



# Products and Services Guide

2016–2017



Canadian Institute  
for Health Information

Institut canadien  
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# Introduction

Welcome to the *Products and Services Guide, 2016–2017* of the Canadian Institute for Health Information (CIHI). This annual publication presents our most recent and upcoming products and services that are available to you.

Home to 30+ valuable data holdings, CIHI continues its tradition of delivering unbiased, credible and comparable health information. A listing of all of our data holdings, including information on the next release date, is available on CIHI's website.

We collect, store, analyze and disseminate pan-Canadian health data in accordance with one of the strongest privacy, security and data quality programs in Canada. This enables us to protect the confidentiality and security of our collective data.

*CIHI's Strategic Plan, 2016 to 2021* helps guide our work through the current and future challenges that affect the Canadian health care sector. Our Analytical Plan ensures that our reports and products give you access to the specific health information you need to make better decisions. Our data plan ensures that the data quality is high and our data holdings are optimally suited to the needs of data users.

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

You will find the *Products and Services Guide* divided into the following 5 health care themes:

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

Please visit [www.cihi.ca](http://www.cihi.ca) for more complete information about our products and services, including availability and pricing.

## Supporting our work

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

### Privacy and security

Keeping personal health information and health workforce personal information private and secure is vital to CIHI's work. CIHI is committed to maintaining a strong and comprehensive privacy and security program in support of our strategic directions and priorities.

For more information, visit the [Privacy and Security](#) page in the About CIHI section of CIHI's website.

### Publications

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

### Subscriber reports

CIHI produces many subscriber reports, such as electronic reports (eReports), which are derived from our extensive information holdings and data analysis activities. These reports contain information about data submitted to CIHI by health facilities. Subscribers such as health facilities predominantly use subscriber reports to review, assess and manage their resources. These reports are available to Core Plan subscribers who create a user profile on CIHI's secure Client Services page, found by clicking the [Applications](#) link at the top left of our website. For more information, please see the [Core Plan administration](#) section of this guide.

### Education

CIHI is committed to helping customers use our health information products effectively. Our education programs use different learning media and methods to enable you to keep ahead of evolving coding standards, access CIHI's latest health information, support CIHI's data collection and data quality, and interpret and apply information to make informed administrative and clinical decisions. You'll find notes on education throughout this guide. For more information on registering for courses, visit [CIHI's Learning Centre](#).

# Core Plan administration

## Core Plan and pricing

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

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

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

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

## Distribution

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

### **Core Plan: Acute care hospitals**

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

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

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

### **Core Plan: Continuing and home care/rehabilitation facilities**

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

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

### **In-house education services**

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

For more information about CIHI's education products and services, visit [CIHI's Learning Centre](#) or send an email to [education@cihi.ca](mailto:education@cihi.ca).

### **CIHI vendor licence agreements**

CIHI's vendor licence agreement gives software developers (vendors) the right to receive CIHI's products that they require to develop and support software that meets electronic submission requirements for CIHI's data holdings and/or the use of ICD-10-CA/CCI in non-CIHI software.

This enables CIHI to automatically distribute products as they become available, establish terms and conditions around commercial and non-commercial use, protect CIHI and third-party

proprietary rights in the products and maintain the integrity of CIHI's products. The licence agreements include data collection specifications, ICD-10-CA/CCI products and grouping methodology specifications, such as those for Case Mix Group+/Comprehensive Ambulatory Classification System (CMG+/CACs), expected length of stay (ELOS) and Resource Intensity Weights (RIWs). Over time, CIHI may add products as development projects arise.

A vendor licence agreement is valid for a period of 3 years (currently 2013–2014 to 2015–2016). After this period, vendors must renew their licence to receive the listed products from CIHI. The list of products must be completed and returned to CIHI each year. Vendor licence fees vary according to the product. For some products, additional licence fees may be required for authorized use by end users. For further information, please contact us at [help@cihi.ca](mailto:help@cihi.ca).

## Data requests and analyses

CIHI responds to custom data requests on a cost-recovery basis. Refer to the [Access Data](#) web page for details on media requests, graduate student requests and research/other requests.

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

## Graduate Student Data Access Program

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

## Ordering

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

### CIHI Order Desk

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

### Mail/fax

You can order publications and products by completing an online order form.

From CIHI's home page ([www.cihi.ca](http://www.cihi.ca)):

1. Click **Contact Us** at the top of the page.
2. Click **publication or product** under Publications and Products, then at the top of the page click **Order Form**.
3. Print the form and fax it to the number indicated on the form.

### Online order/registration

You can order publications and products or register for workshops online at any time.

From CIHI's home page ([www.cihi.ca](http://www.cihi.ca)):

1. Click **Contact Us** at the top of the page.
2. Click either **publication or product** under Publications and Products OR **Register online** under Events and Education > Course Catalogue.

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

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

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# Types of Care

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## Health Services

### Primary Health Care **CORE**

#### **Background**

The **Primary Health Care** Program collaborates with key stakeholders across Canada to address priority primary health care (**PHC**) data and information needs.

Our goal is to strengthen and improve the PHC data available to clinicians and health system decision-makers. Our focus is helping our stakeholders in their efforts to measure, manage and improve PHC by delivering standards, data, insight and knowledge. The program provides national leadership, solutions and support, including pan-Canadian

- PHC Electronic Medical Record Content Standard and resources;
- PHC indicators and resources for providers and policy-makers;
- PHC practice-based survey questions and tools; and
- Analytical reports.

#### **Pan-Canadian PHC Electronic Medical Record Content Standard and Resources**

*Primary Health Care (PHC) Electronic Medical Record Content Standard, Version 3.0, Clinician-Friendly Pick-Lists, Version 1.0*

- *Terms and Code Set Mappings (2014)*
- *Terms Only (2014)*

*Primary Health Care (PHC) Electronic Medical Record Content Standard, Version 3.0*

- *Clinician-Friendly Pick-List Guide (2014)*
- *Frequently Asked Questions (2014)*
- *Business View (2014)*
- *Technical Guide (2014)*
- *Conceptual Data Model (2014)*
- *Logical Data Model and Detailed Logical Data Model (2014)*

*Draft Primary Health Care (PHC) Electronic Medical Record Content Standard, Version 2.1*

- *Implementation Guide* (2012)

*Draft Primary Health Care (PHC) Electronic Medical Record Content Standard, Version 2.0*

- *Business View* (2011)
- *Implementation Guide* (2011)

*Primary Health Care (PHC) Electronic Medical Record Content Standard, Version 1.1* (2009)

**Pan-Canadian PHC indicators and resources for providers and policy-makers**

- *Pan-Canadian Primary Health Care (PHC) Indicators Update Report* (2012)
- *Pan-Canadian Primary Health Care Indicators, Report 1, Volume 1* (2006)
- *Pan-Canadian Primary Health Care Indicators, Report 1, Volume 2* (2006)
- *Enhancing the Primary Health Care Data Collection Infrastructure in Canada, Report 2* (2006)

**Pan-Canadian PHC practice-based survey questions and tools**

- *Measuring Patient Experiences in Primary Health Care Survey* (2013)
- *Attributes of Primary Health Care: Provider Survey* (2013)
- *Measuring Organizational Attributes of Primary Health Care Survey* (2013)

**Analytical reports**

- *Primary Health Care (PHC) Indicators Chartbook* (2016)
- *Continuity of Care With Family Medicine Physicians: Why It Matters* (2015)
- *Chronic Disease Management in Primary Health Care: A Demonstration of EMR Data for Quality and Health System Monitoring* (2014)
- *Insights and Lessons Learned From the PHC EMR Voluntary Reporting System Prototype* (2013)
- *Disparities in Primary Health Care Experiences Among Canadians With Ambulatory Care Sensitive Conditions* (2012)
- *Seniors and the Health Care System: What Is the Impact of Multiple Chronic Conditions?* (2011)
- *Experiences With Primary Health Care in Canada* (2009)
- *Diabetes Care Gaps and Disparities in Canada* (2009)
- *Primary Health Care (PHC) Indicators Chartbook: An Illustrative Example of Using PHC Data for Indicator Reporting* (2008)

## Understanding and use

### Client Support

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

### Contact

[phc@cihi.ca](mailto: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 hospitals and community-based ambulatory care. NACRS currently collects data on day surgery, emergency department use and other ambulatory care visits.

### Resources and standards

- *NACRS Abstracting Manual*
- *DAD and NACRS Data Submission Manual*
- *NACRS Clinic Lite Data Content Specifications*
- *NACRS Clinic Lite Implementation Manual*
- *NACRS Clinic Lite Web-Entry Tool User Guide*
- *NACRS Facility Testing Procedures (specific to fiscal year)*
- *eDAD and eNACRS Reports User Guide*
- *NACRS Report Decoders, including NACRS Operational Reports Guide*
- *NACRS Data Submission Requirements and Edit Specifications for Vendors*
- *Canadian Emergency Department Diagnosis Short List (CED-DxS) Version 2015*
- *Presenting Complaint List (PCL) for Emergency Departments v3.0*
- *Canadian Coding Standards for Version 2015 ICD-10-CA and CCI (see details in the ICD-10-CA/CCI section)*

- *Comprehensive Ambulatory Classification System (CACS)* — A national grouping methodology for ambulatory care patients
- *Comprehensive Ambulatory Classification System (CACS) Directory*
- *Acute and Ambulatory Care Data Content Standard*

## Analysis

- [Quick Stats](#): Emergency Department (ED) Visits
- *Emergency Department Highlights in 2014–2015* (information sheet) (October 2015)
- *NACRS Emergency Department Visits and Length of Stay by Province/Territory, 2014–2015*
- *Emergency Department (ED) Visits: Volumes and Median LOS* (interactive data) (updated annually; last update in October 2015 with 2014–2015 data)
- *Injury and Trauma Emergency Department Statistics, 2013–2014*

## Understanding and use

### Data quality

- *Data Quality Documentation, National Ambulatory Care Reporting System — Current Year Information* (updated annually)
- *Data Quality Documentation, National Ambulatory Care Reporting System — Multi-Year Information*
- *Open-Year Data Quality Test Specifications* (updated annually)

### Subscriber reports

- eNACRS Reports (refreshed monthly)
- NACRS data in CIHI Portal (refreshed monthly)
- Operational Reports/NACRS: Submission Reports (Production and Test)
- Operational Reports/NACRS: Case Mix Grouped Data
- Operational Reports/NACRS: Case Mix Regrouped Historical Data

### Education

The NACRS education program is designed to reach a broad spectrum of participants who are interested in learning about this reporting system. This includes staff involved in collecting and submitting data, such as health information management professionals. Ministry of health leaders, decision-support and utilization management staff, clinicians and finance/MIS personnel can also benefit from the NACRS education program. Available NACRS courses are listed in the [Classifications, DAD, NACRS and Case Mix Education Roadmap](#).

For more information about NACRS courses, please refer to [CIHI's Learning Centre](#). While most courses are applicable to all data types (day surgery, emergency department and other ambulatory care), some may be applicable to emergency department data only.

### Job aids

- How to Monitor Your DAD and/or NACRS Data Submissions
- [How to Prepare for a New Fiscal Year of DAD and NACRS Data Collection](#)

### Contact

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

## Discharge Abstract Database **CORE**

### Data

The Discharge Abstract Database (DAD) is a data collection and reporting tool that captures administrative, clinical and demographic information on hospital discharges from facilities in all provinces and territories outside Quebec. Discharge data from acute care facilities in Quebec is submitted through a different process and is combined with a subset of discharge data from the DAD to create the Hospital Morbidity Database (HMDB) and complete the national picture. The DAD also captures day surgery interventions from all provinces and territories except Alberta, Nova Scotia, Ontario, Prince Edward Island and Quebec. Alberta, Nova Scotia, Ontario and Prince Edward Island submit all day surgery interventions to the National Ambulatory Care Reporting System (NACRS); Quebec day surgery data is included in the HMDB.

### Resources and standards

- DAD bulletins
- *DAD Abstracting Manual*
- *Update Notice for the DAD Abstracting Manual*
- *DAD and NACRS Submission Manual, 2015–2016*
- *DAD Report Decoders*
- *DAD Data Submission Requirements and Edit Specifications for Vendors*
- *Residence Codes List*
- *Provincial/Territorial Reference Table*
- *DAD Coder's Resource Tips*
- *DAD Job Aids*
- *Canadian Coding Standards for Version 2015 ICD-10-CA and CCI* (see details in the ICD-10-CA/CCI section)

- *Case Mix Decision-Support Guide: CMG+*
- *Case Mix Group+ (CMG+) Directory*
- *Comprehensive Ambulatory Classification System (CACS)* — A national grouping methodology for ambulatory care patients
- *Comprehensive Ambulatory Classification System (CACS) Directory*
- *Acute and Ambulatory Care Date Content Standard*

## Analysis

- [Quick Stats](#): Childbirth Indicators, Inpatient Hospitalizations, Newborns Born in Hospital, Inpatient Surgical Discharges and Induced Abortion
- [Inpatient Hospitalizations, Surgeries and Childbirth Indicators in 2013–2014 \(March 2015\)](#)
- *DAD/HMDB Hospitalization Rate, Average Length of Stay, Top 10 High Volume Inpatient Hospitalizations and Surgeries and Hospital-Based Newborn Rate, 2013–2014* (pre-formatted table) (March 2014)
- *Inpatient Hospitalizations* (interactive data) (updated annually; last update in March 2014 with 2013–2014 data)
- *Childbirth Indicators by Place of Residence* (interactive data) (updated annually; last update in March 2014 with 2013–2014 data)
- *Injury and Trauma Hospitalization Statistics, 2013–2014* (pre-formatted table)
- [Defining High Users in Acute Care: An Examination of Different Approaches \(July 2015\)](#)
- [Self-Harm and Assault: A Closer Look at Children and Youth \(November 2014\)](#)
- *Eating Disorders in Canada: A Growing Mental Health Issue Among Young Women* (September 2014)
- *Bariatric Surgery in Canada* (May 2014)
- *Leading Hospitalization Costs in Acute Inpatient Facilities in 2012–2013* (March 2014)
- *Hospital Births in Canada: A Focus on Women Living in Rural and Remote Areas* (July 2013)
- *End-of-Life Hospital Care for Cancer Patients* (April 2013)
- *Profiling Acute Inpatient Care for Sparsely Populated Areas in Western Canada* (September 2011)

## Understanding and use

### Data quality

- *Data Quality Documentation, Discharge Abstract Database — Current Year Information* (updated annually)
- *Data Quality Documentation, Discharge Abstract Database — Multi-Year Information*
- *Open-Year Data Quality Test Specifications* (updated annually)
- Data quality reabstraction studies of the DAD

### Subscriber reports

- eDAD Reports (refreshed monthly)
- DAD data in CIHI Portal (refreshed monthly)
- Operational Reports/DAD: Submission Reports (Production and Test)
- Operational Reports/DAD: Case Mix Grouped Data
- Operational Reports/DAD: Case Mix Regrouped Historical Data
- Operational Reports/DAD: HSMR (Hospital Standardized Mortality Ratio)

### Education

The DAD education program is designed to reach a broad spectrum of participants who are interested in learning about the DAD. This includes staff involved in collecting and submitting data, such as health information management professionals. Ministry of health leaders, decision-support and utilization management staff, clinicians and finance/MIS personnel may also benefit from the DAD education program. Available NACRS courses are listed in the [Classifications, DAD, NACRS and Case Mix Education Roadmap](#).

For more information about DAD courses, please refer to [CIHI's Learning Centre](#).

### Job aids

- [Ensure Accurate Maternal Newborn Chart Number Linkage in the DAD](#)
- [How to Monitor Your DAD and/or NACRS Data Submissions](#)
- [How to Prepare for a New Fiscal Year of DAD and NACRS Data Collection](#)
- [Recording Service Transfers in the DAD](#)

### Contact

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

## Continuing Care Reporting System **CORE**

### Data

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

### Resources and standards

- *Resident Assessment Instrument (RAI) RAI-MDS 2.0 User's Manual, Canadian Version, February 2012*
- CCRS assessment and administrative forms:
  - Minimum Data Set (MDS) 2.0 Canadian Version Full Assessment
  - Minimum Data Set (MDS) 2.0 Canadian Version Quarterly Assessment
  - Minimum Data Set (MDS) 2.0 Canadian Version Admission/Re-Entry Form
  - Minimum Data Set (MDS) 2.0 Canadian Version Discharge Form
- *HCC Language Codes (for Use With CCRS, HCRS and HCRS-CA), 2016–2017*
- *HCC Medication List, 2016–2017 (for Use With CCRS and HCRS)*
- *ICD-10-CA Pick-List Codes Used for the Continuing Care Reporting System, 2016–2017*
- *Continuing Care Reporting System Data Submission User Manual, 2016–2017*
- *Continuing Care Reporting System RAI-MDS 2.0 Output Specifications, 2016–2017*
- *interRAI Clinical Assessment Protocols (CAPs) Manual: For Use With Community and Long-Term Care Assessment Instruments, March 2008*
- *Resident Assessment Instrument (RAI) MDS 2.0 User's Manual, Canadian Version, Addendum — Original Resident Assessment Protocols (RAPs)*
- *Resource Utilization Groups III (RUG-III 44-Group) Grouping Methodology: Flowcharts, SAS Code and CMI Values, CCRS Version*
- *Resource Utilization Groups III (RUG-III 34-Group) Grouping Methodology: Flowcharts, SAS Code and CMI Values, CCRS Version*

## Understanding and use

- *Seniors and Alternate Level of Care: Building on Our Knowledge*
- *When a Nursing Home Is Home: How Do Canadian Nursing Homes Measure Up on Quality?*
- *Caring for Seniors With Alzheimer's Disease and Other Forms of Dementia*
- *Depression Among Seniors in Residential Care*
- [Quick Stats](#): selected statistics
- CCRS eReports, updated quarterly
- [Your Health System](#) is an online tool for many types of users — health care decision-makers, support managers, analysts and clinicians, researchers, policy-makers and the public — to explore CIHI's data.

## Education

The CCRS education program is intended for individuals involved in clinical assessment and data collection, as well as those responsible for accessing and using the information for things such as clinical care planning, program planning, quality improvement and allocating resources.

For more information about CCRS courses, please refer to

- [CIHI's Learning Centre](#)
  - A learning management system that provides detailed course descriptions and a place to register for courses
- CCRS Resources for RAI Assessors
  - A web page that provides links to CCRS materials available on eStore, job aids and relevant multimedia products
- HCC eBulletin
  - A monthly electronic bulletin that lists upcoming CCRS courses and web conferences
  - To subscribe, send an email to [continuingcare@cihi.ca](mailto:continuingcare@cihi.ca).

## Contact

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

## National Rehabilitation Reporting System **CORE**

### Data

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

### Resources and standards

- National Rehabilitation Reporting System, Data Quality Documentation
  - Rehabilitation Minimum Data Set Manual
    - *Rehabilitation Minimum Data Set Manual, Module 1: Technical Specifications and Data Submissions*
    - *Rehabilitation Minimum Data Set Manual, Module 2: Clinical Coding and NRS Training*
  - Rehabilitation Patient Group (RPG) Grouping Methodology and Weights
  - RPG Grouping Methodology and Rehabilitation Cost Weights (information sheet)
  - National Rehabilitation Reporting System: Case Mix Rehabilitation Patient Group Resource Materials and Frequently Asked Questions
  - NRS eReports Manual: User Guide and Report Interpretation Guidelines (English only; available electronically only)
- ▶ See details regarding the [RPG methodology](#).

### Analysis

- [Quick Stats](#): selected statistics and analyses

### Understanding and use

#### Subscriber reports

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

## Education

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

- NRS for Assessors — Assessing Client Function With the FIM® instrument (elearning)
- Practice Videos: Assessing Motor Function with the FIM® Instrument (elearning)
- NRS for Assessors — Additional Functional Measures and Follow-Up Assessment (elearning)
- NRS for Coders — Capturing Health Characteristics (elearning)
- Collecting Client/Facility Identifiers and Socio-Demographic Data Elements (elearning)
- Collecting NRS Administrative Data Elements (elearning)
- NRS for Assessors — Online Proficiency Test (elearning)
- NRS for Trainers — Online Proficiency Test (elearning)
- NRS for Trainers — Data Quality and Training Others (elearning)
- NRS for Trainers (elearning *plus* web conference or workshop)
- NRS Data Submission (elearning)
- Building Your eReports (web conference)
- Understanding NRS Metrics and Indicators (elearning)
- Using NRS Reports: Case Studies (web conference)
- Easy Reference Guide to the National Rehabilitation Reporting System (English only; available electronically only)
- The NRS Reference Guide to Classifying Health Conditions (English only; available electronically only)
- Introduction to the Rehabilitation Patient Group (RPG) Methodology for NRS (elearning)
- Introduction to Understanding RPG Reports (web conference)

For more information about NRS courses, clients must sign into [CIHI's Learning Centre](#).

## Contact

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## Home Care Reporting System **CORE**

### **Data**

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

### **Resources and standards**

- *RAI–Home Care (RAI-HC) User’s Manual, Canadian Version, September 2010*
- *interRAI Contact Assessment (CA) Screening Level Assessment for Emergency Department and Intake From Community/Hospital Assessment Form and User’s Manual, Canadian Version, September 2010*
- *HCC Language Codes (for Use With CCRS, HCRS and HCRS-CA), 2016–2017*
- *HCC Medication List, 2016–2017 (for Use With CCRS and HCRS)*
- *ICD-10-CA Pick-List Codes Used for the Home Care Reporting System, 2016–2017*
- *Home Care Reporting System (HCRS) Data Submission Specifications Manual, 2016–2017*
- *Home Care Reporting System (HCRS) RAI-HC Output Specifications, 2016–2017*
- *Home Care Reporting System — Contact Assessment (HCRS-CA) Data Submission Specifications Manual, 2016–2017*
- *Home Care Reporting System — Contact Assessment (HCRS-CA) Administrative Data Elements Coding Manual, 2016–2017*
- *Home Care Reporting System — Contact Assessment (HCRS-CA) Output Specifications Manual, 2016–2017*
- *interRAI Clinical Assessment Protocols (CAPs) Manual: For Use With Community and Long-Term Care Assessment Instruments, March 2008*
- *RAI–Home Care (RAI-HC) User’s Manual, Canadian Version, Addendum — Original Client Assessment Protocols (CAPs)*
- *Resource Utilization Group III–Home Care (RUG-III-HC) Grouping Methodology: Flowcharts and SAS Code, HCRS Version*

## Understanding and use

- *Seniors and Alternate Level of Care: Building on Our Knowledge*
- *Supporting Informal Caregivers — The Heart of Home Care*
- *Caring for Seniors With Alzheimer's Disease and Other Forms of Dementia*
- [Quick Stats](#): selected statistics
- HCRS eReports (updated quarterly)

## Education

The HCRS education program is intended for individuals involved in clinical assessment and data collection, as well as those responsible for accessing and using the information for things such as clinical care planning, program planning, quality improvement and allocating resources.

For more information about HCRS courses, please refer to

- [CIHI's Learning Centre](#)
  - A learning management system that provides detailed course descriptions and a place to register for courses
- HCRS Resources for RAI Assessors
  - A web page that provides links to HCRS materials available on eStore, job aids and relevant multimedia products
- HCC eBulletin
  - A monthly electronic bulletin that lists upcoming HCRS courses and web conferences
  - To subscribe, send an email to [homecare@cihi.ca](mailto:homecare@cihi.ca).

## Contact

[homecare@cihi.ca](mailto: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 is appended to the acute care data from the Discharge Abstract Database (DAD) to complete the national picture. As of 2012–2013, the HMDB also includes Quebec day surgery data.

### Resources and standards

- *Discharge Abstract Database Abstracting Manual*
- *Canadian Coding Standards for Version 2012 ICD-10-CA and CCI* (see details in the [ICD-10-CA/CCI](#) section)

### Data quality

- *Data Quality Documentation, Hospital Morbidity Database — Current Year Information* (updated annually)
- *Data Quality Documentation, Hospital Morbidity Database — Multi-Year Information*

### Analysis

- [Quick Stats](#): Childbirth Indicators, Inpatient Hospitalizations, Newborns Born in Hospital and Inpatient Surgical Discharges
- [Inpatient Hospitalizations, Surgeries and Childbirth Indicators in 2013–2014 \(March 2015\)](#)
- *DAD/HMDB Hospitalization Rate, Average Length of Stay, Top 10 High Volume Inpatient Hospitalizations and Surgeries and Hospital-Based Newborn Rate, 2013–2014* (pre-formatted table) (March 2014)
- *Inpatient Hospitalizations (interactive data)* (updated annually; last update in March 2014 with 2013–2014 data)
- *Childbirth Indicators by Place of Residence (interactive data)* (updated annually; last update in March 2014 with 2013–2014 data)
- *Injury and Trauma Hospitalization Statistics, 2013–2014* (pre-formatted table)
- [Defining High Users in Acute Care: An Examination of Different Approaches \(July 2015\)](#)
- [Self-Harm and Assault: A Closer Look at Children and Youth \(November 2014\)](#)
- *Bariatric Surgery in Canada* (May 2014)
- *Leading Hospitalization Costs in Acute Inpatient Facilities in 2012–2013* (March 2014)

### Contact

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

## Ontario Mental Health Reporting System

### Data

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

### Resources and standards

- *Ontario Mental Health Reporting System (OMHRS) Resource Manual, 2016–2017*
  - *Ontario Mental Health Reporting System Guide to Interpreting Quarterly Comparative Reports, 2016–2017*
  - *Ontario Mental Health Reporting System Quarterly Data Quality Reports Companion Document*
  - *Ontario Mental Reporting System Data Quality Documentation, 2015–2016*
  - *Ontario Mental Health Reporting System: Interpreting SCIPP Weighted Patient Day Reports, 2016–2017*
  - *System for Classification of In-Patient Psychiatry (SCIPP) Grouping Methodology: Flowcharts and SAS Code, OMHRS Version, 2016–2017*
  - *System for Classification of In-Patient Psychiatry (SCIPP) Grouping Methodology: Case Mix Index (CMI) Values, OMHRS Version, 2016–2017*
  - Resident Assessment Instrument — Mental Health (RAI-MH) Outcome Scales Reference Guide
- ▶ See details regarding the SCIPP grouping methodology and SCIPP Weighted Patient Day (SWPD) products in the [System for Classification of In-Patient Psychiatry](#) (SCIPP) section.

### Analysis

- *Inpatient Mental Health in Ontario: A Focus on Caring for Seniors (2015)*
- *Restraint Use and Other Control Interventions for Mental Health Inpatients in Ontario (2011)*
- [Quick Stats](#): Hospital Mental Health Database

### Understanding and use

#### Subscriber reports

Available quarterly to participating facilities:

- OMHRS Submission Reports
- Facility SWPD Reports
- Comparative SWPD Reports

- OMHRS Quarterly Data Quality Reports
- OMHRS Quarterly Comparative Reports:
  - OMHRS Facility Identifiable Reports
  - OMHRS Year-to-Date Comparative Reports
  - OMHRS Admission Assessment Reports
  - OMHRS Discharge Assessment Reports
  - OMHRS Quarterly Assessment Reports
  - OMHRS Short Stay Assessment Reports
  - OMHRS Mental Health Clinical Assessment Protocol Reports

### **Education and support**

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

### **New in 2015–2016:**

- RAI-MH Coding and Clinical Outputs (elearning self-study course)
- Getting Started With interRAI Assessments (self-study course)
- RAI-MH Information Accuracy (web conference or self-study option)
- Understanding Reports and Outputs (web conference or self-study option)
- Using Reports and Outputs (web conference or self-study option)
- OMHRS Reports in Action: Part 1 (workshop)
- OMHRS Reports in Action: Part 2 (web conference)
- OMHRS Data Submission (self-study course)
- Using the interRAI Assessment System — Following the Flow of Health Care Data: A Home Care Example (CIHI's channel at [www.youtube.com](http://www.youtube.com))

For more information about OMHRS courses, sign in to [CIHI's Learning Centre](#).

### **Contact information**

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

## Hospital Mental Health Database **CORE**

### **Data**

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

### **Resources and standards**

- *Hospital Mental Health Database Data Dictionary for Fiscal Year 2013–2014* (October 2015)
- *Hospital Mental Health Database, 2013–2014: User Documentation* (October 2015)
- *Mental Health and Addictions Data and Information Guide* (March 2014)

### **Analysis**

- Hospital Mental Health Services in Canada Quick Stats: Indicators for hospital mental illness and addiction services at the regional, provincial/territorial and pan-Canadian levels are available on CIHI's website under [Quick Stats](#). These indicators include days stayed, separation rates and readmission rates for hospitalizations due to mental illness or addictions in Canadian general and psychiatric hospitals.
- *Use of Hospital Services for Eating Disorders in Canada* (September 2014)
- *Hospital Mental Health Services for Concurrent Mental Illness and Substance Use Disorders in Canada* (May 2013)
- *Hospital Mental Health Services in Canada* (report), 2005–2006 and 2009–2010 (September 2012)

### **Contact**

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

## Ontario Trauma Registry

### Data

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

The OTR has 2 data sets:

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

### Resources and standards

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

### Analysis

- [Quick Stats](#): selected statistics

### Contact

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

# Clinical Registries

## Canadian Joint Replacement Registry

### Data

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

### Resources and standards

- *CJRR Minimum Data Set Manual*
- *CJRR Electronic Data Submission Requirements for Use by Software Developers Only*
- *CJRR Web-Based Data Submission and Reports Tool User Manual* and video tutorial
- *Canadian Joint Replacement Registry Privacy Impact Assessment*
- Ad hoc bulletins typically aimed at data providers

### Analysis

- *Hip and Knee Replacements in Canada: Canadian Joint Replacement Registry 2015 Annual Report*
- [Quick Stats](#): selected statistics
- Analysis in Brief reports
- Custom data requests

### Understanding and use

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

### Education

The education program for CJRR is intended for the following:

- Individuals responsible for entering or preparing CJRR data and submitting it to CIHI. This may include orthopedic clinical staff, health records personnel or other persons involved in CJRR data capture and submission.
- Individuals interested in using CJRR data for the purpose of research and reporting.

For more information about CJRR courses, please refer to [CIHI's Learning Centre](#).

### Contact

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

## Canadian Organ Replacement Register **CORE**

### **Data**

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

### **Resources and standards**

- *Transplant Recipient and Organ Donor Information — Instruction Manual*
- *Chronic Renal Failure Patients on Renal Replacement Therapy — Instruction Manual*
- *Canadian Organ Replacement Register Directory*
- *e-Directory of Canadian Dialysis Centres Accepting Visitors*
- *CORR Dialysis Submission Specifications Manual (Dialysis eFile)*
- *CORR Web-Entry Data Form User Manual*

### **Analysis**

- *Canadian Organ Replacement Register Annual Report: Treatment of End-Stage Organ Failure in Canada*
- *Patients With End-Stage Kidney Disease on Dialysis and Hospitalizations: Associated Risks, Outcomes and Costs (CORR Analysis in Brief)*
- Centre-specific reports on comparative clinical measures for quality assurance and improvement purposes, offered annually to data providers
- Centre-specific comparative outcomes reports for dialysis and transplant patients, offered annually to data providers
- Custom data requests
- [Quick Stats](#) and e-Statistics: selected statistics

### **Understanding and use**

- *Data Quality Documentation for Users: Canadian Organ Replacement Register, 2004 to 2013 Data*

### **Education**

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

For more information about CORR courses, please refer to [CIHI's Learning Centre](#).

### **Contact**

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

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

### **Data**

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

### **Analysis**

- *Persistence and Compliance With Cardiovascular Drug Therapy Among Seniors*
- *Use of Antipsychotics Among Seniors Living in Long-Term Care Facilities*
- *Prescribed Drug Spending in Canada, 2013: A Focus on Public Drug Programs*

### **Understanding and use**

- *NPDUIS Database Plan Information Document*

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

- *NPDUIS Database Plan Information: Summary of Changes*

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

### **Contact**

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

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

### **Data**

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

### **Resources and standards**

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

### **Education**

The education program is intended for staff at health care facilities who are involved in the submission and analysis of medication incident data. This education series consists of 4 self-study courses that focus on the minimum data set, system functionality and analysis and use of NSIR medication incident data.

For more information about NSIR courses, please refer to [CIHI's Learning Centre](#).

### **Contact**

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

## Problematic Prescription Drug Use

### Data

CIHI recently started leading the development of a coordinated pan-Canadian approach to the monitoring, surveillance and reporting of problematic prescription drug use to better inform policies and practices. We are focusing on opioids, benzodiazepines and stimulants at this stage.

CIHI is working with a variety of federal, provincial/territorial and other stakeholders on data and information needs, pan-Canadian standards for data collection, and indicators and measures for public reporting. We will publish reports related to problematic prescription drug use, and we'll produce resources that support the understanding and use of the data and information.

### Resources and standards

Currently available materials include those associated with the existing CIHI data holdings that are most relevant to work on problematic prescription drug use:

- [National Prescription Drug Utilization Information System \(NPDUIS\) Database](#)
- [Hospital Mental Health Database \(HMHDB\)](#)
- [Discharge Abstract Database \(DAD\)](#)
- [National Ambulatory Care Reporting System \(NACRS\)](#)

For more details on these resources, please see the entries elsewhere in this guide.

### Contact

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

## CIHI Portal **CORE**

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

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

Pricing is based on the number and type of users.

CIHI provides ministries of health with 1 registration for an analyst. Ministries can choose to offer this complimentary registration to an analyst on staff or to an analyst at any facility within their jurisdiction.

### **Data**

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

### **Analysis**

Different levels of access provide different levels of analytical functionality:

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

### **Understanding and use**

#### **Education**

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

#### **Contact**

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

# Health System Performance

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

### **Data**

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

### **Analysis**

The following is a list of recently or soon-to-be released analyses and special studies in CIHI's priority theme areas. For a broader list and more details on upcoming releases, please consult the [Analytical Plan](#) web page. Please note that reported release times and product titles may vary from those listed here. Projects slated for release in 2016–2017 should be considered provisional only.

#### **Priority Population projects**

##### **Children and youth**

- *Anaphylaxis and Allergy in the Emergency Department (information sheet) (2015)*
- *Children Vulnerable in Areas of Early Development: A Determinant of Child Health (2014)*

##### **Mental health and addictions**

- *Care for Children and Youth With Mental Disorders (2015)*
- *Hospitalizations and Emergency Department Visits Due to Opioid Poisoning (2016–2017)*
- *Reporting Mental Health Performance Across Canadian Provinces (development work with external partners) (2016–2017)*
- *The Use of Electroconvulsive Therapy in Selected Canadian Provinces (information sheet) (2016–2017)*

##### **First Nations, Inuit and Métis**

- *Hospital Care for Heart Attacks Among First Nations, Inuit and Métis (2013)*
- *End-Stage Renal Disease Among Aboriginal Peoples in Canada: Treatment and Outcomes (2013)*

## **Seniors and aging**

- *Factors Predicting Return Home From Inpatient Rehabilitation Following Hip Fracture Surgery* (2015)
- *Use of Antipsychotics Among Seniors Living in Long-Term Care Facilities, 2014* (2016)
- *Dementia: Patients, Caregivers and the Health System* (2016–2017)
- *Do Not Hospitalize and Do Not Resuscitate Reporting in Long-Term Care* (2016–2017)
- *Examining Characteristics of High Users of Health Care for Persons With Chronic Obstructive Pulmonary Disease* (2016–2017)
- *Promoting Independence: Improving Physical Functioning in Residential Care* (2016–2017)
- *Seniors in Transition: Factors Associated With Placement in Home and Residential Care* (2016–2017)

## **Health System Performance projects**

### **Outcomes**

- *Trends in Income-Related Health Inequalities in Canada* (2015)
- *The Outcomes of Simultaneous and Staged Bilateral Total Knee Arthroplasties* (2016)
- *Baseline Reporting on Health Inequalities in Canada* (with Public Health Agency of Canada) (2016–2017)
- *Patients With End-Stage Kidney Disease on Dialysis and Hospitalizations: Associated Risks, Outcomes and Costs* (2016–2017)

### **Patient experience**

- *Population Health and Canada's Health System* (2015)
- *Wait Times for Priority Procedures* (2015, 2016)
- *Canadian Patient Experiences Survey* (2016–2017)

### **Quality and safety**

- *Changes in Palliative Care Coding Practices Across Canada and Their Impact on HSMR Indicator* (journal article) (2015)
- *Continuity of Care With Family Physicians: Why It Matters* (2015)
- *Physician Follow-Up After Hospital Discharge: Progress in Meeting Best Practices* (2015)
- *Ambulance Use in Time-Sensitive Conditions* (information sheet) (2016–2017)
- *Appropriateness of Hysterectomy in Canada* (2016–2017)
- *High Users of Hospital Beds* (indicator) (2016–2017)

- Inpatient Hospital Harm (report and indicator) (2016–2017)
- *Mortality in Canadian Intensive Care Units* (2016–2017)
- *Primary Health Care Indicators Chartbook* (2016–2017)

### **Value for money**

- *Approaches for Calculating Average Clinical Payments per Physician Using Detailed Alternative Clinical Payment Data* (2015)
- *Defining High Users in Acute Care: An Examination of Different Approaches* (2015)
- *Improving Health System Efficiency in Canada: Perspectives of Decision-Makers* (2016–2017)
- *Indicator Variability: Cost of a Standard Hospital Stay (CSHS)* (2016–2017)
- *Measuring Efficiency of Inpatient Acute Care in Canada* (2016–2017)
- *Supporting Choosing Wisely Canada: Appropriateness of Tests, Treatments and Procedures in Canada* (2016–2017)
- *Use Patterns of High Users in Acute Care* (2016–2017)

### **International**

- *How Canada Compares: Results From The Commonwealth Fund 2015 International Health Policy Survey of Primary Care Physicians* (2016)
- *International Comparisons: Benchmarking Canada's Health System* (and focus on diabetes) (2015)
- *How Canada Compares: Results From The Commonwealth Fund 2016 International Health Policy Survey of the General Population* (2016–2017)

### **Understanding and use**

Your Health System is an online tool for many types of users — health care decision-makers, support managers, analysts and clinicians, researchers, policy-makers and the public — to explore CIHI's data.

### **Contact**

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

## Health System Performance Indicators **CORE**

### Data

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

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

### Resources and standards

- [Indicator Library](#)

The Indicator Library brings together metadata for health indicators in 1 convenient location on CIHI's website. For each indicator, definitions, methodologies and characteristics such as reporting level are summarized in a standard template. Indicator results can also be accessed from hyperlinks provided in the library. The indicators in the library are organized according to CIHI's [Health System Performance Measurement Framework](#), but the tool also allows you to search for indicators by [areas of need](#) and reporting levels.

- [Your Health System](#)

**Your Health System** is a web tool for the health sector and general public. It provides comparable, interactive data so that hospitals, regions, provinces and territories can compare how they measure up on a set of health system performance indicators.

- [Your Health System: In Brief](#) provides 15 indicators representing 5 themes that Canadians told us were important to them: Access, Quality of Care, Spending, Health Promotion and Disease Prevention, and Health Outcomes. They are presented with clear, easy-to-read infographics and plain language. Results are available by province, territory, region, city and facility.
- [Your Health System: In Depth](#) provides comprehensive information on 45 indicators and 32 contextual measures that can be used to examine and assess health systems at the provincial, regional and hospital or long-term care facility/corporation levels. 9 of these indicators and 8 contextual measures are from the long-term care sector. In Depth covers themes such as Appropriateness and Effectiveness, Safety and Health Status. The tool presents comparative indicator results that may facilitate sharing of best practices and help generate new ideas for improvement strategies.

## Insight

**Your Health System: Insight** is an interactive, secure web tool tailored to the needs of health care decision-support managers, analysts and clinicians to help them better understand the drivers of hospital performance.

Insight currently includes indicators and contextual measures for each participating hospital; it enables users to customize pan-Canadian comparison reports to support ongoing quality improvement at the hospital and regional levels.

Some benefits of using Insight:

- Open-year data for timely updates within a secure environment that closely monitors hospital performance;
- Tailored facility, regional and provincial comparisons to identify what drives hospital performance; and
- Interactive tools such as customized trend graphs that are relevant and user-friendly.

Insight and its indicators ensure that key questions surrounding hospital performance are answered effectively and efficiently.

- *A Performance Measurement Framework for the Canadian Health System*

The objective of this report is to provide a consistent theoretical framework — [CIHI's Health System Performance Measurement Framework](#) — that could be used across Canada to enhance performance reporting on key dimensions in a way that supports jurisdictional quality improvement priorities.

- *Health System Performance Frameworks: Aligning Frameworks for Sectors and Organizations to Health Systems*

Building on CIHI's Health System Performance Measurement Framework, published in *A Performance Measurement Framework for the Canadian Health System*, CIHI has designed 2 complementary frameworks that demonstrate how the inputs, processes and outcomes of any given health service (such as hospitals or long-term care facilities) can connect to the overall system performance. These frameworks — the Hospital Performance Framework and the Long-Term Care Performance Framework — were published in *Health System Performance Frameworks: Aligning Frameworks for Sectors and Organizations to Health Systems*. These complementary — or cascading — frameworks can help to build a common language across and within sectors to articulate how they each contribute to, and are influenced by, the performance of the wider health system.

- Health System Performance (HSP) Reference Guide

This interactive tool guides stakeholders to the various tools, reports and products that CIHI offers to support health system performance management. For each offering, there's a template summary that includes a brief description and characteristics (e.g., geographic coverage, reporting level). The reference guide also points to relevant external resources about Canadian health system performance.

- Health Indicators e-Publication

This online resource, produced jointly by Statistics Canada and CIHI, is a compilation of more than 80 indicators measuring health status, non-medical determinants of health, health system performance and community and health system characteristics.

- Canadian Patient Experiences Survey — Inpatient Care

Patient experience is an important dimension of health system performance. The Canadian Patient Experiences Survey — Inpatient Care (CPES-IC) is a pan-Canadian standardized survey tool used to collect comparable data on the experiences of hospital inpatients. CIHI is finalizing patient-reported experience measures (PREMs) that will be used to generate comparative benchmarking reports.

For details about this work, visit [www.cihi.ca/en/prems](http://www.cihi.ca/en/prems) or send an email to [prems@cihi.ca](mailto:prems@cihi.ca).

- Canadian Patient Experiences Reporting System

The Canadian Patient Experiences Reporting System (CPERS) will collect data about patient experiences during inpatient hospital stays across 3 hospital service lines (i.e., medical, surgical, maternity) via the CPES-IC. CPERS is now accepting data for inpatient care.

## Resources and standards

- *Canadian Patient Experiences Survey — Inpatient Care Data Dictionary Manual*
- *Canadian Patient Experiences Survey — Inpatient Care Procedure Manual*
- *Canadian Patient Experiences Survey — Inpatient Care (CPES-IC)*
- *CPES-IC Data Submission Specifications* (available to data providers and/or vendors who have completed and returned their licence agreement subscription package)

For details about this work, visit [www.cihi.ca/en/prems](http://www.cihi.ca/en/prems) or send an email to [prems@cihi.ca](mailto:prems@cihi.ca).

## Analysis

- [Health Indicators](#) report series

A series of annual reports containing a compilation of health indicators for health regions, provinces and territories, as well as interpretive analyses of selected indicators aimed at helping people use and interpret the indicator data. The series has been discontinued (as of 2013).

- *Injury Hospitalizations and Socio-Economic Status (Analysis in Brief)*
- *In Focus: A National Look at Sepsis (2009)*
- *HSMR: A New Approach for Measuring Hospital Mortality Trends in Canada*

## Understanding and use

### Subscriber reports

- HSMR eReporting service
- Monthly cumulative electronic Hospital Standardized Mortality Ratio (eHSMR) Reports, offered through electronic Hospital Specific Reports (eHSR)

### Education

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

For more information about health system performance capacity-building workshops, please email [hsp@cihi.ca](mailto:hsp@cihi.ca).

For more information about health indicators courses, please refer to [CIHI's Learning Centre](#).

## Contact

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

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

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

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

# Spending and Health Workforce

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## Canadian MIS Database **CORE**

### **Data**

The Canadian MIS Database (CMDB) contains financial and statistical information on the country's health services organizations across the continuum of care, including hospitals and regional health authorities.

### **Resources and standards**

- *Standards for Management Information Systems in Canadian Health Service Organizations* (MIS Standards)
- ▶ See details regarding the [MIS Standards](#).

### **Analysis**

- [Quick Stats](#): Spending
- Patient Cost Estimator
- Financial indicators are reported as part of CIHI's health system performance website, [www.yourhealthsystem.ca](http://www.yourhealthsystem.ca).

### **Understanding and use**

#### **Subscriber reports**

- CMDB eReports
- CMDB Submission Reports

For information about accessing CMDB reports through CIHI Portal, please visit our [Portal page](#) on CIHI's website.

#### **Education**

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

For information about MIS courses, please refer to [CIHI's Learning Centre](#).

### **Contact**

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

# Health Expenditures

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

### Data

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

### Analysis

The OECD produces an annual electronic publication, *OECD Health Statistics*, which in 2015 was released for the fifth time on [OECD.Stat](#), as well as a biennial paper publication (latest release in 2015), *Health at a Glance*. CIHI will respond to research and analysis requests based on the Canadian segment supplied to the OECD.

### Contact

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

## National Health Expenditure Database **CORE**

### Data

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

### Analysis

- *National Health Expenditure Trends* (annual report) (October/November 2016)
- [Quick Stats](#): selected statistics

### Contact

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

# Health Professions

## 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

- *Physicians in Canada, 2015: Summary Report* (PDF)
- *Physicians in Canada, 2015: Chartbook* (PPT)
- *National Physician Database — Payments Data, 2014–2015*
- *National Physician Database — Utilization Data, 2014–2015*
- *National Physician Database — Physician Services Benefit Rates, 2014–2015*
- *National Physician Database, 2014–2015 — Methodology Notes*
- Historical reports and analyses from this database are available on CIHI's website.

### Contact

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

- *Physicians in Canada, 2015: Summary Report* (PDF)
- *Physicians in Canada, 2015: Chartbook* (PPT)
- *Supply, Distribution and Migration of Physicians in Canada, 2015: Data Tables* (Excel)
- *Supply, Distribution and Migration of Physicians in Canada, 2015: Methodological Notes* (PDF)
- [Quick Stats](#): selected statistics
- Historical reports and analyses from this database are available on CIHI's website

### Contact

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## Health Workforce Database **CORE**

### Data

CIHI's collection and reporting of health human resources (HHR) data support federal, provincial and territorial workforce planning and policy development.

CIHI's Health Workforce Database (HWDB) collects and reports data on 30 groups of health professionals. For 8 professional groups, data is available at the record level; for the other 22, data is available at the aggregate level.

Although the data collected in the HWDB varies by profession, the overall goal is to capture information on regulatory environment, supply, demographic, education and employment characteristics of the health workforce. It also collects information on training programs and the number of graduates for each of the 30 professional groups listed below:

Professional group	Type of collection	Coverage	Data availability
<b>Audiologists</b>	Aggregate level	Pan-Canadian	2001 to 2013
<b>Chiropractors</b>	Aggregate level	Pan-Canadian	1997 to 2013
<b>Dental assistants</b>	Aggregate level	Pan-Canadian	2011 to 2013
<b>Dental hygienists</b>	Aggregate level	Pan-Canadian	1997 to 2013
<b>Dentists</b>	Aggregate level	Pan-Canadian	1997 to 2013
<b>Dietitians</b>	Aggregate level	Pan-Canadian	1997 to 2013
<b>Environmental public health professionals</b>	Aggregate level	Pan-Canadian	1999 to 2013
<b>Genetic counsellors</b>	Aggregate level	Pan-Canadian (excludes P.E.I., N.B. and terr.)	2011 to 2013
<b>Health information management professionals</b>	Aggregate level	Pan-Canadian	1997 to 2013
<b>Licensed practical nurses</b>	Record level	Pan-Canadian (excludes Nun.)	2002 to 2014
<b>Medical laboratory technologists</b>	Record level	Pan-Canadian (excludes N.L., P.E.I. and terr.)	2008 to 2014
<b>Medical physicists</b>	Aggregate level	Pan-Canadian	1997 to 2013
<b>Medical radiation technologists</b>	Record level	N.S., N.B., Que., Ont., Sask., Alta.	2008 to 2014
<b>Midwives</b>	Aggregate level	Pan-Canadian (excludes N.L., P.E.I. and N.B.)	1997 to 2013
<b>Naturopaths</b>	Aggregate level	Pan-Canadian	2013
<b>Occupational therapists</b>	Record level	Pan-Canadian	2006 to 2013
<b>Opticians</b>	Aggregate level	Pan-Canadian	2011 to 2013
<b>Optometrists</b>	Aggregate level	Pan-Canadian	1997 to 2013

Professional group	Type of collection	Coverage	Data availability
<b>Paramedics</b>	Aggregate level	Pan-Canadian	2011 to 2013
<b>Pharmacists</b>	Record level	Pan-Canadian (excludes Que. and Nun.)	2006 to 2014
<b>Pharmacy technicians</b>	Aggregate level	N.S., Ont., Alta., B.C.	2012 to 2013
<b>Physicians*</b>	Record level		
<b>Physician assistants</b>	Aggregate level	Pan-Canadian	2013
<b>Physiotherapists</b>	Record level	Pan-Canadian (excludes N.W.T. and Nun.)	2006 to 2014
<b>Psychologists</b>	Aggregate level	Pan-Canadian	1997 to 2013
<b>Registered nurses/ nurse practitioners</b>	Record level/ record level	Pan-Canadian/ Pan-Canadian (excludes Y.T.)	1980 to 2014/ 2002 to 2014
<b>Registered psychiatric nurses</b>	Record level	Man., Sask., Alta., B.C.	2002 to 2014
<b>Respiratory therapists</b>	Aggregate level	Pan-Canadian	1997 to 2013
<b>Social workers</b>	Aggregate level	Pan-Canadian	1997 to 2013
<b>Speech–language pathologists</b>	Aggregate level	Pan-Canadian	2001 to 2013

\* For record-level physician data, please refer to [Scott's Medical Database](#) (SMDB) and the [National Physician Database](#) (NPDB).

## Resources and Standards

- *Health Human Resources Minimum Data Set Guide*

## Analysis

- *Regulated Nurses, 2014* (June 2015)

## Data tables

- Occupational Therapist Workforce, 2014 (November 2015)
- Pharmacist Workforce, 2014 (November 2015)
- Physiotherapist Workforce, 2014 (November 2015)
- Medical Laboratory Technologists, 2014 (November 2015)
- Medical Radiation Technologists, 2014 (November 2015)
- Canada's Health Care Providers: Provincial Profiles, 2013 (November 2015)

## Contact

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## Canadian Multiple Sclerosis Monitoring System

### Data

The Canadian Multiple Sclerosis Monitoring System (CMSMS) contains administrative, demographic, clinical, treatment, therapy and outcomes data on MS patients seen within participating MS clinics in Canada between 2012 and 2015.

### Resources and standards

- *CMSMS Data Dictionary* (updated June 2014)
- *Canadian Multiple Sclerosis Monitoring System Privacy Impact Assessment* (September 2013)

### Understanding and use

- *Data Quality Documentation for Users* (spring 2016)

### Contact

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# Factors Influencing Health

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## Canadian Population Health Initiative **CORE**

The Canadian Population Health Initiative (CPHI) works to support policy-makers and health system managers in Canada in their efforts to improve population health and reduce health inequalities through research and analysis, evidence synthesis and performance measurement.

### **Analysis**

- *Improving Health System Efficiency in Canada: Perspectives of Decision-Makers* (April 2016)
- *Understanding Canada's International Health System Rankings* (May/June 2016)
- *Exploring the Characteristics and Health Care Utilization of COPD Patients in Alberta* (October 2016)
- Your Health System Updated Population Health and Contextual Indicators (fall 2016)

### **Education**

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

- Equity Action: Health Equity Tools for Health System Managers (self-study course) (May 2014)
- Monitoring Trends in Health Inequality in Canada (November 2015)

For more information about CPHI courses, please refer to [CIHI's Learning Centre](#).

### **Contact**

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

# Standards and Data Submission

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

### **Standards**

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

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

For morbidity classification in Canada, CIHI developed the ICD-10-CA, a clinical modification of ICD-10 featuring additional codes and specificity. Updated on a 3-year cycle, the current version is 2015.

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

CIHI developed CCI to accompany ICD-10-CA. CCI classifies a broad range of interventions, designed to be service-provider and service-setting neutral and to be used comprehensively throughout the health system. Updated on a 3-year cycle, the current version is 2015.

### **Resources**

- ICD-10-CA/CCI Folio application (web download)
- ICD-10-CA/CCI (PDF)
- *Canadian Coding Standards for Version 2015 ICD-10-CA and CCI* (PDF)
- Code Title Tables: ICD-10-CA, CCI (ASCII file)
- Category/Rubric Tables: ICD-10-CA and CCI (ASCII file)
- Validation Tables: ICD-10-CA, CCI (ASCII file)
- ICD-10-CA and CCI Evolution Tables (PDF)

## **Canadian Coding Standards for Version 2015 ICD-10-CA and CCI**

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

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

The *Canadian Coding Standards for Version 2015 ICD-10-CA and CCI* applies to fiscal years 2015–2016, 2016–2017 and 2017–2018.

## **Understanding and use**

### **Education**

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

For more information about Classifications courses, please refer to [CIHI's Learning Centre](#).

### **Contact**

For inquiries regarding v2015 ICD-10-CA/CCI and the Canadian Coding Standards, please contact us at [ccicd-10@cihi.ca](mailto:ccicd-10@cihi.ca).

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

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

# Case Mix

## Case Mix Group+ **CORE**

### Grouping Methodology

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

### Resources

- *CMG+ Directory* (multiple years supported)
- *DAD Resource Intensity Weights (RIWs) and Expected Length of Stay (ELOS)*
- ▶ Also see information about the [Discharge Abstract Database](#).

### Understanding and use

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

### Education

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

For more information about Case Mix courses, please refer to [CIHI's Learning Centre](#).

### Contact

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

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

## Rehabilitation Patient Group **CORE**

### Grouping Methodology

The Rehabilitation Patient Group (RPG) methodology assigns each completed episode in the National Rehabilitation Reporting System (NRS) to 1 of 83 RPGs.

### Resources

- 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;
- The RPG weights and trim points as a CSV file; and
- A document with RPG weights and trim points for the most recent fiscal year.

► Also see the [NRS](#) data holding.

### Understanding and use

#### Education

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

For more information about Case Mix courses, please refer to [CIHI's Learning Centre](#).

### Contact

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

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

### Resources

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

### Understanding and use

- *CACS Client Tables* (multiple years supported)

### Education

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

For more information about Case Mix courses, please refer to [CIHI's Learning Centre](#).

### Contact

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

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

## System for Classification of In-Patient Psychiatry

### Grouping Methodology

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

### Resources

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

This product includes

- SAS code and detailed flowcharts for the SCIPP logic (PDF format for the flowcharts, PDF and text formats for the code);
  - Test data as a comma-separated value (CSV) file;
  - The SCIPP Case Mix Index (CMI) values as a CSV file; and
  - A document summarizing CMI values for the past few fiscal years.
- OMHRS Interpreting SWPD Reports
- ▶ Also see the [OMHRS](#) data holding.

### Education

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

For more information about Case Mix courses, please refer to [CIHI's Learning Centre](#).

### Contact

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

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

### Grouping Methodology

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

CIHI supports 2 versions of the RUG-III grouping methodology and associated CMI values. RUG-III (44-group) can be applied to all data in CCRS. RUG-III (34-group) is applicable to only Ontario long-term care data in CCRS.

### Resources

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

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

This product includes

- SAS code and detailed flowcharts for the RUG-III (44-group) logic (PDF format for the flowcharts, PDF and text formats for the code);
- Test data as a comma-separated value (CSV) file;
- The RUG-III (44-group) CMI values as a CSV file; and
- A document summarizing CMI values for the past few fiscal years.
- *CCRS Technical Document — RUG Weighted Patient Day (RWPD) Methodology*
- *CCRS Interpreting RUG Weighted Patient Day Reports*
- *How RUG-III (44 Group) Case Mix Index Values Are Calculated, 2011 — CCRS Technical Document*

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

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

This product includes

- SAS code and detailed flowcharts for the RUG-III (34-group) logic (PDF format for the flowcharts, PDF and text formats for the code);
- Test data as a CSV file;
- The RUG-III (34-group) CMI values as a CSV file; and
- A document summarizing CMI values for the past few fiscal years.

- *CCRS Technical Document — RUG Weighted Patient Day (RWPD) Methodology*
  - *CCRS Interpreting Ontario RUG Weighted Patient Day Reports*
- ▶ Also see the [CCRS](#) data holding.

## Understanding and use

### Education

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

For more information about Case Mix courses, please refer to [CIHI's Learning Centre](#).

### Contact

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

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

### Grouping Methodology

The Resource Utilization Group version III–Home Care (RUG-III-HC) is the grouping methodology applied to RAI-HC Canadian version assessment data submitted to the Home Care Reporting System (HCRS). Its methodology assigns each assessment to 1 of 23 groups.

### Resources

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

This product includes

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

▶ Also see the [HCRS](#) data holding.

### Contact

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## Population Grouping Methodology V1.0 **CORE**

### **Grouping Methodology**

The Population Grouping Methodology Version 1.0 is built upon the information captured in CIHI's extensive data holdings. It brings together person-level information from across the continuum of care and over time, including

- Health conditions and events (e.g., diabetes, pneumonia, stroke);
- Functional status (including cognitive function, physical function and frailty);
- Use of health care services; and
- Health care costs.

By bringing together this information, the population grouping methodology can be used to support policy and funding decisions by enabling a better understanding of the burden of disease within populations, the use of health care resources and their associated costs. It also allows disease profiling of populations, and facilitates comparisons and benchmarking of risk-adjusted indicators, such as mortality and costs, across jurisdictions and regions.

The methodology includes both an additive and mutually exclusive classification system, as well as resource weight indicators used in its predictive modelling.

### **Resources**

- *Population Grouping Methodology Directory*

This product includes

- SAS code and detailed user guide and technical document

### **Contact**

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

# MIS Standards

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

### **Standards**

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

### **Resources and Standards**

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

### **Format**

Files are downloadable from CIHI's online store.

- ▶ Also see the [Canadian MIS Database](#).

### **Understanding and use**

#### **Education**

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

For more information about FSI courses, please refer to [CIHI's Learning Centre](#).

### **Contact**

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## Talk to us

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