources and Standards

- File layout documents
 - Vendor specifications
 - Submission status reports
 - *DAD Abstracting Manual*
 - *DAD Outstanding Hard Error File*
 - *Canadian Coding Standards for ICD-10-CA and CCI* (see details on page 59)
 - *CMG+ Directory* (Case Mix Group)
 - *Comprehensive Ambulatory Classification System (CACS) Directory*
 - *Data Quality Documentation, Discharge Abstract Database—Executive Summary*
 - Data quality reabstraction studies of the DAD
- See details regarding the CMG+ and CACS grouping methodologies on pages 61 and 63.

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 Inpatient Hospitalizations and Emergency Department Visits*
- *Highlights of 2007–2008 Inpatient Hospitalizations and Emergency Department Visits*
- *Alternate Level of Care in Canada*
- *Wait Times Tables—A Comparison by Province*
- *Surgical Volume 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*
- *The Impact of the H1N1 Pandemic on Canadian Hospitals*

Understanding and Use

Subscriber Reports

- electronic Hospital Specific Reports (eHSR), offered monthly, quarterly and annually
- DAD eReports (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 DAD. This includes staff involved in collecting and submitting data to DAD, such as health information management professionals. Other interested parties include data users such as ministry of health leaders, decision support and utilization management staff, clinicians, and finance/MIS personnel.

Participants should refer to the course descriptions for details on course content.

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, which provides more detail on media requests, graduate student requests and research/other requests.

Contact

dad@cihi.ca

Therapeutic Abortions Data **CORE**

Data

CIHI captures administrative, clinical and demographic data on induced abortions performed in Canadian hospitals through the Discharge Abstract Database (DAD) and National Ambulatory Care Reporting System (NACRS). Aggregate information on abortions performed in Quebec hospitals is provided by the Quebec ministère de la Santé et des Services sociaux (MSSS). Some stand-alone clinics also voluntarily submit information to CIHI.

Analysis

National abortion statistics for years 2006 and earlier are available through Statistics Canada. Data for 2007 onward will be available on CIHI's website.

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, which provides more detail on media requests, graduate student requests and research/other requests.

Contact

ta@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

Resident Assessment Instrument (RAI) RAI-MDS 2.0 User's Manual, Canadian Version, September 2010

- CCRS assessment and tracking forms
- *Medication List Used in Continuing Care*
- *Common ICD-10-CA Codes Used in Continuing Care*
- *HCC Language Codes*
- *Continuing Care Reporting System Specifications Manual*
- *Continuing Care Reporting System RAI-MDS 2.0 Output Specifications*
- *Clinical Assessment Protocols (CAPs) Manual: For Use With RAI-MDS 2.0 and RAI-HC Assessment Instruments*
- *RAI-MDS 2.0 Resident Assessment Protocols (RAPs) User's Manual Canadian Version*

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 RWPD Technical Document*
- *CCRS Interpreting Ontario RWPD Reports (CCC facilities, 2011–2012)*
- *CCRS How RUG-III (44-Group) CMIs Are Calculated*

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*
- *CCRS Ontario RWPD Technical Document*
- *CCRS Interpreting Ontario RWPD Reports (LTC facilities, 2011–2012)*

► See details regarding the RUG-III grouping methodology on page 65.

Analysis

- *Caring for Seniors With Alzheimer’s Disease and Other Forms of Dementia*
- *Depression Among Seniors in Residential Care*
- *Facility-Based Continuing Care in Canada 2004–2005: An Emerging Portrait of the Continuum*
- *Caring for Nursing Home Residents With Behavioural Symptoms: Information to Support a Quality Response*
- *The “Younger” Generation in Ontario Complex Continuing Care*
- *Resident Safety: 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*
- 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 and data collection, as well as managers, RAI coordinators and others responsible for case management, quality improvement, program evaluation and decision support.

Contact

ccrs@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 2011 Edition*
- FIM® video: *Assessing Function With FIM® instrument* (English only)
- *Rehabilitation Patient Groups (RPG) Grouping Methodology: Flowcharts and SAS Code, NRS Version*
- *Rehabilitation Patient Group (RPG) Grouping Methodology and Weights, NRS 2011–2012 Version*

► See details regarding the Rehabilitation Patient Group grouping methodology on page 62.

Analysis

- *Factors Predicting Discharge Home From Inpatient Rehabilitation After Stroke*
- *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 participating in the collection and submission of rehabilitation data, as well as rehabilitation clinicians, administrators, decision support and utilization staff interested in program evaluation and process improvement would find this education valuable.

Contact

rehab@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 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
- *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*
- *Medication List Used in Home Care*
- *Common ICD-10-CA Codes Used in Home Care*
- *HCC Language Codes*
- *Home Care Reporting System Specifications Manual*

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- *Home Care Reporting System RAI-HC Output Specifications Manual*
- *Home Care Reporting System—Contact Assessment Data Submission Specifications Manual*
- *Home Care Reporting System—Contact Assessment Administrative Data Elements Coding 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*
- *RAI-Home Care (RAI-HC) 2002 Client Assessment Protocols User's Manual, Canadian Version*
- *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 65.

Analysis

- *Supporting Informal Caregivers—The Heart of Home Care*
- *The Yukon: Pioneers in Home Care Information*
- *Development of National Indicators and Reports for Home Care Phase 2—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 and data collection, as well as managers, RAI coordinators and others responsible for case management, quality improvement, program evaluation and decision support.

Contact

homecare@cihi.ca

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 combined with a subset of discharge data from the Discharge Abstract Database (DAD) to complete the national picture.

Resources and Standards

- *DAD Abstracting Manual*
- *Data Quality Documentation, Hospital Morbidity Database—Executive Summary*

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*
- Selected statistics are available on CIHI's website, under Quick Stats.

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, which provides more detail on media requests, graduate student requests and research/other requests.

Contact

morbidity@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 (OMHRS) Resource Manual, 2011–2012*
 - *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 64.

Analysis

- *Exploring Hospital Mental Health Service Use in Ontario, 2007–2008*
- OMHRS data quality documentation
- Selected statistics are available for this database on CIHI’s website, under Quick Stats, then 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

Hospital Mental Health Database **CORE**

Data

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

Resources and Standards

- *Hospital Mental Health Database Data Dictionary*
- Hospital Mental Health Database data quality document

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)
- Further analyses and selected statistics are available for this database on CIHI's website.

Understanding and Use

Hospital Mental Health Services in Canada Quick Stats are available on CIHI's website.

Contact

mentalhealth@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 participating facilities.

Resources and Standards

- *National Trauma Registry (NTR) Data Dictionary*

Analysis

- *National Trauma Registry 2009 Report: Major Injury in Canada (Includes 2007–2008 Data)*
 - 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 are not available at this time.

Contact

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 in 11 participating hospitals in Ontario due to major trauma, including demographic data, pre-hospital and hospital care data, and patient outcomes.
- The Death Data Set (DDS) contains data on all deaths in Ontario due to injury, including demographic data, causes 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 (OTR) Data Dictionary*

Analysis

- *Major Injury in Ontario (Includes 2008–2009 Data)—Ontario Trauma Registry 2009 Report*
- *Ontario Trauma Registry Report: Injury Deaths in Ontario*
- Selected statistics are available for this database 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

Health Spending and Clinical Registries

Canadian Joint Replacement Registry CJRR **CORE**

Data

The Canadian Joint Replacement Registry (CJRR) captures information on primary and revision hip and knee joint replacement procedures performed in facilities across Canada. The CJRR is a voluntary registry that collects information directly from participating orthopedic surgeons across Canada.

Resources and Standards

- Data element documentation and definitions
- Web-based submission user manual
- CJRR vendor specifications

Analysis

- *CJRR: Hip and Knee Replacements in Canada* (annual report)
- Selected statistics are available for this database on CIHI's website, under Quick Stats.
- Various Analysis in Brief reports
- CJRR Comparative Reports are available to surgeons who participate in the CJRR.
- Custom data requests

Understanding and Use

Data quality documentation for users and methodological notes are available on CIHI's website.

Contact

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 activities in Canada.

Resources and Standards

- *Instruction Manual—Transplant Recipient and Organ Donor Information*
- *Instruction Manual—Chronic Renal Failure Patients on Renal Replacement Therapy*
- *CORR Directory—Directory of Participating Dialysis Centres, Transplant Centres and Organ Procurement Organizations in Canada*
- Electronic submission standards (dialysis)
- *Canadian Organ Replacement Register Data Dictionary* (in progress)

Analysis

- *Canadian Organ Replacement Register Report*
- 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, clinical nurses, research assistants and data coordinators in dialysis units across Canada.

Contact

corr@cihi.ca

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); and
- Number of exams (CT and MRI only).

Analysis

- *Medical Imaging in Canada*

Understanding and Use

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

Contact

cmdb@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. It provides information that supports accurate, timely and comparative analytic and reporting requirements to establish sound pharmaceutical policies and effectively manage Canada's public drug benefit programs.

Analysis

- *Drug Use Among Seniors on Program 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

- *NPDUIS 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.

- *NPDUIS Plan Information: Summary of Changes*

This document, updated twice annually, summarizes changes to plan information over time (as highlighted in the NPDUIS Plan Information Document).

Contact

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*
- *National System for Incident Reporting Data Submission Specifications Manual* (forthcoming in fall 2011)

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*
- *National System for Incident Reporting Long-Term Care Pilot Test, Executive Summary* (forthcoming in fall 2011)

Understanding and Use

Education

The education program is intended for staff at health care facilities who are involved in the submission and analysis of medication incident data. The NSIR education series is divided into four parts and teaches individuals how to prepare for NSIR implementation, as well as how to collect, submit, analyze and use NSIR medication incident data.

Contact

nsir@cihi.ca



Health System Performance

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*
- *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*
- *Waiting for Health Care in Canada: What We Know and What We Don't Know*
- *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*

- *Too Early, Too Small: A Profile of Small Babies Across Canada*
- *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*
- *The Impact of the H1N1 Pandemic on Canadian Hospitals*
- *Wait Times—A Comparison by Province, 2011* (annual since 2006)
- *Surgical Volume Trends: Within and Beyond Wait Time Priority Areas*
- *Hospitalizations, Early Revisions and Infections following Joint Replacement Surgery*

Understanding and Use

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

Contact

research@cihi.ca

healthreports@cihi.ca

Health Indicators **CORE**

Data

Description

Health indicators are standardized measures used 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
- *Injury Hospitalizations and Socio-Economic Status*
- Annually updated Hospital Standardized Mortality Ratio (HSMR) tables
- *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—Report From the Second Consensus Conference on Population Health Indicators*
- *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)
- *Health Indicators annex*

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 workshops, web conferences and eLearning courses.

Contact

indicators@cihi.ca

hsmr@cihi.ca



Spending and Health Workforce

Canadian MIS Database **CORE**

Data

The Canadian MIS Database (CMDB) contains financial and statistical information on hospitals and regional health authorities 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 67.

Analysis

- *Canadian MIS Database—Hospital Financial Performance Indicators Report*
- 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 eReports (available in summer 2011)
- CMDB submission reports

Education

The MIS education program is intended primarily 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

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 among member countries of the Organisation for Economic Co-operation and Development (OECD) (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*, to be released in 2011 for the first time on OECD.Stat (<http://stats.oecd.org/Index.aspx>), 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

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, 1975 to 2010*
- *Drug Expenditure in Canada, 1985 to 2010*
- *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

Health Professions

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, 2000 to 2009, A Reference Guide*
- *Canada's Health Care Providers—2007 Provincial Profiles*
- *Canada's Health Care Providers—2008 Provincial Profiles*
- *Canada's Health Care Providers—2009 Provincial Profiles*
- *Canada's Health Care Providers—2010 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: Summary Report—Update to 2006*

Understanding and Use

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

Contact

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, 2009–2010*
- *National Physician Database—Utilization Data, 2009–2010*
- *National Physician Database, 2009–2010—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

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, 2010*
- *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

Nursing Database **CORE**

Data

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

Resources and Standards

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

Analysis

- *Regulated Nurses: Canadian Trends, 2005 to 2009*
- *Workforce Trends of Regulated Nurses in Canada, 2009* (data and summary tables)

Understanding and Use

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

Contact

nursing@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

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

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, 2008*

Understanding and Use

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

Contact

pdb@cihi.ca

Medical Radiation Technologist Database **CORE**

Data

The Medical Radiation Technologist Database (MRTDB) is a source of 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, 2009 Data Release*
- *Medical Radiation Technologists and Their Work Environment*

Understanding and Use

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

Contact

mrtdb@cihi.ca

Medical Laboratory Technologist Database **CORE**

Data

The Medical Laboratory Technologist Database (MLTDB) is a source 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 Manual*
- *Medical Laboratory Technologist Database Privacy Impact Assessment*

Analysis

- *Medical Laboratory Technologist Database, 2009 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



Factors Influencing Health

Canadian Population Health Initiative **CORE**

Analysis

Description

The Canadian Population Health Initiative (CPHI) works 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

- *Urban Physical Environments and Health Inequalities*
- *Hospitalization Disparities by Socio-Economic Status for Males and Females*
- *Data Briefs: Exploring Urban Environments and Inequalities in Health*
- *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*

Understanding and Use

Publications

- *Population Health Intervention Research Casebook* (with the Institute of Population and Public Health, Canadian Institutes of Health Research)
- *Recognizing and Exploring Positive Mental Health—Policy Dialogue: Synthesis and Analysis*
- *Mental Health, Delinquency and Criminal Activity: Workshop Proceedings Report*
- *Mental Health and Homelessness in Canada: Workshop Proceedings Report*
- *Mentally Healthy Communities: Aboriginal Perspectives*
- *Mentally Healthy Communities: A Collection of Papers*

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



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

Canadian Coding Standards for Version 2009 ICD-10-CA and CCI, Revised September 2009

The Canadian Coding Standards for ICD-10-CA and CCI are for use with the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Canada (ICD-10-CA) and the Canadian Classification of Health Interventions (CCI). The coding standards 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).

Canadian Coding Standards for Version 2009 ICD-10-CA and CCI, Revised September 2009, applies to fiscal years 2009–2010, 2010–2011 and 2011–2012.

Understanding and Use

Education

The education program for ICD-10-CA and CCI is intended primarily for health information management professionals who are responsible for coding patient records and submitting data to CIHI DAD and NACRS programs. Other health information professionals who rely on data and reports influenced by these 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.

For inquiries related to the tables, please contact us at vendors@cihi.ca.

www.cihi.ca/coding

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+ Directory*
- *DAD Resource Intensity Weights (RIW) and Expected Length of Stay (ELOS)*

► Also see the Discharge Abstract Database on page 16.

Understanding and Use

Documents

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

Education

The education program for CMG+ is intended for all users of health information who are exposed to CMG+ or Resource Intensity Weights (RIW).

► See www.cihi.ca/education for details.

- Introduction to Case Mix for DAD and NACRS
- Introduction to CMG+
- What's New for CMG+ and an Introduction to CACS for DAD 2011–2012
- Introduction to Resource Indicators (RIW and ELOS) for DAD and NACRS
- An Introduction to CACS for NACRS: A Redeveloped Methodology

Contact

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

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 RPG groups.

Resources and Standards

- *Rehabilitation Patient Group (RPG) Grouping Methodology and Weights, NRS Version*
 - This product includes
 - o SAS code and detailed flowcharts for the RPG logic (PDF format for the flowcharts, PDF and text formats for the code);
 - o Test data as a comma-separated value (CSV) file; and
 - o The RPG weights as a CSV file.

▶ Also see the NRS data holding on page 21.

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 for details.

Contact

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, including emergency department, clinics and same day surgery submitted to the National Ambulatory Care Reporting System (NACRS) database, as well as day procedures submitted to the Discharge Abstract Database (DAD). This methodology has been redeveloped for 2011.

NACRS data is grouped according to 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.

Resources and Standards

- *CACS Directory*
- ▶ Also see the NACRS data holding on page 14 and the DAD data holding on page 16.

Understanding and Use

Documents

- *CACS 2011 Information Sheet*
- *CACS Client Tables*

Education

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

- What's New for CMG+ and CACS for DAD 2011
- An Introduction to CACS for NACRS 2011: A Redeveloped Methodology
- Introduction to Resource Indicators (RIW and ELOS) for DAD and NACRS

Contact

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

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 RAI-MH© assessment data to assign mental health assessments to SCIPP groups.

Resources and Standards

- *System for Classification of In-Patient Psychiatry (SCIPP) Grouping Methodology: Flow Charts and SAS Code, OMHRS Version*
 - This product includes
 - o SAS code and detailed flowcharts for the SCIPP logic (PDF format for the flowcharts, PDF and text formats for the code);
 - o Test data as a comma-separated value (CSV) file; and
 - o The SCIPP CMI values as a CSV file.
- *OMHRS Interpreting SWPD Reports 2011–2012*

► Also see the OMHRS data holding on page 25.

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 for details.

Contact

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, Version 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 RUG Weighted Patient Days Technical Document*
- *CCRS Interpreting Ontario RUG Weighted Patient Days Reports (CCC facilities, 2011–2012)*
- *CCRS How RUG-III (44-Group) CMIs Are Calculated*

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*
- *CCRS Ontario RUG Weighted Patient Days Technical Document*
- *CCRS Interpreting Ontario RWPDP Reports (LTC facilities, 2011–2012)*

► Also see the CCRS data holding on page 19.

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 for details.

Contact

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 22.

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 for details.

Contact

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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 43.

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



Appendix

Abbreviations and Initialisms

ACW—ambulatory cost weights

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 Shortlist

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

DPG—Day Procedure Groups

eCHAP—electronic Comparison of Hospital Activity Program

EFR—External Field Review

eHSR—electronic Hospital Specific Report

ELOS—expected length of stay

eNACRS—NACRS web-based comparative reporting

FIM® instrumentⁱⁱ—a measure of functional independence

HCRS—Home Care Reporting System

HMDB—Hospital Morbidity Database

HMHDB—Hospital Mental Health Database

HPDB—Health Personnel Database

HSMR—hospital standardized mortality ratio

ICD-10-CAⁱⁱⁱ—International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Canada

LPNDB—Licensed Practical Nurses Database

MDS—Minimum Data Set

MDS 2.0^{iv}—Minimum Data Set 2.0

MDS–MH^v—Minimum Data Set–Mental Health

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

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NRS—National Rehabilitation Reporting System

NSIR—National System for Incident Reporting

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

PTDB—Physiotherapist Database

RAI—Resident Assessment Instrument

RAI-HC^{vi}—Resident Assessment Instrument–Home Care

RAI-MDS 2.0^{iv}—Resident Assessment Instrument–Minimum Data Set 2.0

RAI-MH^{vii}—Resident Assessment Instrument–Mental Health

RAP—Resident Assessment Protocol

RIW—Resource Intensity Weights

RNDB—Registered Nurses Database

RPG—Rehabilitation Patient Group

RPNDB—Registered Psychiatric Nurses Database

RUG-III—Resource Utilization Group III

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

RWPD—Resource Weighted Patient Day Report

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vii. © Government of Ontario; Ontario Hospital Association; interRAI.

SCIPP—System for Classification of In-Patient Psychiatry

SMDB^{viii}—Scott's Medical Database (formerly Southam Medical Database)

TADB—Therapeutic Abortions Database

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

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