2006
Products and Services Catalogue

Canadian Institute for Health Information
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President's Message

Welcome to the 10th edition of the Canadian Institute for Health Information (CIHI) Products and Services Catalogue. This annual publication is produced to assist our clients and stakeholders in obtaining relevant information on the various products and services that we offer. Since the production of our first catalogue, CIHI has covered much ground, providing better data, more insightful analyses and more comprehensive information.

Catalogue 2006 features our growing array of data holdings and products, including standards, publications and reports, together with the services offered by CIHI, including analysis and education workshops. Several new reporting systems have been added this year, including the Home Care Reporting System.

Over the years, CIHI has made significant progress in expanding its data holdings as well as its capacity to make the information meaningful and useful to policy-makers and managers in the health system. Some recent examples include *Exploring the 70/30 Split: How Canada's Health Care System Is Financed*, *Workforce Trends of Regulated Nurses in Canada, 2004* and *Improving the Health of Young Canadians, 2005*; this year, several new reports will shed light on topics such as the geographic distribution of physicians, the cost of giving birth in Canada and wait times.

With all our many achievements, I would like to take this opportunity to thank you—our clients and stakeholders—for your continued support of CIHI and our vision of taking health information further.

Sincerely,

Glenda Yeates
President and CEO

Introduction

Who We Are . . .

The Canadian Institute for Health Information (CIHI) is an independent, not-for-profit organization that plays a central role in the development of Canada's health information system. In addition, CIHI has launched several new key initiatives as it assumes a leadership position in health information.

What We Do

Since 1994, CIHI has been working to improve the health of Canadians and the health system by providing quality and timely health information. Mandated by Canada's health ministers, CIHI is a national, not-for-profit organization responsible for developing and maintaining the country's comprehensive health information system. CIHI delivers the knowledge and develops the tools to advance Canada's health policies, to improve the health of the population, to strengthen the health system and to assist leaders in the health sector in making informed decisions.

Our Core Functions

Through the pursuit of the following core functions, often in collaboration or partnership with others, we fulfill our mandate and help our many clients make sound health decisions based on quality health information:

- Identify health information needs and priorities.
- Conduct analysis and special studies and participate in/support health care system research.
- Support the development of national health indicators.
- Coordinate and promote the development and maintenance of national health information standards.
- Develop and manage health databases and registries.
- Fund and facilitate population health research and analysis, conduct policy analysis and develop policy options.
- Contribute to the development of population health information systems and infrastructure.
- Provide appropriate access to health data.
- Publish reports and disseminate health information.
- Coordinate and conduct education sessions and conferences (relevant to our core functions).

Our Vision

- To improve the health of Canadians and strengthen their health system, by:
  - developing, integrating and disseminating timely and relevant health and health services information
  - facilitating informed discussion and evidence-based decision-making

Our Mandate

- To coordinate the development and maintenance of a comprehensive and integrated approach to health information for Canada and
- To provide and coordinate the provision of accurate and timely data and information required for:
  - establishing sound health policy
  - effectively managing the Canadian health system and
  - generating public awareness about factors affecting good health
- Through the work carried out by the Canadian Population Health Initiative (CPHI), to:
  - foster a better understanding of factors that affect the health of individuals and communities and
  - contribute to developing policies that reduce inequities and improve the health and well-being of Canadians

Introduction

Introduction

The 2006–2007 edition of the catalogue lists the full range of products and services offered by CIHI. This year's catalogue includes the CIHI production schedule for its products and services, as well as information on their availability by fiscal quarter.* To make the best use of CIHI's products and services, please refer to our Web site, at www.cihi.ca, for the most current information on release dates. CIHI's work program continues to grow and new products have been included.

Catalogue Organization

Products and services are grouped into the following five major sections:

Data Holdings

CIHI's databases and registries in the areas of health services, health professionals and health expenditures/resources.

Standards

Financial/managerial information and standards, disease/intervention classifications, data set/grouping methodologies.

Publications

Publications containing health information of interest to a broad audience.

Output Reports

Standard database or registry reports delivered to data providers.

Analysis and Consulting

Special services for analysis and consulting.

Education Services

Sessions are designed to help clients use CIHI products to their best advantage.

Each section features a description of related products and services, availability dates and pricing.

For your convenience, CIHI offers you the option of paying by credit card. An index at the end of the catalogue is provided for quick reference.

* For your reference:
First quarter: April, May, June
Second quarter: July, August, September
Third quarter: October, November, December
Fourth quarter: January, February, March

Pricing

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

In this catalogue, Core Plan products are designated with CORE. Facilities under the plan receive the set of products and services for a fixed price. The Appendix lists the Core Plan products and services, as well as their distribution to health care facilities, regional health authorities (or similar) and provincial and territorial ministries of health.

Clients who use CIHI services less frequently are covered on a price-per-service basis. Prices are listed in the catalogue as either Price A or Price B. **Price A** applies to Canadian health care 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.

Products in this catalogue are available in various formats, as shown by the following symbols:

Paper	PDF	Disk	CD-ROM	HTML
Paper	PDF	Disk	CD-ROM	HTML

Teleconference	Web-based interactive service	ILT
Teleconference	Web-based interactive service	Instructor-led training

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

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

Prices listed in this catalogue are in effect for fiscal year 2006–2007; however, prices for new releases may change.

Ordering

Products and services can be ordered by mail, by fax or electronically from our Web site. 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
Email: orderdesk@cihi.ca
Web site: www.cihi.ca

The order form can be photocopied from the last page of the catalogue or printed from the CIHI Web site.

Online Order/Registration Desk

CIHI has an e-commerce component on its corporate Web site, providing clients with the opportunity to order publications/products or register for workshops online, 24 hours a day, seven days a week. In addition, clients can browse through CIHI's catalogue of products and services, which includes information on pricing and the content of the Core Plan.

The online order/registration desk can be accessed from CIHI's home page at www.cihi.ca. Select either "Publications & Products" or "Education" (under "About CIHI" on the upper menu bar) and follow the instructions.

Shipping and Handling

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

Returns and Refunds

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

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

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We welcome comments or suggestions concerning the CIHI Catalogue. Please contact the Order Desk (orderdesk@cihi.ca).

Introduction

Abbreviations and Initialisms

ACW • ambulatory cost weights
APP • average payment per physician
CACS • Comprehensive Ambulatory Classification System
CCI • Canadian Classification of Health Interventions
CCRS • Continuing Care Reporting System
CIHI • Canadian Institute for Health Information
CIHR • Canadian Institutes of Health Research
CJRR • Canadian Joint Replacement Registry
CMDB • Canadian MIS Database
CMG • Case Mix Group
CMI • Case Mix Index
CORR • Canadian Organ Replacement Register
CT • computerized tomography
CPHI • Canadian Population Health Initiative
DAD • Discharge Abstract Database
DPG • Day Procedure Groups
eCHAP • Electronic Comparison of Hospital Activity Program
ELOS • expected length of stay
eNACRS • NACRS Web-based comparative reporting
FIM™[TM, 1] • Functional Independence Measures
FTE • full-time equivalent
HMDB • Hospital Morbidity Database
HMHDB • Hospital Mental Health Database
HPDB • Health Personnel Database
ICD-10-CA[2] • International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Canada
IPPH • Institute for Population and Public Health
LPNDB • Licensed Practical Nurses Database
MCC • major clinical categories
MDS • Minimum Data Set
MDS 2.0[3] • Minimum Data Set 2.0
MDS-HC[4] • Minimum Data Set—Home Care
MDS-MH[5] • Minimum Data Set—Mental Health
MHAP[6] • Mental Health Assessment Protocol
MIS • Management Information System
MRI • magnetic resonance imaging
NACRS • National Ambulatory Care Reporting System
NHEX • National Health Expenditure Database
NPDB • National Physician Database
NPDUIS • National Prescription Drug Utilization Information System
NRS • National Rehabilitation Reporting System
NSWHN • National Survey of the Work and Health of Nurses
NTR • National Trauma Registry
OECD • Organisation for Economic Co-operation and Development
OMHRS • Ontario Mental Health Reporting System
OTR • Ontario Trauma Registry
PET • positron emission tomography
PIx • Complexity Overlay
RAI • Resident Assessment Instrument
RAI-HC[7] • Resident Assessment Instrument—Home Care
RAI-MH[8] • Resident Assessment Instrument—Mental Health
RAP • Resident Assessment Protocol
RIW • Resource Intensity Weights
RNDB • Registered Nurses Database
RPNDB • Registered Psychiatric Nurses Database
RUG III • Resource Utilization Group III
SCU • Special Care Unit
SMDB[9] • Scott's Medical Database (Formerly Southam Medical Database)
SNAP • Special Needs and Applications Program
TADB • Therapeutic Abortions Database
WHO • World Health Organization

Data Holdings

CIHI data holdings are key to its health information activities. The broad range of health domains covered by CIHI data holdings, in conjunction with the policies and practices applied to ensure confidentiality, data protection and data quality, make the holdings an excellent source of health data. This listing provides a basic description of the data elements, data sources and contact information for each data holding. Data disclosure for all data holdings is determined by CIHI's principles and policies for the protection of health information.

Plan subscribers are entitled to a full range of services, including data processing and review, client support and access to submitted data.

Reports generated from CIHI data holdings are managed through two services. The Special Needs and Applications Program (SNAP) manages requests for data from the Discharge Abstract Database (DAD) and the National Ambulatory Care Reporting System (NACRS). For other data holdings, special requests are managed by individual data-holding administrators. Cost-recovery pricing and further information on both services is listed in the Analysis and Consulting section (page 65). All requests are subject to CIHI's principles and policies for the protection of health information.

Health Services Databases

The following databases contain data elements on health services provided to patients.

• Discharge Abstract Database (DAD) ⊃CORE

The Discharge Abstract Database (DAD) is a database for information related to hospital inpatient and day surgery events. Currently, over three million records are submitted to the DAD annually. Inpatient records submitted to the DAD represent 80% of all inpatient discharges in Canada.

Purpose:

- to collect, process and analyze summaries of hospital discharges and day surgeries
- to support management decision-making at the hospital, regional and provincial/territorial levels
- to facilitate provincial and national comparative reporting
- to support the development and use of analytical tools, such as case mix grouping methodologies, length-of-stay analysis and resource-utilization analysis
- to support related approved analysis and research by others

Data Elements:

This database contains:

- administrative data
- clinical data
- demographic data
- case mix groupings (i.e. CMG and DPG)
- expected length of stay (ELOS)
- resource intensity weights (RIW)

Source: Data are received from all acute-care facilities across Canada, with the exception of those in Quebec. Select chronic, rehabilitation and psychiatric facilities also provide data to the DAD.

Privacy Restrictions: Data disclosure is determined by CIHI's principles and policies for the protection of health information.

Resources:

- file layout and code structure documents are available from CIHI
- *DAD Abstracting Manual*
- CMG/Plx Directory
- DPG Directory
- DAD RIW and ELOS

Available:

- most recent year: 2004–2005
- next release: 2005–2006 (third quarter, 2006–2007)
- historical series: 1979–1980 to 2004–2005

Publications/Outputs:

- Electronic Hospital Specific Reports (eHSR)
- Electronic Comparison of Hospital Activity Program (eCHAP)

Contact: dad@cihi.ca

Price: For 2006–2007, specialized facilities submitting data to the DAD may not necessarily be Core Plan subscribers. In this case, the price per record is $1.29 per case abstract (electronic submission).

Data Holdings

Hospital Morbidity Database (HMDB) CORE

The Hospital Morbidity Database (HMDB) is a national data holding that captures administrative, clinical and demographic information on hospital inpatient events. It provides national discharge statistics from Canadian health care facilities by diagnoses and procedures. Discharge data are received from acute-care facilities and select chronic-care and rehabilitation facilities across Canada. Discharge data from psychiatric facilities, as well as day procedures (e.g. day surgeries) and emergency department visits, are not captured in this database.

Purpose:

- to collect, process and analyze diagnoses and procedures for all hospital separations (discharges and deaths)
- to facilitate hospital, regional, provincial/territorial and national comparative reporting
- to support management decision-making at the hospital, regional and provincial/territorial levels
- to provide data to federal departments (such as Statistics Canada)
- to support related approved analysis and research

Data Elements:

This database includes information on:

- administrative data elements (e.g. admission and discharge dates)
- clinical data elements (e.g. most responsible diagnosis)
- demographic data elements (e.g. patient age)

Source: The HMDB is populated by a subset of DAD data for those provinces and territories that submit discharge statistics to the DAD. The HMDB is unique in that it appends data from non-DAD jurisdictions to be nationally comprehensive.

Privacy Restrictions: Data disclosure is determined by CIHI's principles and policies for the protection of health information.

Resources: None.

Available:

- most recent year: 2003–2004
- next release: 2004–2005 (first quarter, 2006–2007)
- historical series:
  - 1994–1995 to 2003–2004
  - 1960–1961 to 1993–1994 (available from Statistics Canada)

Publications/Outputs:

The HMDB data file is released annually via a formal CIHI media release. Dissemination of HMDB data occurs through a variety of channels, including CIHI reports and Statistics Canada reports.

Contact: morbidity@cihi.ca

National Ambulatory Care Reporting System (NACRS) CORE

The National Ambulatory Care Reporting System (NACRS) has the potential to include data for all hospital-based and community-based ambulatory care: day surgery, outpatient clinics and emergency departments. Ambulatory care has grown significantly in recent years to become the largest volume of patient activity in Canadian health care.

Purpose:

- to collect, process and analyze summary data on hospital ambulatory care
- to support management decision-making at the hospital, regional and provincial/territorial levels
- to support the development and use of case-mix and resource-utilization grouping methodologies
- to facilitate provincial/territorial and national comparative reporting
- to support related approved analysis and research

Data Elements:

The database includes:

- administrative data
- clinical data
- demographic data
- MIS functional centre account code
- triage level

Source: Client-visit data are collected at time of service in participating facilities. Currently, data submission to NACRS is mandated in Ontario for emergency departments, surgical day/night care, dialysis, cardiac catheterization and oncology (including all regional cancer centres). Some facilities in British Columbia, the Yukon Territory, Prince Edward Island and Nova Scotia are also submitting data.

Privacy Restrictions: Data disclosure is determined by CIHI's principles and policies for the protection of health information.

Resources:

- *National Ambulatory Care Reporting System Manual*
- *Comprehensive Ambulatory Classification System (CACS) Directory*

Available:

- most recent year: 2004–2005
- next release: 2005–2006 (third quarter, 2006–2007)
- historical series:
  - 2001 to 2004–2005

Publications/Outputs:

- eNACRS reports

Contact: nacrs@cihi.ca

Price: $0.48 per case abstract for non-Core Plan subscribers.

Therapeutic Abortions Database (TADB) CORE

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

Purpose:

- to collect, process and analyze non-identifiable record-level and summary data on therapeutic abortions
- to provide data for the calculation of teen-pregnancy rates and for assessing the impact of planned-parenting initiatives
- to support related approved analysis and research

Data Elements:

This database includes information on:

- administrative data elements (e.g. admission and discharge dates)
- clinical data elements (e.g. procedure)
- demographic data elements (e.g. patient age)

Source: Data suppliers include provincial and territorial ministries of health, hospitals and independent abortion clinics in Canada.

Privacy Restrictions: Data disclosure is determined by CIHI's principles and policies for the protection of health information. The *Privacy Impact Assessment of Therapeutic Abortions Database* is available in PDF format at www.cihi.ca.

Resources: None.

Available:

- most recent year: 2003
- next release: 2004 (third quarter, 2006–2007)
- historical series:
  - 1996 to 2003
  - 1969 to 1995 (available from Statistics Canada)

Publications/Outputs:

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

Contact: ta@cihi.ca

Hospital Mental Health Database (HMHDB) CORE

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

Purpose:

- to collect, process and analyze summary data on hospital mental health separations (discharges and deaths)
- to support management decision-making at the hospital, regional and provincial/territorial levels
- to support related approved analysis and research by others

Data Elements:

Data consist of administrative and medical diagnosis information on inpatient hospital stays. All provinces and territories are represented.

Source: Data are gathered from administrative separation records of psychiatric and general hospitals. They are obtained electronically through selected extracts of the DAD for those provinces/territories participating in the DAD. Data for the remaining hospitals are submitted by the appropriate province or territory.

Privacy Restrictions: Data disclosure is determined by CIHI's principles and policies for the protection of health information. The *Hospital Mental Health Database: Privacy Impact Assessment* is available in PDF format at www.cihi.ca.

Resources: HMHDB Data Dictionary.

Available:

- most recent year: 2003–2004
- next release: 2004–2005 (fourth quarter, 2006–2007)
- historical series:
  - 1994–1995 to 2003–2004
  - 1930–1931 to 1993–1994 (available from Statistics Canada)

Publications/Outputs:

- *Hospital Mental Health Services in Canada*
- *Analysis in Brief: Hospital Mental Health Database*
- Selected statistics are available from CIHI's Web site

Contact: hmhdb@cihi.ca

Data Holdings

Ontario Mental Health Reporting System (OMHRS)

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

Purpose:

- to collect, process and analyze data on adult inpatient mental health services
- to support management decision-making at the facility, regional and provincial levels
- to facilitate provincial comparative reporting
- to support related approved analysis and research

Data Elements:

OMHRS includes the Minimum Data Set—Mental Health (MDS-MH), consisting of the Resident Assessment Instrument—Mental Health (RAI-MH) Version 2.0, as well as admission and discharge tracking-related data elements. There are over 250 data elements, including those focused on:

- demographics
- cognitive and behavioural data
- psychosocial and physical function
- substance use
- medication use
- health conditions and interventions

These elements are used to calculate a variety of indicators and clinical scales.

Source: Various service providers are involved in data collection, including nursing, social work, occupational therapy, medical and other clinical staff. Data are collected at the time of admission and discharge, as well as quarterly and when there is a change in status. Participating facilities include general hospitals with mental health beds, specialty psychiatric hospitals and provincial psychiatric hospitals.

Privacy Restrictions: Data disclosure is determined by CIHI's principles and policies for the protection of health information.

Resources:

- *OMHRS Minimum Data Set User's Manual*

Available:

- Next release: 2006–2007 (third quarter, 2007–2008)

Publications/Outputs:

- OMHRS Quarterly Comparative Reports

Contact: omhrs@cihi.ca

Price: $5.00 per admission/discharge/quarter/change-in-status/short-stay assessment.

National Rehabilitation Reporting System (NRS) CORE

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

Purpose:

- to collect, process and analyze data on adult inpatient rehabilitation services
- to support management decision-making at the facility, regional and provincial/territorial levels
- to facilitate provincial/territorial and national comparative reporting
- to support related approved analysis and research

Data Elements:

This database contains information on inpatient rehabilitation admission, discharge and follow-up assessments, including:

- socio-demographic information
- administrative data (e.g. referral, admission, discharge)
- health characteristics
- activities and participation (e.g. ADL, communication, social interaction)
- interventions

These elements are used to calculate a variety of indicators, including wait times and client outcomes.

Source: Various service providers are involved in data collection, including nursing, physical therapy, occupational therapy, medical and other clinical staff. Data are collected at the time of admission and discharge by service providers in participating facilities. There is also an optional post-discharge follow-up data collection process. Participants in the NRS must sign an end-user licence agreement with CIHI.

Privacy Restrictions: Data disclosure is determined by CIHI's principles and policies for the protection of health information.

Resources:

- *Rehabilitation Minimum Data Set Manual*

Available:

- most recent year: 2004–2005
- next release: 2005–2006 (third quarter, 2006–2007)

Publications/Outputs:

- *Inpatient Rehabilitation in Canada*
- *Analysis in Brief: National Rehabilitation Reporting System*
- NRS Quarterly Comparative Reports
- Selected statistics are available from CIHI's Web site

Contact: rehab@cihi.ca

Price: $5.00 per admission/discharge/follow-up assessment for non-Core Plan subscribers.

Continuing Care Reporting System (CCRS) ⊃CORE

The Continuing Care Reporting System (CCRS) collects and reports information on residents of publicly funded continuing care facilities in Canada.

Purpose:

- collect, process and analyze data on continuing care residents in Canada
- support management and clinical decision-making at facility, regional and provincial/territorial levels
- facilitate quality improvement and benchmarking through comparative reporting
- support the development and use of case mix and resource utilization grouping methodologies
- support related approved analysis and research

Data Elements:

The RAI-MDS 2.0 clinical assessment provides the foundation for CCRS, along with CIHI administrative elements. CCRS data elements include:

- demographics
- health conditions, cognitive, behavioural and physical function
- treatments and procedures
- admission and discharge data
- facility size, type and location

Source: Nursing staff or other health providers conduct assessments of individuals. Data are submitted to CIHI by facilities, regional health organizations or provincial/territorial ministries of health.

Privacy Restrictions: Data disclosure is determined by CIHI's principles and policies for the protection of health information.

Resources:

- *RAI-MDS 2.0 and RAPs Canadian Version User's Manual, Second Edition, March 2005*
- *Continuing Care Reporting System Specifications Manual*
- *Resource Utilization Groups III (RUG-III) Grouping Methodology: Flowcharts and SAS Code, CCRS Version*
- *Resource Utilization Groups III (RUG III) Grouping Methodology Case Mix Index Values, CCRS Version*

Available:

- next release: 2005–2006 (second quarter, 2006–2007)
- historical series: 1996–1997 to 2004–2005

Publications/Outputs:

- CCRS Quarterly Comparative Reports
- *Facility-Based Continuing Care in Canada*
- *Continuing Care Analysis in Brief*

Contact: ccrs@cihi.ca

Price: $5.00 per admission/discharge/assessment for non–Core Plan subscribers.

Home Care Reporting System (HCRS) ⊃CORE

The Home Care Reporting System (HCRS) collects and reports information on clients who receive publicly funded home care in Canada.

Purpose:

- collect, process and analyze data on home care clients in Canada
- support management and clinical decision-making at organizational, regional and provincial/territorial levels
- facilitate quality improvement and benchmarking through comparative reporting
- support the development and use of case mix and resource utilization grouping methodologies
- support related approved analysis and research

Data Elements:

The RAI-HC clinical assessment provides the foundation for HCRS, along with CIHI administrative elements. HCRS data elements include:

- demographics
- health conditions, cognitive, behavioural and physical function
- treatments, procedures and informal care
- referral and discharge data
- service utilization by provider type
- dates for calculation of waiting times

Source: Nursing staff or other health providers conduct assessments of individuals. Data are submitted to CIHI by regional health organizations or provincial/territorial ministries of health.

Privacy Restrictions: Data disclosure is determined by CIHI's principles and policies for the protection of health information.

Resources:

- *RAI—Home Care (RAI-HC) Manual,* Canadian Version, Second Edition, October 2002
- *Home Care Reporting System Specifications Manual*
- *Resource Utilization Groups III Home Care (RUG-III-HC) Grouping Methodology: Flowcharts and SAS Code, HCRS Version*

Available: Preliminary data will be available to participating regions in 2006–2007.

Publications/Outputs:

- HCRS Quarterly Comparative Reports
- *HCRS Analysis in Brief*

Contact: homecare@cihi.ca

Price: $5.00 per client per admission/discharge/assessment for non–Core Plan subscribers.

Data Holdings

Canadian Organ Replacement Register (CORR) CORE

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.

Purpose:

- to collect, process and analyze summary data on end-stage organ failure and organ transplants
- to provide a national view on end-stage organ failure statistics for comparative analyses and research studies
- to increase the availability of comparative material to facilitate better treatment decisions
- to provide statistics on long-term trends that can be used for planning and optimizing programs
- to provide a feedback mechanism to facilities, a quality-assurance function for treatment and a national standard for comparison
- to provide statistics to the health care industry and to enhance business decisions, such as planning and resource allocation, for renal treatment and transplant services
- to support related approved analysis and research

Data Elements:

- Patient-specific treatment and outcome data on chronic kidney failure patients receiving renal replacement therapy in Canada, including:
  - patient demographics
  - risk factors
  - follow-up, including graft failures
  - deaths
- Organ transplantation data, including:
  - number, type and outcome of vital organ transplants
  - number of living and deceased organ donors
  - number of patients on the transplant waiting list

Source: Data come from participating dialysis centres, transplant centres and organ-procurement organizations in Canada.

Privacy Restrictions: Data disclosure is determined by CIHI's principles and policies for the protection of health information.

Resources:

- *Instruction Manual—Transplant Recipient and Organ Donor Information 2006*
- *Instruction Manual—Chronic Renal Failure Patients on Renal Replacement Therapy 2006*

Available:

- most recent year: 2003
- next release: 2004 (fourth quarter, 2006–2007)
- historical series:
  - 1981–2003 (dialysis and kidney transplantation)
  - 1992–2003 (extra-renal transplantation and organ donation)

Publications/Outputs:

- CORR Report
- CORR Directory
- CORR inSITES

Contact: corr@cihi.ca

National Trauma Registry (NTR)

CORE

The National Trauma Registry (NTR) provides national statistics on injuries in Canada.

Purpose:

- to collect, process and analyze summary data on hospital trauma separations (discharges and deaths)
- to contribute to the reduction of injuries and related deaths by providing data for studies of national injury epidemiology
- to facilitate provincial and international injury comparisons
- to increase awareness of injury as a public health problem in Canada
- to assist injury-prevention and treatment programs
- to support injury-related approved analysis and research

Data Elements:

The NTR has three 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.
- The Death Data Set (DDS), which is currently under development, will contain data on all deaths in Canada due to injury.

Source: Data come from the Hospital Morbidity Database, as well as from provincial trauma registries or trauma centres in Canada.

Privacy Restrictions: Data disclosure is determined by CIHI's principles and policies for the protection of health information.

Resources: None.

Available:

- most recent year:
  - Minimum Data Set: 2003–2004
  - Comprehensive Data Set: 2003–2004
- next release:
  - Minimum Data Set: 2004–2005 (fourth quarter, 2006–2007)
  - Comprehensive Data Set: 2004–2005 (fourth quarter, 2006–2007)
- historical series:
  - Minimum Data Set: 1994–1995 to 2003–2004
  - Comprehensive Data Set: 1996–1997 to 2003–2004

Publications/Outputs:

- *National Trauma Registry Highlights Report: Injury Hospitalizations*
- *National Trauma Registry Report: Major Injury in Canada*
- NTR Analytical Bulletin

Contact: ntr@cihi.ca

Ontario Trauma Registry (OTR)

The Ontario Trauma Registry (OTR) identifies, describes and quantifies trauma (injuries) in Ontario.

Purpose:

- to collect, process and analyze summary data on hospital trauma separations (discharges and deaths) in Ontario
- to contribute to the reduction of injuries and related deaths in Ontario by identifying, describing and quantifying trauma
- to increase awareness of injury as a public health problem in Ontario
- to assist injury-prevention and treatment programs
- to support injury-related approved analysis and research

Data Elements:

The OTR has three data sets:

- The Minimum Data Set (MDS) contains demographic, diagnostic and procedural data on all patients hospitalized in Ontario due to injury.
- The Comprehensive Data Set (CDS) contains detailed data on patients hospitalized in 11 participating hospitals in Ontario due to major trauma, including demographic, pre-hospital and hospital care, patient outcomes and six-month follow-up.
- The Death Data Set (DDS) contains data on all deaths in Ontario due to injury, including demographic data, cause of death, injury details, motor vehicle–crash information and factors contributing to death (such as alcohol).

Source: The data come from the Discharge Abstract Database, 11 trauma centres in Ontario and the Ontario Office of the Chief Coroner.

Privacy Restrictions: Data disclosure is determined by CIHI's principles and policies for the protection of health information.

Resources: None.

Available:

- most recent year:
  - Minimum Data Set: 2003–2004
  - Comprehensive Data Set: 2003–2004
  - Death Data Set: 2002–2003
- next release:
  - Minimum Data Set: 2004–2005 (fourth quarter, 2006–2007)
  - Comprehensive Data Set: 2004–2005 (third quarter, 2006–2007)
  - Death Data Set: 2003–2004 (fourth quarter, 2006–2007)

Publications/Outputs:

- *Ontario Trauma Registry Highlights Report: Injury Hospitalizations*
- *Ontario Trauma Registry Report: Major Injury in Ontario*
- *Ontario Trauma Registry Report: Injury Deaths in Ontario*
- OTR Analytical Bulletin

Contact: otr@cihi.ca

Data Holdings

Canadian Joint Replacement Registry (CJRR) CORE

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

Purpose:

- to collect, process and analyze summary data on hip and knee replacement procedures performed in Canada
- to support evidence-based decision-making to improve the quality of care for joint-replacement recipients
- to facilitate change in physician practice patterns to result in lower revision rates
- to conduct post-market surveillance of orthopedic devices and technologies
- to support orthopedic-related approved analysis and research

Data Elements:

This database contains data on hip- and knee-replacement patients and includes information on:

- demographics and administration
- the type of replacement
- surgical approach
- fixation modes
- implant types

Source: Data are collected with patient consent at the time patients receive joint replacements. Data are submitted voluntarily by participating surgeons and provincial registries (where established). Joint-replacement data are also available from the Hospital Morbidity Database.

Privacy Restrictions: Data disclosure is determined by CIHI's principles and policies for the protection of health information.

Resources: None.

Available:

- most recent year: 2003–2004
- next release: 2004–2005 (second quarter, 2006–2007)
- historical series: 2001–2002 to 2002–2003

Publications/Outputs:

- *Canadian Joint Replacement Registry Report*
- CJRR Analytical Bulletin

Contact: cjrr@cihi.ca

National Prescription Drug Utilization Information System (NPDUIS) CORE

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

Purpose:

- to collect, process and analyze data related to prescription drugs from public drug plans
- to support management decision-making by the federal and provincial/territorial drug plan managers
- to facilitate national and provincial/territorial comparative reporting
- to support related approved analysis and research

Data Elements:

This database includes information regarding:

- plan information (e.g. eligibility information, plan rules)
- formulary data (e.g. listing of drugs covered, benefit criteria)
- drug utilization (e.g. drug-claim data)

Source: Data from participating federal and provincial/territorial public drug plans/programs.

Privacy Restrictions: Data disclosure is determined by CIHI's principles and policies for the protections of health information. The *National Prescription Drug Utilization and Information System Privacy Impact Assessment* can be found on the CIHI Web site at www.cihi.ca/drugs.

Resources: None.

Available:

- plan Information, formulary data and drug utilization data from participating jurisdictions

Publications/Outputs:

- *NPDUIS Plan Information Documentation*

Contact: drugs@cihi.ca

Health Professionals Databases

The following databases track data elements related to professionals working in the health system.

National Physician Database (NPDB) CORE

The National Physician Database (NPDB) contains data on fee-for-service physician payments in Canada.

Purpose:

- to collect, process and analyze summary data on physician services and payments
- to facilitate physician-resource and service-utilization planning
- to support related approved analysis and research

Data Elements:

This database contains:

- socio-demographic, payment and service-utilization data of fee-for-service physicians
- service utilization data, by age group and gender, of patients
- information on alternative funding programs and payments in Canada

Source: Provincial and territorial medical health care insurance plans.

Privacy Restrictions: Data disclosure is determined by CIHI's principles and policies for the protection of health information.

Resources:

- *National Physician Database Data Submission Specifications Manual*

Available:

- most recent year: 2003–2004
- next release: 2004–2005 (fourth quarter, 2006–2007)
- historical series: 1989–1990 to 2002–2003

Publications/Outputs:

- *Average Payment per Physician Report, Canada*
- *Full-Time Equivalent Physicians Report, Canada*
- *National Grouping System Categories Report, Canada*
- *Reciprocal Billing Report, Canada*
- *Alternative Payments and the National Physician Database*
- *The Practicing Physicians Community in Canada: Workforce and Workload*
- *From Perceived Surplus to Perceived Shortage: What Happened to Canada's Physician Workforce in the 1990s?*
- *The Evolving Role of Canada's Family Physicians, 1992–2001*
- *Geographic Distribution of Physicians in Canada: Beyond How Many and Where*
- *The Evolving Role of Canada's Family Physicians, 1993–2002: Provincial Profiles*

Contact: npdb@cihi.ca

Scott's Medical Database (SMDB) CORE

(formerly the Southam Medical Database)

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

Purpose:

- to collect, process and analyze summary data on physician demographic and practice information
- to provide up-to-date information on the supply, distribution and migration patterns (between jurisdictions and countries) of Canadian physicians
- to support related approved analysis and research

Data Elements:

This database contains the following information about physicians:

- demographics (e.g. age, gender)
- specialty
- primary interest (self-reported area of medical interest)
- activity status (e.g. active, abroad)
- registration status
- hospital affiliation and appointment
- country, school and year of MD graduation

Source: Scott's Directories (www.mdselect.com)

Privacy Restrictions: Data disclosure is determined by CIHI's principles and policies for the protection of health information.

Resources: None.

Available:

- most recent year: 2004
- next release: 2005 (second quarter, 2006–2007)
- historical series: 1980–2003

Publications/Outputs:

- *Supply, Distribution and Migration of Canadian Physicians*
- *Supply and Distribution of Physicians, Canada*
- *International and Interprovincial Migration of Physicians, Canada*

Contact: smdb@cihi.ca

Data Holdings

Registered Nurses Database (RNDB) CORE

The Registered Nurses Database (RNDB) contains supply and distribution information for registered nurses (RNs) in Canada.

Purpose:

- to collect, process, analyze and report accurate and timely information on RNs in Canada
- to provide comparable provincial, territorial, demographic, education and employment data on the supply and distribution of RNs in Canada
- to facilitate nursing human resource planning
- to support policy-making
- to support related approved analysis and research

Data Elements:

Data elements included in the RNDB are divided into five categories of characteristics:

- supply
- demographic (e.g. age group, gender)
- employment
- education
- mobility

Source: Provincial and territorial regulatory authorities for registered nursing.

Privacy Restrictions: Data disclosure is determined by CIHI's principles and policies for the protection of health information. The *Privacy Impact Assessment: Canadian Regulated Nursing Professions Databases* is available in PDF format at www.cihi.ca.

Resources:

- *Registered Nurses System Data Dictionary and Processing Manual*

Available:

- most recent year: 2004
- next release: 2005 (second quarter, 2006–2007)
- historical series: 1980–2004

Publications/Outputs:

- *Workforce Trends of Registered Nurses in Canada (*previously titled *Supply and Distribution of Registered Nurses in Canada)*
- *Supply and Distribution of Registered Nurses in Rural and Small Town Canada*
- *Future Development of Information to Support the Management of Nursing Resources: Recommendations*
- *Bringing the Future into Focus: Projecting Nursing Retirement in Canada*
- *The Regulation and Supply of Nurse Practitioners in Canada*

Contact: nursing@cihi.ca

Licensed Practical Nurses Database (LPNDB) CORE

The Licensed Practical Nurses Database (LPNDB) contains supply and distribution information for licensed practical nurses (LPNs) in Canada.

Purpose:

- to collect, process, analyze and report accurate and timely information on LPNs in Canada
- to provide comparable provincial, territorial, demographic, education and employment data on the supply and distribution of LPNs in Canada
- to facilitate nursing human-resource planning
- to support policy-making
- to support related approved analysis and research

Data Elements:

Data elements included in the LPNDB are divided into five categories of characteristics:

- supply
- demographic (e.g. age group, gender)
- employment
- education
- mobility

Source: Provincial and territorial regulatory authorities for licensed practical nursing.

Privacy Restrictions: Data disclosure is determined by CIHI's principles and policies for the protection of health information. The *Privacy Impact Assessment: Canadian Regulated Nursing Professions Databases* is available in PDF format at www.cihi.ca.

Resources:

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

Available:

- most recent year: 2004
- next release: 2005 (second quarter, 2006–2007)
- historical series: 2002–2004

Publications/Outputs:

- *Workforce Trends of Licensed Practical Nurses in Canada*
- *Bringing the Future into Focus: Projecting Nursing Retirement in Canada*

Contact: nursing@cihi.ca

Registered Psychiatric Nurses Database (RPNDB) ⊃CORE

Registered psychiatric nurses are educated and regulated as a separate profession in B.C., Alberta, Saskatchewan and Manitoba. The RPNDB contains supply and distribution information for registered psychiatric nurses (RPNs) in these provinces.

Purpose:

- to collect, process, analyze and report accurate and timely information on RPNs in the four western provinces
- to provide comparable provincial demographic, education and employment data on the supply and distribution of RPNs in the four western provinces
- to facilitate nursing human-resource planning
- to support policy-making
- to support related approved analysis and research

Data Elements:

Data elements included in the RPNDB are divided into five categories of characteristics:

- supply
- demographic (e.g. age group, gender)
- employment
- education
- mobility

Source: Provincial regulatory authorities for registered psychiatric nursing.

Privacy Restrictions: Data disclosure is determined by CIHI's principles and policies for the protection of health information. The *Privacy Impact Assessment: Canadian Regulated Nursing Professions Databases* is available in PDF format at www.cihi.ca.

Resources:

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

Available:

- most recent year: 2004
- next release: 2005 (second quarter, 2005–2006)
- historical series: 2002–2004

Publications/Outputs:

- *Workforce Trends of Registered Psychiatric Nurses in Canada*
- *Bringing the Future into Focus: Projecting Nursing Retirement in Canada*

Contact: nursing@cihi.ca

National Survey of the Work and Health of Nurses (NSWHN) ⊃CORE

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

Purpose:

- to identify a baseline for monitoring nurses' health in the future
- to facilitate provincial and national comparative reporting of selected health and workplace indicators
- to facilitate health-professional resource planning
- to support related approved analysis and research

Data Elements:

This survey incorporates data from a number of demographic, work and health-assessment tools. There are 27 main topic areas covered in the survey data, among them:

- education in nursing
- work history
- current employment
- job satisfaction
- work hours
- role overload
- absences from work
- exposure to risk
- general health
- work stress
- depression
- medication use

Source: Telephone survey conducted by Statistics Canada in 2005–2006.

Privacy Restrictions: Data disclosure is determined by CIHI's principles and policies for the protection of health information.

Resources: www.cihi.ca/nswhn

Available:

- Planned release: fourth quarter, 2006–2007

Publications/Outputs:

- Report planned for fourth quarter, 2006–2007

Contact: nursing@cihi.ca

Data Holdings

Health Personnel Database (HPDB) CORE

The Health Personnel Database (HPDB) contains information on a selected number of health care professionals in Canada.

Purpose:

- to collect, process and analyze summary data on the number of health care professionals in Canada
- to facilitate provincial/territorial and national comparative reporting
- to facilitate health-professional resource planning
- to support related approved analysis and research

Data Elements:

At a minimum, data elements in the HPDB include:

- the number of members of health professional associations by provincial, territorial and national level
- registration status (registered, active registered, employed active registered)
- counts of graduates of health-professional educational and training programs for most health professions

Source: Most data are supplied by national, provincial and territorial professional organizations, as well as regulatory authorities, governments and educational institutions.

Privacy Restrictions: Data disclosure is determined by CIHI's principles and policies for the protection of health information. The *Privacy Impact Assessment: Health Personnel Database (HPDB)* is available in PDF format at www.cihi.ca.

Resources: None.

Available:

- most recent year: 2002
- next release: 2004 (first quarter, 2006–2007)
- historical series: 1970 to 2003 (depending on occupation)

Publications/Outputs:

- *Health Personnel Trends in Canada* (previously titled *Health Personnel in Canada*)

Contact: hpdb@cihi.ca

Health Expenditures/Resources Databases

The following databases provide summary-level data on health expenditures and medical-imaging equipment in Canada.

National Health Expenditure Database (NHEX) CORE

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

Purpose:

- to collect, process and analyze summary data on all health expenditures in Canada
- to provide a macro perspective on health spending in Canada
- to facilitate provincial, territorial, national and international comparative reporting
- to support policy-planning and decision-making at the provincial/territorial and national levels
- to support related approved analysis and research by others

Data Elements:

This database contains expenditure data:

- on over 40 spending categories
- on five sources of financing—federal, provincial/territorial and municipal governments, workers' compensation boards (and other social-security funds) and the private sector by province/territory

Source: Data are extracted manually from diverse public documents, including national and provincial/territorial public accounts and other financial reports. Other sources include private insurance companies, AC Nielsen Canada and Statistics Canada.

Privacy Restrictions: Data disclosure is determined by CIHI's principles and policies for the protection of health information. Agreements do not allow for the release of confidential data obtained from the private insurance companies and AC Nielsen Canada. The *Privacy Impact Assessment of the National Health Expenditure Database (NHEX)* is available in PDF format at www.cihi.ca.

Resources: None.

Available:

- most recent year:
  - 2003 (actual), 2004 and 2005 (forecast)
- next release:
  - third quarter, 2006–2007, 2004 (actual), 2005 and 2006 (forecast)
- historical series:
  - 1975 to 2005

Publications/Outputs:

- *National Health Expenditure Trends*
- *Preliminary Provincial and Territorial Government Health Expenditure Estimates*
- *Drug Expenditure in Canada*

Contact: nhex@cihi.ca

Canadian MIS Database (CMDB) CORE

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

Purpose:

- to collect, process and analyze financial and statistical data relating to Canadian hospitals
- to facilitate hospital, regional, provincial, territorial and national comparative reporting
- to support management decision-making at the hospital, regional and provincial/territorial levels
- to support related approved analysis and research

Data Elements:

This database contains financial data, such as expenditures, by function. It also includes statistical information, such as the number of paid hours, outpatient visits and beds staffed and in operation. This is based on the account structure contained in the *Standards for Management Information Systems in Canadian Health Service Organizations (MIS Standards).*

Source: The database is populated through a data transfer from provincial/territorial ministries of health.

Privacy Restrictions: Data disclosure is determined by CIHI's principles and policies for the protection of health information. The *Privacy Impact Assessment of the Canadian MIS Database* (CMDB) is available in PDF format at www.cihi.ca.

Resources:

- *MIS Standards* (formerly MIS Guidelines)

Available:

- most recent year: 2003–2004
- next release: 2004–2005 (fourth quarter, 2006–2007)
- historical series:
  - 1995–1996 to 2002–2003
  - 1932–1933 to 1993–1994 (available from Statistics Canada under the name *Annual Return of Health Care Facilities/Hospitals*)

Publications/Outputs:

- *Canadian MIS Database Hospital Financial Performance Indicators*

Contact: cmdb@cihi.ca

OECD Health Database (Canadian Segment) CORE

The OECD Health Database contains information on health care spending, health care services and health status among member countries of the OECD (www.oecd.org). CIHI and Statistics Canada maintain the Canadian segment of the OECD Health Database.

Purpose:

- to collect and process consistent series of internationally comparable data for most of the 1,200 variables contained in the OECD health database
- to facilitate international comparative reporting
- to support policy-planning and decision-making at the provincial/territorial and national levels
- to support related analysis and research

Data Elements:

The OECD Health Database is divided into 10 parts:

- health status
- health care resources
- health care utilization
- expenditure on health
- health care financing
- social protection
- pharmaceutical market
- non-medical determinants of health
- demographic references
- economic references

Source: Most Canadian data originate from databases maintained by CIHI and Statistics Canada, such as the health expenditure, health services and health professionals databases at CIHI and the demographic and vital statistics databases at Statistics Canada.

Privacy Restrictions: Data disclosure is determined by CIHI's principles and policies for the protection of health information. The *Privacy Impact Assessment of the Organisation for Economic Co-operation and Development (OECD) Database* is available in PDF format at www.cihi.ca.

Resources: None.

Available:

- most recent year: 2004
- next release (if published electronically by OECD): first quarter, 2006–2007
- historical series: 1960 to 2004

Publications/Outputs:

The OECD produces an annual electronic publication, OECD Health Data, and a biennial paper publication, *Health at a Glance*. CIHI will respond to research and analysis requests based on the Canadian segment supplied to the OECD.

Contact: oecdcs@cihi.ca

Data Holdings

Medical Imaging Technologies Database CORE

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, utilization and key characteristics of six selected imaging technologies across Canada.

Purpose:

- to collect consistent information on high-tech medical imaging equipment that can be tracked over time
- to support policy-planning and decision-making at the provincial, territorial and national levels
- to support related analysis and research

Data Elements:

This database contains information for six selected imaging technologies: angiography suites, catheterization labs, CT scanners, MRI scanners, nuclear medicine cameras and PET scanners. For each type of equipment the following information is captured:

- province
- health region
- facility
- number of units
- type or strength
- installation year
- funding source
- manufacturer
- postal code of the equipment
- number of exams (CT and MRI only)

Source: National Survey of Selected Medical Imaging Equipment.

Privacy Restrictions: Data disclosure is determined by CIHI's principles and policies for the protection of health information.

Resources: None.

Available:

- most recent year:
  - equipment in operation as of January 1, 2005
- next release:
  - equipment in operation as of January 1, 2006 (third quarter, 2006–2007)
- historical series:
  - 2003 to 2005
  - 2001 available from the Canadian Coordinating Office of Health Technology Assessment

Publications/Outputs:

- *Medical Imaging in Canada*

Contact: cmdb@cihi.ca

Administrative Charges

CIHI reserves the right to levy a surcharge payable by the data provider for data submitted late or for resubmission of data due to errors, deletions, test submissions or report reruns. This covers the additional expenses incurred by CIHI. The surcharge will be quoted in advance when possible or promptly after the occurrence of an event leading to a surcharge.

Standards

Standards are key to collecting quality data and developing health information systems. CIHI continues to lead the evolution and creation of new national health data. In addition, it establishes disease/intervention classifications, as well as grouping and costing methodologies.

Financial/Managerial Standards

These standards provide an integrated approach to managing, collecting, processing and reporting financial/managerial data. They enable improved decision-making for the use of financial and other resources.

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

The MIS Standards (formerly MIS Guidelines) provide a standardized framework for collecting and reporting financial and statistical data on the operations of health-service organizations.

Elements Included: Core components are the chart of accounts, accounting guidelines, workload measurement systems, indicators, management applications and a glossary of terms.

Uses:

- facilitates accountability reporting for use of resources
- facilitates development of budgets based on meaningful workload and activity projections
- allows more precise resource allocation
- enables more informed management decisions

Contact: misstandards@cihi.ca

MIS Standards, 2006 CORE

This product is similar to popular CD-ROM encyclopedias. The infobase automatically indexes every word, and users may find any piece of information quickly using the software's search engine.

Available: Currently.

	⊙
A	$325
B	$490

(per five concurrent users, plus PST in Ontario and B.C.)

Disease/Intervention Classifications

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

• 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 WHO in 1990 and has been available for implementation since 1993. Under 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.

Elements Included: ICD-10-CA classifies diseases, injuries and causes of death, as well as external causes of injury and poisoning. The classification has 23 chapters with alphanumeric categories and sub-categories. It has an expanded scope compared to ICD-9, extending its applicability beyond acute hospital care. It includes conditions and situations—which are not diseases but represent risk factors to health—such as occupational and environmental factors, lifestyle and psychosocial circumstances. CIHI is responsible for education and training for the morbidity applications of this classification system. (Statistics Canada is responsible for the mortality applications of ICD-10 as produced by WHO.)

Uses: This classification system replaces ICD-9 and ICD-9-CM in Canada.

Standards

Canadian Classification of Health Interventions (CCI)

CIHI has developed the Canadian Classification of Health Interventions (CCI) to accompany ICD-10-CA in Canada. CCI classifies a broader range of interventions than its predecessor, the Canadian Classification of Diagnostic, Therapeutic, and Surgical Procedures (CCP). 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 CCP and the procedure volume of ICD-9-CM.

ICD-10-CA/CCI, 2006 CORE

This product is similar to popular CD-ROM encyclopedias. The infobase automatically indexes every word, and users may find any piece of information quickly using the software's search engine.

Available: Currently.

Contact: ccicd-10@cihi.ca

A	$330
B	$495

(per five concurrent users, plus PST in Ontario and B.C.)

A	$165
B	$250

(per single user, plus PST in Ontario and B.C.)

Canadian Coding Standards for ICD-10-CA and CCI, 2006 CORE

This manual guides the user through the appropriate application of current coding standards for abstracting data elements from health records to populate the DAD and NACRS. These standards are a compilation of international rules of coding as established by the WHO (ICD-10, Volume 2) and the Diagnosis Typing Standard developed to denote case complexity for application in Canadian facilities. This manual uses a case-study approach to demonstrate the application of these standards. The manual is updated annually to reflect any changes in coding standards that may occur from one fiscal year to the next.

Available: Currently.

Contact: ccicd-10@cihi.ca

PDF

Available at no extra charge with purchase of ICD-10-CA/CCI 2006 CD ROM

The Canadian Coding Sourcebook (1999)

The coding reference manual for use with ICD-9 and ICD-9-CM is available upon request. This manual and its earlier versions may have relevance to longitudinal analyses.

Note: This sourcebook is only available in English.

Available: Currently.

Contact: codingquery@cihi.ca

A	$105
B	$155

Related Classification Products

Code Title Tables: ICD-10-CA, CCI CORE

The code title tables include all the valid diagnosis and intervention codes and their long titles by fiscal year.

Elements Included: The diagnosis and intervention tables are separate and contain the valid codes and their long descriptions.

Uses: The tables are an important specification for abstracting software developers. These tables are fiscal-year specific and should be used only with the same fiscal year of data. Software developers are required to purchase these through the Vendor Subscription Service and to sign the Vendor Subscription Licence Agreement.

Available: Currently for fiscal years 2003–2004, 2004–2005, 2005–2006 and 2006–2007.

Note: Tables dating back to 2001–2002 may be available upon request.

Contact: vendors@cihi.ca

2006–2007	A	$275
2005–2006	B	$415
2004–2005		
Prior fiscal years	A	$250
	B	$375

(per set of tables)

Category/Rubric Tables: ICD-10-CA and CCI ➲CORE

The following tables include all the valid diagnoses and intervention descriptions above the code descriptions by fiscal year:

- Chapter/Block/Three-Character Category Description Tables: ICD-10-CA
- Chapter/Block Description Tables: ICD-10-CA
- Section/Block/Group Description Tables: CCI
- Rubric Description Tables: CCI

Elements Included: The diagnosis and intervention tables are separate. The diagnosis tables include all categories at the three-character level, as well as chapter headings, block headings and a few sub-category headings at the four-character and five-character levels. The intervention tables include all rubrics at the five-character level, groups at the three-character level and all section- and block-level descriptions.

Uses: The tables may be used for rolling up data above the code level for internal reporting purposes. These tables are fiscal-year specific and should be used only with the same fiscal year of data. Software developers are required to sign the Vendor Subscription Licence Agreement.

Available: Currently for fiscal years 2003–2004, 2004–2005, 2005–2006 and 2006–2007.

Contact: vendors@cihi.ca

		💾
2006–2007	A	$275
2005–2006	B	$415
2004–2005		
Prior fiscal years	A	$250
	B	$375
		(per set of tables)

Validation Tables: ICD-10-CA, CCI ➲CORE

The validation tables include all the valid diagnosis and intervention codes by fiscal year and stipulate mandatory minimum edits.

Elements Included: The diagnosis and intervention tables are separate and contain the valid codes, basic age and gender parameters, as well as any applicable edit rules that may be in effect, in order to ensure accurate and consistent data collection.

Uses: The validation tables include all the valid diagnosis and intervention codes by fiscal year and stipulate mandatory edits (validation rules). These tables are fiscal-year specific and should be used only with the same fiscal year of data. Software developers are required to purchase these through the Vendor Subscription Service and to sign the Vendor Subscription Licence Agreement.

Available: Currently for fiscal years 2003–2004, 2004–2005, 2005–2006 and 2006–2007.

Note: Tables dating back to 2001–2002 may be available upon request.

Contact: vendors@cihi.ca

		💾
2006–2007	A	$110
2005–2006	B	$165
2004–2005		
Prior fiscal years	A	$100
	B	$200
		(per set of tables)

ICD-10-CA and CCI Evolution Tables ➲CORE

The evolution tables trace the heritage of a current code in the classifications. Evolution tables are useful as a quick guide to understanding macro changes within the classifications (i.e. historical categorization of a condition or intervention). The tables assist with data retrieval from one version of the classification to the next. However, for research purposes, the individual diagnosis or intervention should be plotted for each year the data are retrieved. Evolution tables account for all addenda at the code level. If a title has changed, hence changing the meaning of the code, the information will be included. Evolution tables do not account for addenda at inclusion or exclusion notes. They do not include index changes that may move an inclusion term between codes. The current code is listed and the codes it evolved from are given as predecessors. Inactive or deleted codes are also recorded, along with the new location of their content in the current version of the classification.

Available: Currently (2003→2001, 2006→2003)

Contact: vendors@cihi.ca

	PDF
A	$250
B	$375

Conversion Tables: ICD-10-CA/CCI to ICD-9/CCP or ICD-10-CA/CCI to ICD-9-CM ➲CORE

The conversion tables translate the new standard classification diagnosis and procedure codes back down to the previous classification standard diagnosis and procedure codes. The tables contain all the ICD-10-CA and CCI codes found in the validation tables by fiscal year as well as their corresponding translation to the previous classifications.

Elements Included: The tables are available for either diagnosis or intervention codes. They contain the valid

Standards

Conversion Tables: ICD-10-CA/CCI to ICD-9/CCP or ICD-10-CA/CCI to ICD-9-CM ➲CORE (cont'd)

ICD-10-CA and CCI codes by fiscal year and the corresponding valid 1999 version* of ICD-9, ICD-9-CM and CCP. No code titles or descriptions are provided.

* Please note that the ICD-9-CM Coding Clinic errata posted after 1999 are not incorporated into the conversion tables.

Uses: Although CIHI conversion tables can be used to convert diagnoses and interventions to the previously used classifications (ICD-9-CM or ICD-9/CCP), caution must be taken before using and/or analyzing data based on conversions. The translations provided in the tables are a result of CIHI's analysis of related coding guidelines, context of collection and, in some cases, the best force-fit possible given the shift to more specific new classification standards. The focus of the tables is on collapsing ICD-10-CA and CCI down to ICD-9-CM, ICD-9 and CCP; use of the tables in the other direction is not recommended.

Caution: Variability is likely to exist in the trending analysis for specific diagnoses or interventions when comparing data pre- and post-implementation of ICD-10-CA/CCI. Since the inaugural year, these tables have undergone significant changes. They are fiscal-year specific and should be used only with the same fiscal year of data unless otherwise stated. Software developers are required to purchase these through the Vendor Subscription Service and to sign the Vendor Subscription Licence Agreement.

Available: Currently for fiscal years 2003–2004, 2004–2005, 2005–2006 and 2006–2007.

Note: Tables dating back to 2002–2003 are available upon request. The 2002–2003 conversion table is to be used with 2001–2002 and 2002–2003 data.

Contact: vendors@cihi.ca

2006–2007	A	$275
2005–2006	B	$415
2004–2005		
Prior fiscal years	A	$250
	B	$375
		(per set of tables)

Equivalency Tables: ICD-9-CM/ICD-9 Diagnoses, ICD-9-CM/CCP Procedures ➲CORE

The equivalency tables provide a method for translating ICD-9-CM diagnosis codes to more general ICD-9 diagnosis codes, and ICD-9-CM procedure codes to CCP. The tables are specific to a fiscal year, and contain only those codes, in either classification system, designated by CIHI as valid for the fiscal year.

Elements Included: The tables are available for either diagnoses or procedures. No code titles or descriptions are provided. Individual tables are available from fiscal years 1994–1995 to 2000–2001.

Note: No further changes will be made to these tables.

Uses: Analysts or researchers reviewing data in CIHI's Discharge Abstract Database or in provincial and territorial hospital databases, where both classification systems are used, can make use of the appropriate fiscal-year table to standardize diagnoses and/or procedures to ICD-9/CCP. The translations provided in the tables are the result of CIHI's analysis of related coding guidelines, context of collection and, in some cases, usage in CIHI case mix grouping methodologies. The focus of the tables is on collapsing ICD-9-CM to ICD-9/CCP; use of the tables in the other direction is not recommended.

Available: Currently for fiscal years 1994–1995 to 2000–2001. Tables are available in ASCII format. Please specify fiscal year required.

Contact: vendors@cihi.ca

Diagnosis tables	A	$250
	B	$375
Procedure tables	A	$250
	B	$375
		(per set of tables)

Validation Tables: ICD-9-CM or ICD-9/CCP ➲CORE

The validation tables include valid ICD-9-CM or ICD-9/CCP diagnosis and procedure codes by fiscal year, and stipulate mandatory minimum edits as well as the standard abbreviated code titles.

Elements Included: The tables are a set of ICD-9-CM diagnoses and procedures, or ICD-9/CCP diagnoses and procedures. Within each set, there are separate tables for diagnoses and procedures. Tables are available for fiscal years 1994–1995 to 2000–2001.

Note: No further changes will be made to these tables.

Uses: The tables are an important specification for abstracting software vendors. As well, they are the only electronic source of code titles for ICD-9-CM and ICD-9/CCP. Software developers are required to purchase these through the Vendor Subscription Service and to sign the Vendor Subscription Licence Agreement.

Available: Currently for fiscal years 1994–1995 to 2000–2001. Tables are available in ASCII format. Please specify either ICD-9-CM or ICD-9/CCP version.

Contact: vendors@cihi.ca

A	$100
B	$150
	(per set of tables)

Data Set and Grouping Methodology Standards

Grouping methodologies, such as CMG, DPG, CACS and RUG-III, are standards for grouping patients/clients with similar diagnoses and similar treatment requirements. They help health care facilities predict a patient's length of stay and resource use for utilization management purposes.

Standards for classifying or grouping patients must meet four basic criteria:

- data required for grouping are routinely collected
- they produce a manageable number of possible categories
- categories have clinical similarity within them
- categories have statistical similarity within them, specifically in terms of length of stay or total resource use

• Discharge Abstract Database (DAD)

DAD Abstracting Manual (for Use With ICD-10-CA/CCI) ⊃CORE

This manual provides detailed record and edit specifications for acute-care hospitals that submit data on patient discharges to the DAD. It provides data providers with abstracting, edit and error-message information in one comprehensive publication.

Elements Included:

- the core section provides data element specifications that apply uniformly to all provinces/territories
- provincial/territorial variations reflect differences from the core section by jurisdiction

Uses: Hospitals use this standard to submit required data on patient discharges to the Discharge Abstract Database.

Available: Currently available in PDF format from 2002–2003 to 2006–2007 and in HTML format for 2005–2006. There is no HTML version for 2006–2007.

Contact: dad@cihi.ca

		PDF	HTML
2006–2007	A	$165	Free*
2005–2006	B	$250	
2004–2005			
Prior fiscal years	A	$150	Free*
	B	$225	

*Available only to participating facilities

Complexity Overlay (or Plx) and Age Adjustment for Case Mix Groups

The Case Mix Groups (CMG) methodology is designed to aggregate acute-care inpatients with similar clinical and resource-utilization characteristics. Complexity is a refinement to the CMG methodology. It is a more sensitive and precise method to account for variation in length of stay and resource use due to the presence of comorbid conditions and it is used to improve utilization management and resource allocation in health care facilities.

Elements Included: The ICD-10-CA diagnosis codes broadly categorize patients into major clinical categories (MCC). This is based generally on the diagnosis determined to have been responsible for the greatest portion of the patient's length of stay (MRDx). The MCC is divided into two partitions. Those cases that have the presence of a procedure are assigned to the surgical partition, while those without the presence of a procedure are assigned to the medical partition. If a case is assigned to the medical partition of an MCC, a list of diagnosis codes (grouped according to similarities in length of stay and resource requirements) is used to assign the CMG cell. If a case is assigned to the surgical partition of an MCC, a hierarchical list of procedure codes is used to assign the CMG cell.

Plx further refines case mix groups to reflect additional diagnoses that influence a patient's overall medical condition. These comorbid conditions may be present at the time of admission or may arise during the hospital stay. Cases are assigned to one of four Plx levels. Level 1 denotes the absence of comorbid conditions, while Level 4 denotes the presence of comorbid conditions that are potentially life-threatening.

Standards

Complexity Overlay (Plx) and Age Adjustment for Case Mix Groups (cont'd)

Together, Plx and age adjustment improve estimates of resources required to treat certain classes of patients, specifically the very young, the elderly and the medically complex. These estimates are more sensitive than those previously available with respect to individual patient characteristics, such as:

- the type and number of comorbid conditions
- the time of onset of comorbid conditions
- conditions affecting multiple body systems
- the patient's age group

Uses: Plx and age adjustment will allow hospitals to predict length of stay and resource use more accurately for:

- planning and evaluating programs
- analyzing physician impact
- translating case mix data into estimated costs
- monitoring clinical practice and resource use
- developing benchmarks
- planning patient discharge

Contact: casemix@cihi.ca

CMG/Plx Directory 2003 (for use with ICD-10-CA/CCI) CORE

This directory contains detailed flow charts of the CMG logic and lists the ICD-10-CA diagnosis and CCI procedure codes used in the assignment of MCC and CMG cells. Of note, the CMG methodology will not be updated until it is redeveloped with ICD-10-CA and CCI data.

Available: Currently for use with all ICD-10-CA/CCI years including 2006–2007.

Contact: casemix@cihi.ca

	HTML
A	$250
B	$375

CMG 2003 Title Table CORE

The CMG Title Table provides a standard abbreviation title for all case mix groups found in the CMG Directories. The tables are specific to a fiscal year, and contain only those titles as valid for the fiscal year.

Elements Included: CMG code and CMG full title.

Uses: The table can be used to interpret the three-digit CMG numeric codes and should be used in conjunction with data to which the fiscal case mix groups have been assigned. In addition, the table is provided under restriction against the creation of multiple copies. Software developers are required to purchase these through the Vendor Subscription Service and to sign the Vendor Subscription Licence Agreement.

Available: Currently for 2006–2007.

Note: Tables dating back to 1994–1995 are available upon request. These tables are fiscal-year specific and should be used only with the same fiscal year of data, unless otherwise stated. The tables are available in ASCII format.

Contact: vendors@cihi.ca

A	$25
B	$40
	(per set of tables)

Resource Intensity Weights (RIW) and Expected-Length-of-Stay Methodology

RIW values are calculated using exclusively Canadian cost data. The RIW system is a resource allocation methodology for estimating a hospital's inpatient-specific costs for both acute and day-procedure care. The RIW system is used to standardize the expression of hospital case volumes, recognizing that not all patients require the same health care resources. Volume is then expressed as weighted cases.

The RIW system builds on the initial grouping methodologies (CMG/Plx and DPG) and is driven by a model of how case costs and expected length of stay (ELOS) vary by CMG, Plx level and age.

Cases included in the RIW calibration database are divided into deaths, sign-outs, transfers, long-stay outliers and typicals. The Hospital Specific Relative Value methodology is used to create the RIW values. A national-level length of stay predictor is calculated using a series of regression analyses. An age adjustment based on three age categories (0 to 17, 18 to 69, 70+) is used in the calculation to further refine the predictive model. The ELOS is used as an indicator in hospital utilization management analyses. It can be used prospectively for discharge planning, or retrospectively as a practice benchmark.

Uses:

- translating case-mix data into cost data
- determining unit costs for atypical cases
- identifying priorities by CMG for utilization management
- planning new programs
- evaluating program efficiency

Contact: casemix@cihi.ca

DAD Resource Intensity Weights and Expected Length of Stay 2005 ⊃CORE

This manual provides an explanation of the ELOS calculation and the RIW calibration process for typical and atypical cases. In addition to the complete set of RIW and ELOS estimates for each CMG cell, Plx group and age category, an overview of the CMG/Plx grouping methodology is presented along with a discussion of the cost data sources used for RIW 2005.

Note: RIW and ELOS 2005 are to be used with CMG/Plx 2003 and with fiscal-year 2006–2007 data.

Available: Currently for use with fiscal 2005–2006 and 2006–2007 data.

Contact: casemix@cihi.ca

	PDF
A	$55
B	$85

DAD Resource Intensity Weights Table ⊃CORE

Selected columns from the typical RIW spreadsheet in the DAD Resource Intensity Weights and Expected Length of Stay manuals are available in electronic format.

Elements Included: The RIW table for use with fiscal-year 2006–2007 data assigned using CMG/Plx 2003 includes: CMG cell, Plx level, Plx age group, typical resource intensity weights, CIHI per-diem weight, CIHI blended outlier per-diem weight and trim point.

Uses: A fiscal-year table should be used in conjunction with the hospital acute-care data to which the fiscal CMG/Plx has been assigned, unless otherwise specified (e.g. RIW 2001 used with fiscal-year 2001–2002 data), and is insufficient in itself for the assignment of resource intensity weights in all cases, even when used in conjunction with the associated booklet. Full and exacting specifications for RIW assignment are available to vendors under the CIHI Vendor Subscription Licence Agreement. In addition, the table is provided under restriction against the creation of multiple copies.

Available: Currently, RIW 2005 is available in ASCII format for use with fiscal 2005–2006 and 2006–2007 data.

Note: Tables dating back to fiscal year 1997–1998 are available upon request. These tables are fiscal-year specific and should be used only with the same fiscal year of data, unless otherwise stated.

Contact: vendors@cihi.ca

		💾
2005	A	$110
2004	B	$165
Prior fiscal years	A	$100
	B	$150
		(per set of tables)

DAD Expected Length of Stay Table ⊃CORE

Selected columns from the ELOS spreadsheet in the DAD Resource Intensity Weights and Expected Length of Stay manual are available in electronic format.

Elements Included: The ELOS table includes CMG cell, CMG abbreviated title, Plx level, Plx age group, trim point and ELOS.

Uses: A fiscal-year table should be used in conjunction with the hospital acute-care data to which the fiscal CMG/Plx has been assigned, unless otherwise specified (e.g. ELOS 2005 used with fiscal-year 2005–2006 data). Full and exacting specifications for ELOS assignment are available to vendors under the CIHI Vendor Subscription Licence Agreement. In addition, the table is provided under restriction against the creation of multiple copies.

Available: Currently, the ELOS 2005 table is available in ASCII format for use fiscal 2005–2006 and 2006–2007 data.

Note: Tables dating back to fiscal year 1997–1998 are available upon request. These tables are fiscal-year specific and should be used only with the same fiscal year of data, unless otherwise stated. The tables are available in ASCII format.

Contact: vendors@cihi.ca

		💾
2005	A	$110
2004	B	$220
2002	A	$100
	B	$150
		(per set of tables)

Day Procedure Groups

Day procedure groups (DPG) is a national classification system for ambulatory hospital patients that focuses on the area of day surgery. Patients are assigned to categories according to the principal or most-significant procedure recorded on the patient abstract. Patients assigned to the same DPG group represent a homogeneous cluster with similar clinical episodes and requiring similar resources. The DPG grouping methodology for 2006 is now based directly on the CCI, and is the result of an extensive review and revision process using Canadian case-cost data.

Elements Included: There are 102 DPG groups, each containing a set of intervention codes from CCI. A facility's case volume, its case mix and an estimate of resources consumed in the ambulatory setting can be determined.

Uses: A health care facility can analyze its same-day surgery activity for planning, cost-analysis and utilization, and for quality-management purposes. It can compare inpatient activity to outpatient activity, as well as to the CIHI database.

Contact: casemix@cihi.ca

Standards

Day Procedure Groups 2006 CORE

This product contains an overview of day procedure groups methodology and detailed DPG group assignment for each CCI code used in the DPG methodology.

Elements Included: The following information is included in the product:

- Methodology overview
- DPG RIW values
- DPG code finder

Available: Spring 2007 for use with fiscal year 2006–2007 data.

Contact: casemix@cihi.ca

	HTML
A	$50
B	$75

Day Procedure Groups (or DPG) RIW Table CORE

The DPG grouping methodology for 2006 is now based directly on the CCI and is the result of an extensive review and revision process using Canadian case-cost data. Through the review process, the DPG RIW values have also been updated to reflect the revised cells. The DPG table provides an electronic list of DPG and DPG titles. In addition, the RIW values for each DPG cell are provided.

Elements Included: The DPG/RIW table includes the DPG code, DPG full title and RIW value.

Uses: A fiscal-year table can be used to assign an RIW value to data to which the DPG code has been assigned and should be used only in conjunction with the hospital day-surgery data collected through the DAD. The RIW values should only be used in conjunction with the fiscal-year DPG that has been assigned, unless otherwise specified (e.g. DPG codes and DPG RIW 2006 to be used with data from fiscal year 2006–2007).

Note: The table is provided under restriction against the creation of multiple copies. Software developers are required to purchase the tables through the Vendor Subscription Service and to sign the Vendor Subscription Licence Agreement.

Available: The DPG RIW 2006 table is available in ASCII format for use with fiscal-year 2006–2007 data.

Note: Tables dating back to fiscal year 1997–1998 are available upon request. These tables are fiscal-year specific and should be used only with the same fiscal year of data unless otherwise stated. The tables are available in ASCII format.

Contact: vendors@cihi.ca

2006–2007	A	$35
	B	$50
Prior fiscal years	A	$25
	B	$40
		(per set of tables)

DPG Assignment Table (CCI) CORE

The DPG grouping methodology for 2006 is now based directly on the CCI, and is the result of an extensive review and revision process using Canadian case-cost data. The DPG Assignment Table provides a means to assign a DPG code to hospital day-surgery data based on the principal CCI intervention code collected in the DAD. The DPG RIW 2006 values are also provided.

Elements Included: The DPG 2006 assignment table for use with fiscal-year 2006–2007 data includes the DPG code and the DPG RIW value.

Uses: A fiscal-year table can be used in conjunction with the hospital day-surgery data collected through the DAD to which the fiscal-year DPG has been assigned, unless otherwise specified (e.g. DPG 2006 used with fiscal-year 2006–2007 data).

Note: Full and exacting specifications for DPG assignment are available to vendors under the CIHI Vendor Subscription Licence Agreement. In addition, the table is provided under restriction against the creation of multiple copies.

Available: Currently the DPG 2006 table is available in ASCII format for use with fiscal-year 2006–2007 data.

Historical tables are available upon request. These tables are fiscal-year specific and should be used only with the same fiscal-year of data unless otherwise stated. The tables are available in ASCII format.

Contact: vendors@cihi.ca

A	$275
B	$415

DPG Assignment Table (ICD-9-CM or CCP) with Resource Intensity Weights (Last Year Available: 2002) CORE

The DPG Assignment Table provides a means to assign a DPG code to hospital day-surgery data based on the principal intervention code collected in the DAD. The tables are available in either ICD-9-CM or CCP. The DPG RIW value is also provided.

Elements Included: The DPG Assignment Table for use with data collected using ICD-9-CM or CCP for fiscal year 2002–2003 and onwards includes the DPG code and the DPG RIW 2002 value.

Uses: A fiscal-year table can be used in conjunction with the hospital day-surgery data collected through the DAD to which the fiscal-year DPG has been assigned, unless otherwise specified (e.g. DPG 2002 used with fiscal-year 2002–2003 data).

Note: DPG 2002 is to be used with fiscal years 2002–2003 and 2003–2004 for data collected using the ICD-9-CM or CCP classification system. Full and exacting specifications for DPG assignment are available to vendors under the CIHI Vendor Subscription Licence Agreement. In addition, the table is provided under restriction against the creation of multiple copies.

Available: Currently, the DPG 2002 table is available in ASCII format for use with fiscal years 2002–2003 and 2003–2004 for data collected using the ICD-9-CM or CCP coding classification. Specify either ICD-9-CM or CCP version.

Contact: vendors@cihi.ca

		💾
	A	$250
	B	$375
		(per set of tables)

Case Mix Tools for Decision-Making in Health Care CORE

This book contains case studies from Canadian hospitals, which document the use of CMG-, PIx- and DPG-based information. Produced in collaboration with the Hospital Management Research Unit (HMRU) and the Toronto Academic Health Science Council (TAHSC), the casebook provides a timely opportunity for health care managers, clinicians and other health professionals to share their experiences with the use of case-mix information in today's complex health environment.

Available: Currently.

Contact: casemix@cihi.ca

	PDF
	Free

National Ambulatory Care Reporting System (NACRS)

National Ambulatory Care Reporting System Manual CORE

This manual provides detailed instructions for data collection and submission to the NACRS database. It was developed to support the ICD-10-CA/CCI classification system, and is divided into six sections:

- introduction to CIHI
- introduction to ambulatory-care abstracting
- general information and guidelines
- special instructions and information
- data-element detailed description and collection guidelines
- data-submission requirements

Uses: Hospitals and community-based ambulatory-care centres may use the NACRS standard product to submit required data on ambulatory-care activity of patients to the NACRS database. Patient activity for ambulatory-care reporting encompasses visits to emergency departments, surgical day/night care, medical day- and night-care clinics and outpatient clinics in hospitals and communities.

Available: Currently available in PDF and HTML formats from 2002–2003 to 2006–2007.

Contact: nacrs@cihi.ca

		PDF	HTML
2006–2007	A	$125	Free*
2005–2006	B	$185	
2004–2005			
Prior fiscal years	A	$110	
	B	$165	

*Available only to participating facilities

Comprehensive Ambulatory Classification System (CACS) Directory 2006 CORE

Elements Included: The Comprehensive Ambulatory Classification System (CACS) Directory 2006 describes the CACS methodology through text and flow charts. The CACS grouping logic aggregates client visits into groups that are clinically and resource homogeneous. The CACS grouping methodology for 2006 is now based directly on ICD-10-CA and CCI, and is the result of an extensive review and revision process using Canadian case-cost data.

Variables that are used to assign clients to groups are diagnosis, client age, gender, intervention, visit disposition and anesthetic technique.

Comprehensive Ambulatory Classification System (CACS) Directory 2006 ⊃CORE (cont'd)

This directory contains detailed flow charts of the CACS logic and lists the diagnosis and procedure codes used in the assignment of major ambulatory cluster (MAC) and CACS. It also includes the following tables: CACS title, Resource Intensity Weights (formerly ambulatory cost weights) 2006 and CACS code finder.

Uses: Client-visit data collected in the minimum data set and classified by the grouping methodology populate NACRS. These data can be used to support management decision-making at the facility level; resource allocation decisions at a global and facility level; provincial, territorial and national comparisons; and the effective analysis of ambulatory-care services.

Restrictions: Distribution of the Directory as part of the Core Plan is dependent on the implementation date of the facility; otherwise, the following prices apply.

Available: First quarter, 2006–2007 for use with fiscal-year 2006–2007 data.

Contact: casemix@cihi.ca

	HTML
A	$300
B	$450

Comprehensive Ambulatory Classification System (CACS) RIW Table ⊃CORE

The CACS grouping methodology for 2006 is now based directly on the ICD-10-CA and -CCI and is the result of an extensive review and revision process using Canadian case-cost data. Through the review process, the CACS RIW values have also been updated to reflect the revised cells. The CACS table provides an electronic list of CACS cells and CACS titles. In addition, the RIW values for each CACS cell are provided.

Elements Included: The CACS RIW table includes the CACS code, CACS full title, major iInvestigative technology, visit disposition and RIW value.

Uses: A fiscal-year table can be used to assign an RIW value to data to which the CACS code has been assigned and should be used only in conjunction with the hospital ambulatory care data collected through the NACRS. The RIW values should be used only in conjunction with the fiscal year CACS that has been assigned, unless otherwise specified (e.g. CACS codes and CACS RIW 2006 to be used with data from fiscal year 2006–2007).

Note: The table is provided under restriction against the creation of multiple copies. Software developers are required to purchase the tables through the Vendor Subscription Service and to sign the Vendor Subscription Licence Agreement.

Available: The CACS RIW 2006 table is available in ASCII format for use with fiscal-year 2006–2007 data collected using the ICD-10-CA/CCI coding classification.

Contact: vendors@cihi.ca

A	$35
B	$50

• Ontario Mental Health Reporting System (OMHRS)

Ontario Mental Health Reporting System (OMHRS) Minimum Data Set User's Manual

This manual provides guidelines, definitions and codes for the completion of all OMHRS data elements, including MDS-MH assessments and the use of the Mental Health Assessment Protocols (MHAPs). It details the submission timelines and lists the specifications for each data element collected for the OMHRS. This manual is intended for all users.

Available: Currently.

Contact: omhrs@cihi.ca

		PDF
A	$60	$30
B	$90	$45

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

This product is to be used along with the System for Classification of In-Patient Psychiatry (SCIPP) Grouping Methodology Case Mix Index (CMI) Values.

The flow charts and SAS code outline the SCIPP grouping methodology applied to MDS-MH assessment data submitted to the OMHRS. The SCIPP methodology, using the assessment data and CMI values, assigns each mental health assessment to one of 48 SCIPP groups.

Elements Included: This product contains SAS code and detailed flow charts for the SCIPP logic (PDF format for the flow charts, PDF and text formats for the code).

Uses: The SCIPP grouping methodology may be used to support facility, regional or provincial/territorial-level service planning and analysis of resource utilization in facility-based mental health care.

Available: Second quarter, 2006–2007

Contact: casemix@cihi.ca

	PDF, Text
A	$110
B	$165

System for Classification of In-Patient Psychiatry (SCIPP) Grouping Methodology Case Mix Index (CMI) Values, OMHRS Version

This product is to be used along with the System for Classification of In-Patient Psychiatry (SCIPP) Grouping Methodology Flow Charts and SAS code.

The flow charts and SAS code outline the SCIPP grouping methodology applied to MDS-MH assessment data submitted to the OMHRS. The SCIPP methodology, using the assessment data and CMI values, assigns each mental health assessment to one of 48 SCIPP groups.

Elements Included: This product includes the CMI values, which are the cost weights for each SCIPP group.

Uses: The SCIPP grouping methodology may be used to support facility, regional or provincial/territorial-level service planning and analysis of resource utilization in facility-based mental health care.

Available: Fourth quarter, 2006–2007

Contact: casemix@cihi.ca

	PDF, ASCII
A	$110
B	$165

National Rehabilitation Reporting System (NRS)

Rehabilitation Minimum Data Set Manual CORE

This manual provides detailed record and edit specifications for facilities that submit data on rehabilitation clients to the National Rehabilitation Reporting System (NRS).

Restrictions: For the purpose of distribution of the Rehabilitation Minimum Data Set Manual, the following definitions apply for Core Plan members:

Small facilities: 1 to 99 designated rehabilitation beds

Medium facilities: 100 to 149 designated rehabilitation beds

Large facilities: 150 plus designated rehabilitation beds

Receipt of the manual requires prior signing of an end-user licence agreement with CIHI.

Available: Currently.

Contact: rehab@cihi.ca

		PDF
A	$60	$30
B	$90	$45

Continuing Care Reporting System (CCRS)

RAI-MDS 2.0 and RAPs Canadian Version User's Manual—Second Edition, March 2005 CORE

This manual provides standards for conducting RAI-MDS 2.0 assessments and using the resident assessment protocols (RAPs). It includes how and when assessments should be carried out; the assessment forms; and detailed guidelines on coding and interpretation of the individual data elements.

It is intended for use by clinical staff involved in assessing residents and for others involved in the implementation of the RAI-MDS 2.0 within their organizations.

Available: Currently.

Contact: ccrs@cihi.ca

		PDF
A	$90	$45
B	$135	$70

Continuing Care Reporting System Specifications Manual CORE

This manual is designed as a companion resource to the MDS 2.0 and RAPs Canadian Version Users Manual, Second Edition, March 2005. It lists the specifications for each data element collected for the CCRS and details the assessment and submission timelines. It lists the technical specifications required for data submission, which are intended for vendors or others developing data collection and submission software. It also includes the CCRS assessment and tracking forms.

Available: Currently.

Contact: ccrs@cihi.ca

PDF
Free

Standards

Resource Utilization Groups III (RUG-III) Grouping Methodology: Flow Charts and SAS Code, CCRS Version ⊃CORE

This product is to be used along with the Resource Utilization Groups, III (RUG-III) Grouping Methodology Case Mix Index (CMI) Values 2006, CCRS Version.

The flow charts and SAS code outline the RUG-III grouping methodology applied to assessment data submitted to the CCRS. The RUG-III methodology, using the MDS 2.0 assessment data and Case Mix Index (CMI) values, assigns each continuing-care assessment to one of 44 resource utilization groups.

Elements Included: This product contains SAS code and detailed flow charts for the RUG-III logic (PDF format for the flow charts, PDF and text formats for the code).

Uses: The RUG-III grouping methodology may be used to support facility, regional or provincial/territorial-level service planning and analysis of resource utilization in facility-based continuing care.

Available: Second quarter, 2006–2007

Contact: casemix@cihi.ca

	PDF, Text
A	$110
B	$165

Resource Utilization Groups III (RUG-III) Grouping Methodology Case Mix Index (CMI) Values 2006, CCRS Version ⊃CORE

This product is to be used along with the Resource Utilization Groups, III (RUG-III) Grouping Methodology Flow Charts and SAS Code, CCRS Version.

The flow charts and SAS code outline the RUG-III grouping methodology applied to assessment data submitted to the CCRS. The RUG-III methodology, using the MDS 2.0 assessment data and CMI values, assigns each continuing care assessment to one of 44 resource utilization groups.

Elements Included: The product includes the CMI values, which are the cost weights for fiscal year 2006 (and prior years) for each RUG-III group.

Uses: The RUG-III grouping methodology may be used to support facility, regional or provincial/territorial-level service planning and analysis of resource utilization in facility-based continuing care.

Available: Second quarter, 2006–2007

Contact: casemix@cihi.ca

	PDF, ASCII
A	$110
B	$165

CCRS Technical Document: Ontario RUG Weighted Patient Day (RWPD) Methodology 2004–2005 and 2005–2006

This document describes how the CCRS Resource Utilization Groups (RUG) Weighted Patient Day (RWPD) calculations are performed, specific to the processing of Ontario CCRS data for the 2004–2005 and 2005–2006 fiscal years.

This description covers the processing of CCRS activities (e.g. admissions, assessments) in order to produce RWPD events for a given fiscal year.

Available: Currently.

Contact: casemix@cihi.ca

	PDF
	Free

• Home Care Reporting System (HCRS)

RAI-Home Care (RAI-HC) Manual, Canadian Version, Second Edition, October 2002 ⊃CORE

This manual provides standards for conducting RAI-HC assessments and using the client assessment protocols (CAPs). It includes how and when RAI-HC assessments should be carried out; the assessment form; and detailed guidelines on coding and interpretation of the individual data elements.

It is intended for use by clinical staff involved in assessing clients and for others involved in the implementation of the RAI-HC within their organizations. Coding standards for CIHI data elements are found in the Home Care Reporting System Specifications Manual.

Available: Currently.

Contact: homecare@cihi.ca

		PDF
A	$60	$30
B	$90	$45

Home Care Reporting System Specifications Manual CORE

This manual is designed as a companion resource to the RAI-HC, Canadian Version, Second Edition, October 2002.

It lists the specifications for each data element collected for the HCRS and provides coding instructions for HCRS data elements that are not contained within the RAI-HC assessment. It lists the technical specifications required for data submission which are intended for vendors or others developing data collection and submission software. It also provides technical specifications for the clinical outputs derived from the RAI-HC.

Available: Currently.

Contact: homecare@cihi.ca

	PDF
	Free

Resource Utilization Groups III Home Care (RUG-III-HC) Grouping Methodology: Flow Charts and SAS Code, HCRS Version CORE

The flow charts and SAS code outline the RUG-III-HC grouping methodology applied to RAI-HC assessment data submitted to the HCRS. The RUG-III-HC methodology assigns each RAI-HC assessment to one of 23 resource utilization groups.

Elements Included: This product contains SAS code and detailed flow charts for the RUG-III-HC logic (PDF format for the flow charts, PDF and text formats for the code).

Uses: The RUG-III-HC grouping methodology may be used to support home-care organizations and regional or provincial/territorial-level service planning and analysis of home-care resource utilization.

Available: Currently

Contact: casemix@cihi.ca

	PDF, Text
A	$110
B	$165

Canadian Organ Replacement Register (CORR)

CORR Instruction Manuals 2006 CORE

These manuals are designed to help staff at organ-procurement organizations, transplant hospitals and hospitals providing renal-replacement therapy to submit data to CORR. The two manuals are *Transplant Recipient and Organ Donor Information* (Manual I) and *Chronic Renal Failure Patients on Renal Replacement Therapy* (Manual II).

Available: Currently.

Contact: corr@cihi.ca

		PDF
Manual I	A	$35
	B	$50
Manual II	A	$20
	B	$30

CIHI Licence Agreements (Vendor Subscription Service)

The CIHI Vendor Subscription 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 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 (i.e. CMG/Plx, DPG, ELOS, RIW, CACS and ACW).

Additional products may be added as development projects occur. This is an annual licence and must be renewed each year in order for the vendor to receive the listed products from CIHI.

Contact: vendors@cihi.ca

Price: Vendor licence fees vary according to the product. For some products, additional licence fees may be required for authorized use by end users.

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. CIHI's growing range of general reports from its data holdings fall in this category. They are used to answer questions about Canadian health care or to act as a starting point for additional research.

Corporate

- ### CIHI Directions ICIS ➲CORE

CIHI Directions ICIS is CIHI's official newsletter and is published three times a year. It disseminates information on key findings from reports, new health data and research developments, as well as strategic activities, both in Canada and around the world.

Available: First, third and fourth quarters, 2006–2007.

Contact: communications@cihi.ca

PDF
Free

- ### CIHI Annual Report ➲CORE

The annual report provides an overview of the organization, its corporate achievements of the past fiscal year, the priorities for the upcoming year and a summary of the audited financial statements.

Available: Second quarter, 2006–2007.

Contact: communications@cihi.ca

PDF
Free

- ### Privacy and Confidentiality of Health Information at CIHI: Principles and Policies for the Protection of Personal Health Information and Policies for Institution-Identifiable Information, 3rd Edition ➲CORE

The protection of individual privacy, the confidentiality of records and the security of information are essential to CIHI. In support of this, CIHI has in place a comprehensive privacy program. One key element of the program is CIHI's statement of its privacy principles and policies. These are reviewed and updated regularly. The principles and policies are set out in *Privacy and Confidentiality of Health Information at CIHI: Principles and Policies for the Protection of Personal Health Information and Policies for Institution-Identifiable Information,* 3rd edition.

Available: Currently.

Contact: privacy@cihi.ca

PDF
Free

- ### Privacy Tool Kit ➲CORE

The CIHI Privacy Tool Kit provides an overview of CIHI and a summary, with URLs, of CIHI's privacy protection tools, such as the privacy impact assessment template, data request and non-disclosure/confidentiality agreement forms and consent/authorization requirements for disclosure/linkage guidelines.

Available: Currently.

Contact: privacy@cihi.ca

PDF
Free

- ### Privacy and Confidentiality Brochure ➲CORE

CIHI has created a brochure in both official languages that explains CIHI's mandate and how CIHI uses and safeguards personal health data in developing and analyzing vital national health information.

Available: Currently.

Contact: privacy@cihi.ca

Limited quantities are available free of charge by contacting CIHI's Privacy Secretariat, or you can read the brochure online at www.cihi.ca.

Publications

Health System/Special Reports

• Health Care in Canada, 2006

CORE

Health Care in Canada, 2006 will be the seventh report released in the series of annual reports on Canada's health care system. It provides up-to-date information on what we know and don't know about the performance of Canada's health care system and its resources. Topics covered in this year's report include an examination of expenditures on health and health human resources and variations in health spending across the country. The 2006 report also includes a special focus on 30-day inpatient mortality for acute myocardial infarction (AMI) and stroke—two leading causes of population mortality and morbidity. These two health indicators are important measures of quality of care in Canadian hospitals and the health system. Also included in this report is the *Health Indicators* insert, providing updated data on a range of health and health system–related indicators at both the regional and provincial/territorial levels.

Available: First quarter, 2006–2007.

Contact: healthreports@cihi.ca

			PDF
	A	$30	Free
	B	$40	

Other publications available in this series CORE

- *Health Care in Canada, 2005*
- *Health Care in Canada, 2004*

Note: Publications dating back to 2000 may also be available upon request.

Available: Currently.

Contact: healthreports@cihi.ca

			PDF
2005	A	$30	Free
	B	$40	
Prior fiscal years	A	$25	Free
	B	$35	
		(per volume)	

• Exploring the 70/30 Split: How Canada's Health Care System Is Financed CORE

In 2004, Canada spent an estimated $130 billion on health care. *Exploring the 70/30 Split: How Canada's Health Care System Is Financed* provides up-to-date, comprehensive information on how Canada is financing health care. The report details the proportion of funding that comes from the public sector and the proportion that comes from private sources (e.g. out-of-pocket payments, private insurance) for a variety of health services including hospitals, physicians, prescription drugs and dental and vision care. Provincial/territorial variations in funding patterns are documented and Canada is compared to other OECD countries to highlight similarities and differences in approaches to health care financing. This report also provides information about factors contributing to increasing health care costs in Canada.

Available: Currently.

Contact: healthreports@cihi.ca

		PDF
A	$30	Free
B	$40	

• Giving Birth in Canada: The Costs

CORE

Giving Birth in Canada is a series of reports on the health and health care of Canada's mothers and infants. The first report, *Giving Birth in Canada: Providers of Maternity and Infant Care*, focuses on trends in birthing and maternity and infant care, and examines the changing scope of practice for care providers. The second report, *Giving Birth in Canada: A Regional Profile*, highlights selected health care and health status indicators for Canada's mothers and infants—such as the use of epidurals, assisted deliveries and women having caesarean sections for the first time—and presents new data at the regional level (for regions with populations of 75,000 or more) and at the provincial/territorial level. This report, *Giving Birth in Canada: The Costs*, explores the costs associated with delivering maternity and infant care in Canada, including provincial, national and international comparisons. Costs associated with treating infertility, prenatal visits, delivery and neonatal care are examined. Where available, the report also presents data on the potential cost implications of the trends identified in the two preceding reports in the series.

Giving Birth in Canada: The Costs ⊃CORE (cont'd)

Available: First quarter, 2006–2007.

Contact: healthreports@cihi.ca

		PDF
A	$30	Free
B	$45	

Other publications available in this series ⊃CORE

- *Giving Birth in Canada: Providers of Maternity and Infant Care* (PDF only)
- *Giving Birth in Canada: A Regional Profile*

Available: Currently.

Contact: healthreports@cihi.ca

		PDF
A	$30	Free
B	$45	
	(per volume)	

Canada's Health Care Providers: 2005 Chartbook ⊃CORE

In 2001, CIHI published an in-depth special report on Canada's health care providers. It serves as a consolidated reference about what we know and don't know about regulated, unregulated and informal members of the health care team. To address issues such as the supply, distribution, education, regulation, scopes of practice, work life and health of these individuals, the report drew on various sources of data and research produced at the local, regional, provincial, national and international levels.

These issues continue to be at the top of the health policy agenda. To support and stimulate ongoing policy dialogue and development across the country, *Canada's Health Care Providers: 2005 Chartbook* updates many of the graphs, figures and tables in the original report. Also included is a sample of related additional material drawn from CIHI reports released since *Canada's Health Care Providers* was published in 2001.

Available: Currently.

Contact: healthreports@cihi.ca

PDF
Free

Other publications available in this series ⊃CORE

- *Canada's Health Care Providers*

Available: Currently.

Contact: healthreports@cihi.ca

		PDF
A	$25	Free
B	$35	

Waiting for Health Care in Canada: What We Know and What We Don't Know ⊃CORE

Improving access to care has consistently been identified as a top priority for Canadians from coast to coast. CIHI's *Waiting for Health Care in Canada: What We Know and What We Don't Know* takes a closer look at some of the important issues around wait times and access to care, including challenges in wait-times measurement, what we know and don't know about access to routine and specialist care, access to diagnostic tests and waiting for surgery.

Available: Currently.

Contact: healthreports@cihi.ca

		PDF
A	$30	Free
B	$40	

Emergency Department Wait Times Report Series ⊃CORE

Little information exists about waiting for care in emergency departments (EDs), including how long people wait and how wait times vary by patient and system characteristics. A new series of reports from CIHI provides Canadians with new information on some of the key issues regarding wait times in EDs. The report series uses data primarily from Ontario-based EDs, but national and international comparisons are included where possible. This first report, entitled *Understanding Emergency Department Wait Times: Who Is Using Emergency Departments and How Long Are They Waiting?, 2005*, focuses on who is accessing EDs and at what time, as well as how long patients are waiting to see a physician and how long their visits take. The other reports will focus on wait times associated with specific health concerns and systems issues that might affect waits in EDs.

Available: Currently: *Understanding Emergency Department Wait Times: Who Is Using Emergency Departments and How Long Are They Waiting?, 2005.*

Contact: research@cihi.ca

PDF

Publications

- **Hospital Report 2006: Acute Care**

  Hospital Report 2006: Acute Care is a joint initiative of the Ontario Hospital Association and the Government of Ontario. The report is produced by CIHI in conjunction with research teams from the Hospital Report Research Collaborative at the University of Toronto. The report, serves to facilitate hospitals' quality-improvement initiatives and accountability to their community. *Hospital Report 2006: Acute Care* uses a balanced-scorecard approach to report on performance in the areas of patient satisfaction; financial condition and performance; system integration and change; clinical utilization and outcomes; and women's health. Hospital-specific indicator results, quadrant trends and technical reports are available.

  Available: Second quarter, 2006–2007.

  Note: Publications dating back to 2001 may also be available upon request.

  Contact: hospitalreport@cihi.ca

  PDF
  Free

Health Indicators

- **The Health Indicators Project: The Next Five Years.** Report from the Second Consensus Conference on Population Health Indicators ⊃CORE

  The second Consensus Conference on Population Health Indicators was convened in order to achieve agreement on the measures used by CIHI and Statistics Canada reflecting the health of Canadians, factors that affect our health and the performance of the health care system. This report summarizes the results of the conference and includes a list of confirmed health indicators, as well as directions for future development.

  Available: Currently.

  Contact: indicators@cihi.ca

  PDF
  Free

Other publications available in this series ⊃CORE

- *National Consensus Conference on Population Health Indicators Final Report (2000)*

Available: Currently.

Contact: indicators@cihi.ca

PDF
Free

- **Health Indicators: e-Publication** ⊃CORE

  This publication, produced jointly by Statistics Canada and CIHI, provides a set of indicators that measure the health of the Canadian population and the health care system. It provides a link between the Statistics Canada and CIHI Web sites in order to have all sources of indicator data in one integrated publication.

  This publication includes data tables with rates for a variety of indicators, broken down by gender and health region. Provincial, territorial and national rates are also provided within each table. Maps and highlights have been added for selected indicators at the health-region level. Additionally, the concept of peer groups has been introduced to provide a useful context for this level of analysis. These data are collected from a wide range of sources and are the most recent available. Technical notes and definitions present information necessary to interpret the indicators. Future releases will include additional indicators developed at both provincial/territorial and health-region levels and potential time series as additional years of data become available.

  Available: Currently, updated as new data become available.

  Contact: indicators@cihi.ca

  e
  Free

• Health Indicators, 2006 CORE

Health Indicators, 2006 is a compilation of selected indicators measuring health status, non-medical determinants of health, health-system performance and community and health-system characteristics. The information is provided for Canada's largest health regions, encompassing approximately 95% of the population, as well as provinces and territories. These data are compiled from a variety of sources, and are the most recent available. Brief definitions and data sources, as well as the Health Indicators framework, are also included in this publication. *Health Indicators, 2006* is also available as a companion product to *Health Care in Canada, 2006*.

Available: First quarter, 2006–2007.

Contact: indicators@cihi.ca

PDF
Free

Other publications available in this series CORE

- *Health Indicators, 2005*
- *Health Indicators, 2004*

Note: Publications dating back to 2000 may also be available upon request.

Available: Currently.

Contact: indicators@cihi.ca

PDF
Free

Canadian Population Health Initiative

• Improving the Health of Canadians 2005–2006 Report Series CORE

CPHI's *Improving the Health of Canadians 2005–2006 Report Series* examines what we know about factors that affect the health of Canadians, ways to improve our health and relevant options for evidence-based policy choices.

The first report in the *Improving the Health of Canadians 2005–2006 Report Series, Improving the Health of Young Canadians*, highlights research relevant to understanding adolescent health and development. This report analyzes data from the National Longitudinal Survey of Children and Youth (NLSCY) and the Canadian Community Health Survey (CCHS) and explores the association between positive assets in adolescents' social environments and their health behaviours and outcomes.

Available: Currently.

The second report in the *Improving the Health of Canadians 2005–2006 Report Series*, *Promoting Healthy Weights*, focuses, within a population health framework, on the role of the environments in which we live, learn, work and play (community and physical environment, workplace, school, home and family environment, nutrition environment and personal health services) that make it easier—or harder—for us as Canadians to make choices that promote healthy weights.

Available: Currently.

Place Matters: Improving the Health of Canadians in Urban Settings is the third report of CPHI's *Improving the Health of Canadians 2005–2006 Report Series*. Place Matters reviews evidence on how health may be linked to aspects of the places in which Canadians live and work. Focusing on urban contexts, Place Matters synthesizes existing research and presents new analyses looking specifically at health in relation to aspects of housing, urban planning and transport.

Available: Third quarter, 2006–2007.

Contact: cphi@cihi.ca

		PDF
A	$30	Free
B	$45	

(per volume)

Publications

Background Papers to Improving the Health of Canadians 2005–2006 Report Series CORE

Healthy Eating and Active Living Policies and Initiatives in Canada: An Inventory

CPHI funded the work of the Atlantic Health Promotion Research Centre (AHPRC) to update and enhance the Healthy Eating and Active Living (HEAL) policy and initiatives inventory. This inventory identifies a broad range of policies and initiatives that promote healthy eating and active living in Canada. The availability of health-outcome and process evaluations is also identified.

Available: Currently.

Contact: cphi@cihi.ca

HTML
Free

Improving the Health of Canadians 2004 CORE

Improving the Health of Canadians 2004 is a comprehensive policy-focused report on factors beyond the health care system that affect the health of Canadians. The report focuses on income, early childhood development, Aboriginal Peoples, health and obesity. *Improving the Health of Canadians 2004* is an important tool to engage decision-makers, researchers and Canadians in general in an informed discussion about factors outside of the health care system that influence health and what we know and don't know about options for addressing them.

Available: Currently.

Contact: cphi@cihi.ca

		PDF
A	$25	Free
B	$35	

Background Papers to Improving the Health of Canadians 2004 CORE

What Have We Learned Studying Income Inequality and Population Health, a report synthesis by Dr. Nancy A. Ross, Assistant Professor of the Department of Geography at McGill University, reviews the chronology of studies on income inequality, compares Canada and the U.S. on urban income segregation and the earnings gap and discusses research gaps and policy implications.

The Socio-demographic and Lifestyle Correlates of Obesity Technical Report by the Canadian Fitness and Lifestyle Research Institute investigates the socioeconomic, demographic and lifestyle factors associated with obesity among adults.

Select Highlights on Public Views of the Determinants of Health (2004) deals with the public's perception and understanding of health and the factors considered to influence health.

Available: Currently.

Contact: cphi@cihi.ca

PDF
Free

Health of the Nation CORE

The *Health of the Nation e-newsletter* was launched in February 2004 in conjunction with the CPHI flagship report, *Improving the Health of Canadians*. Release of this report set the stage for the focus of *Health of the Nation*—taking action to improve population health knowledge generation, synthesis and exchange. This newsletter aims to promote CPHI activities, including funded research, synthesis papers and workshop reports. *Health of the Nation* is produced and distributed quarterly.

Available: Currently.

Contact: cphi@cihi.ca

PDF
Free

Overweight and Obesity in Canada: A Population Health Perspective CORE

Rising rates of obesity in Canada over the past 20 years have significant public-health implications. Applying a population health lens to the problem of obesity may provide insight into potential means of addressing obesity and its determinants through a wide variety of policy options. The report *Overweight and Obesity in Canada: A Population Health Perspective* by Dr. Kim Raine, Director and Professor at the Centre for Health Promotion Studies of the University of Alberta, synthesizes the current state of knowledge related to: 1) the nature and extent of the problem of obesity; 2) the impact of obesity as a case for prevention and control; 3) a population health perspective on the determinants of obesity; and 4) the effectiveness of strategies for addressing obesity and its determinants. The paper also identifies priorities for future policy-relevant research and presents the author's options for promising interventions for reducing population obesity levels.

Available: Currently.

Contact: cphi@cihi.ca

PDF
Free

Publications

CPHI Poverty and Health Collected Papers CORE

This volume provides insight into links between poverty and health. Two working papers by Shelley Phipps and David Ross offer perspective on what we know from research and relevant policy approaches, respectively. A third paper reports on proceedings of a national round table on poverty and health hosted by CPHI in the spring of 2002.

Available: Currently.

Contact: cphi@cihi.ca

PDF
Free

Charting the Course CORE

These reports identify key themes and issues that emerged from consultations on population and public-health priorities.

Publications available in this series CORE

- *Charting the Course—Two Years Later: How Are We Doing?* (CPHI/IPPH)
- *Charting the Course—A Pan-Canadian Consultation on Population and Public Health Priorities* (CPHI/IPPH)

Available: Currently.

Contact: cphi@cihi.ca

PDF
Free

Reports Based on Funded Research CORE

Canada's Rural Communities: Understanding Rural Health and Its Determinants. This report, a collaborative project among CPHI, the Public Health Agency of Canada and Laurentian University, examines rural health in Canada. It examines and addresses key conceptual, methodological and data-availability issues in rural-population health research and provides a comprehensive profile of the health status and health care utilization of rural Canadians.

Canada's Rural Communities will be produced in two parts. Part one of the report provides a systematic and comprehensive assessment of the health and living situations of rural Canadians by analyzing and discussing national data. Part one also uses secondary data sources and quantitative techniques to identify key determinants of health and assess the ways in which these determinants vary by subgroups of rural communities. Part two of the report focuses on describing patterns of health-services use among rural communities. Results and discussion of analyses of information derived from both national and select provincial health-services databases are provided.

Available: Part I: second quarter, 2006–2007; part II: fourth quarter, 2006–2007.

Women's Health Surveillance Report: A Multidimensional Look at the Health of Canadian Women. This report, a collaborative project among CPHI, Health Canada and academic institutions across Canada, provides gender-relevant analyses and considerations for policy and program development, based on currently available national secondary health data. It focuses on key women's health issues and builds on the literature and presents data from national administrative and survey databases. The report highlights gender differences and identifies disparities in the distribution of determinants of health, health behaviours, health outcomes, health care utilization and vulnerable subgroups of women. The report attempts to remedy the current lack of health information focusing on gender and women in particular, and provides a baseline of data from which a comprehensive, gender-sensitive national women's health surveillance system can be built.

In October 2004, CPHI and Health Canada released three supplementary chapters to the Women's Health Surveillance Report. These new chapters investigate:

- ethnicity and migration as determinants of women's health
- socioeconomic determinants of women's health
- patterns of health care utilization by Canadian women

Social Capital as a Determinant of Health in First Nations Communities, by Javier Mignone, Janet Longclaws, John O'Neil and Cameron Mustard, is one of the outcomes of the Canadian Population Health Initiative (CPHI) funded research. This report provides information on a research tool for measuring social capital. Social capital is a concept based on the idea that communities work well or poorly based on the ways in which people interact. Researchers will be interested in this tool as one method for investigating the question of why some First Nations communities are healthier than others.

Barriers to Accessing and Analyzing Health Information in Canada documents the analytic challenges faced by a CPHI research project team conducting population health research in Canada. A collaborative network of university-based researchers in five provinces conducted the project. This report documents the process of assembling the data for this project, describes the logistical and organizational barriers to combining federal and provincial data resources and expertise and offers recommendations on how to overcome these barriers.

Available: Currently.

Contact: cphi@cihi.ca

PDF
Free

Publications

An Environmental Scan of Research Transfer Strategies ⊃CORE

This 2001 report presents the results of a scan by CPHI to identify a range of strategies for transfer of research knowledge. The scan included 17 governmental and non-governmental organizations that share a common focus on health or social research and policy and an emphasis on knowledge transfer. The strategies used by these organizations were analyzed according to three criteria: target audience (who was engaged), timing (when during the research process did this engagement occur) and method (how was the target audience engaged). The scan highlighted a number of specific methods organizations can use for engaging policy-makers in the results of research. Taken together, the strategies used by organizations in the scan represent a valuable tool kit for CPHI and others in applying research knowledge to policies affecting the health and well-being of Canadians.

Available: Currently.

Contact: cphi@cihi.ca

PDF
Free

CPHI Workshops ⊃CORE

Place and Health Workshop: *Kachimaa Mawiin—Maybe for Sure: Finding a Place for Place in Health Research and Policy.*

Over the course of three days in April 2005, a group of CPHI-funded researchers and policy- and decision-makers met in Val David, Quebec, to discuss and debate the place for place and health in research and policy. The proceedings report documents the discussion of the workshop.

Available: Currently.

A supplemental issue of the *Canadian Journal of Public Health on Place and Health* contains submissions from CPHI-funded researchers who presented at this workshop.

Available: Currently.

PDF
Free

Other publications available in this series ⊃CORE

- CPHI Workshop on Place and Health: Synthesis Report

Available: Currently.

Contact: cphi@cihi.ca

PDF
Free

"You say 'to-may-to(e)' and I say 'to-mah-to(e)'": Bridging the Communication Gap Between Researchers and Policy-Makers ⊃CORE

"You say 'to-may-to(e)' and I say 'to-mah-to(e)'": Bridging the Communication Gap Between Researchers and Policy-Makers is a proceedings report of a national workshop on youth at risk sponsored by CPHI in cooperation with the Canadian Adolescent At Risk Research Network (CAARRN) based at Queen's University in Kingston, Ontario. The workshop was held in February 2004 and involved CPHI-funded researchers and decision-makers focusing on the issue of Canadian youth at risk from a population health perspective. The goals of the workshop were to improve understanding of the policy-development process and the importance of research as part of that process, to assist researchers in developing policy implications of research findings, to facilitate the development of a pan-Canadian research network investigating aspects of youth health and to promote linkages and exchange between CPHI-funded researchers and decision-makers in this area.

Available: Currently.

Contact: cphi@cihi.ca

PDF
Free

CPHI Partnership Meeting ⊃CORE

In March 2002, CPHI held its first Partnership Meeting. The meeting brought together researchers, policy- and decision-makers and others from across Canada to review population health research evidence, to examine approaches and initiatives of other countries and to share information and lessons learned about linking research and policy. The meeting focused on three cross-cutting themes: communities and health, children/youth and health and labour market experiences and health. The format of the meeting included presentations, small group discussions and plenary reports. This report provides a brief overview of each presentation and a summary of the key messages.

Available: Currently.

Contact: cphi@cihi.ca

PDF
Free

A Place for Youth Knowledge Exchange Workshop: *From Patches to a Quilt: Piecing Together a Place for Youth* ↻CORE

This proceedings report is from a workshop held October 20, 2005, during which researchers, educators, policy- and decision-makers and youth came together to exchange ideas about improving the health of young Canadians following the release of the *Improving the Health of Young Canadians* report. The workshop was hosted by CPHI in partnership with the Canadian Adolescents at Risk Research Network (CAARRN), the Centre of Excellence for Youth Engagement (CEYE) and the Public Health Agency of Canada (PHAC).

Available: First quarter, 2006–2007.

Contact: cphi@cihi.ca

PDF
Free

• CPHI Workshop Proceedings

↻CORE

CPHI has conducted workshops in a number of focus areas (e.g. obesity and Aboriginal Peoples' health). Proceedings reports have been developed based on these workshops. These include:

- *Obesity in Canada: Identifying Policy Priorities*
- *Broadening the Lens: Proceedings of a Roundtable on Aboriginal Peoples' Health*
- *Urban Aboriginal Communities: Proceedings of a Roundtable Meeting on the Health of Urban Aboriginal People*
- *Initial Directions: Proceedings of a Meeting on Aboriginal Peoples' Health*
- *CPHI Regional Workshop—Atlantic Proceedings (Fredericton)*
- *Prairie Regional Workshop on the Determinants of Healthy Communities*

Available: Currently.

Contact: cphi@cihi.ca

PDF
Free

• Commissioned Research Reports

↻CORE

Research Synthesis: *State of the Evidence Review on Urban Health—Healthy Weights*

This research synthesis on urban health and healthy weights was conducted by Drs. Kim Raine and John Spence at the University of Alberta. The research synthesis addresses the question "What is the extent to which structural or community-level characteristics of urban environments encourage or inhibit the achievement of healthy weights?"

Available: Third quarter, 2006–2007.

Scoping Paper: *Impact of Urban Environments on Youth Health*

This paper outlines the results of a research scan conducted by Dr. William Boyce and his colleagues of the Social Program Evaluation Group (SPEG) on the state of research knowledge and policy related to the impact of urban environments on youth health.

Available: Third quarter, 2006–2007.

Contact: cphi@cihi.ca

PDF
Free

• Housing and Population Health

↻CORE

Housing is the central hub of everyday living. It is where one relaxes, entertains, sleeps and raises a family. These many types of interactions between housing and people's lives provide a multitude of ways that housing could affect health. This report is the result of a synthesis of existing research on the health impacts of housing. The purpose of this report is to describe what is currently known about the relationship between housing and population health and its implications for policy development and research.

The report was commissioned by CPHI in collaboration with the Canada Mortgage and Housing Corporation (CMHC) and was intended to identify gaps in research that would inform future research and to identify policy implications from the existing evidence on which decision-makers could act.

Available: Currently.

Contact: cphi@cihi.ca

PDF
Free

Publications

Health Services

• Discharge Abstract Database

Improving Timeliness of Discharge Abstract Database Data ⊃CORE

In 1999, CIHI conducted a survey of Canadian acute-care facilities in selected provinces regarding the timeliness of data submission to the Discharge Abstract Database (DAD). The purpose of the survey was to examine data-collection and submission processes in facilities to determine what variation exists in data-submission and collection practices, with a view to identifying opportunities for improving the timeliness of DAD reports. A total of 616 facilities were included in the sample frame and responses were received from 70%. This report summarizes the results of the survey. Findings are summarized into staffing issues and coding and abstracting practices.

Available: Currently.

Contact: dad@cihi.ca

PDF
Free

• Hospital Morbidity Database

Tabular Reports: 1994–1995 to 2000–2001 ⊃CORE

The Hospital Morbidity Database (HMDB) Tabular Report includes summary tables on inpatient hospitalizations (discharges) in an acute-care facility in Canada. It provides the number of hospitalizations and length of stay (in days) by ICD-9 diagnosis and CCP procedure chapters, and by the Canadian Diagnosis Listing (CDL) and Canadian Procedure Listing (CPL) groupings. Data are available by age group and gender at the national, provincial and territorial levels.

The 2001–2002 fiscal year marked the first year of implementation of ICD-10-CA/CCI in several jurisdictions across Canada. Full adoption of ICD-10-CA/CCI in all provinces and territories is still in progress. The chapters and groupings in the Tabular Reports are derived based on ICD-9/CCP data, and have not been redeveloped using ICD-10-CA/CCI data. For this reason, the HMDB Tabular Reports have been suspended since 2000–2001.

Available: Currently.

Contact: morbidity@cihi.ca

PDF
Free

Analysis in Brief: Inpatient Hospitalizations and Average-Length-of-Stay Trends in Canada, 2003–2004 and 2004–2005 ⊃CORE

This Analysis in Brief presents inpatient hospitalization statistics from acute care facilities for the most recent fiscal year of available data, 2003–2004 for all of Canada and 2004–2005 for Canada, excluding Quebec. It describes provincial and territorial differences in the annual number of hospitalizations, average length of stay and age-standardized hospitalization rates. Trends in inpatient hospitalizations in Canada and across provinces/territories since 1995–1996 are highlighted. A special analysis of patient groups is also featured.

Available: Currently.

Contact: morbidity@cihi.ca

PDF
Free

• Hospital Mental Health Database

Hospital Mental Health Services in Canada 2003–2004 ⊃CORE

This report presents the CIHI hospital mental health services indicators for fiscal year 2003–2004. Complementing the report, provincial and national indicator results are available to users free of charge through *Quick Stats*, CIHI's online data source at www.cihi.ca.

Available: Third quarter, 2006–2007.

Contact: hmhdb@cihi.ca

PDF
Free

Other publications available in this series ⊃CORE

- *Hospital Mental Health Services in Canada, 2002–2003*
- *Hospital Mental Health Services in Canada, 2000–2001*

Available: Currently.

Contact: hmhdb@cihi.ca

PDF
Free

Analysis in Brief: Hospital Mental Health Database ⊃CORE

These brief articles present information derived from data in the Hospital Mental Health Database (HMHDB). They describe trends and variation in indicators such as inpatient length of stay and hospitalization rates, including particular topics to be selected on an annual basis, such as comorbid diagnoses among those hospitalized for mental illness.

Available: Third quarter, 2006–2007.

Contact: hmhdb@cihi.ca

Price and format to be determined

• National Rehabilitation Reporting System

Inpatient Rehabilitation in Canada ⊃CORE

This report is based on data submitted to the National Rehabilitation Reporting System (NRS) at CIHI. The report provides a snapshot of adult inpatient rehabilitation services in participating hospitals across Canada. The report contains aggregate data and analyses related to inpatient rehabilitation clients, including demographics such as age and rehabilitation group, system characteristics such as access to services and clinical outcomes such as improvement in functional status.

Each year, the report will also present additional aggregate data on a specific topic of interest. The 2006 report will focus on indicators relating to the FIM™ instrument motor and cognitive subscale.

Available: 2006 report, first quarter, 2006–2007 (contains data up to and including March 2005); 2007 report, fourth quarter, 2006–2007.

Contact: rehab@cihi.ca

		PDF
A	$55	Free
B	$85	

(per volume)

Other publications available in this series ⊃CORE

- *Inpatient Rehabilitation in Canada, 2003–2004*
- *Inpatient Rehabilitation in Canada, 2002–2003*

Available: Currently.

Contact: rehab@cihi.ca

		PDF
A	$55	Free
B	$85	

(per volume)

Analysis in Brief: National Rehabilitation Reporting System ⊃CORE

These brief articles present information derived from data submitted to the National Rehabilitation Reporting System (NRS). They describe indicators relating to inpatient rehabilitation services provided in over 80 facilities across Canada. Particular topics will be selected on an annual basis, including specific client populations and specific themes, such as access to care and rehabilitation outcomes.

Available: First and third quarters, 2006–2007.

Contact: rehab@cihi.ca

Price and format to be determined

• Continuing Care Reporting System

Facility-Based Continuing Care in Canada ⊃CORE

This report is based on data from the Continuing Care Reporting System. The data are collected using the Resident Assessment Instrument (RAI) Minimum Data Set (MDS) 2.0. The report presents aggregate-level data and analysis relating to residents of publicly funded continuing care facilities. It includes resident demographic, clinical and resource utilization information. Each year, the report will also present additional aggregate data on a specific topic of interest.

Available: 2005–2006 report, fourth quarter, 2006–2007.

Contact: ccrs@cihi.ca

		PDF
A	$45	Free
B	$70	

Other publications available in this series ⊃CORE

- *Facility-Based Continuing Care in Canada, 2004–2005*

Available: Currently.

		PDF
A	$45	Free
B	$70	

Continuing Care Analysis in Brief ⊃CORE

- *Falls in Continuing Care*

Available: Second quarter, 2006–2007.

Contact: ccrs@cihi.ca

PDF
Price to be determined

Publications

Other publications available in this series ↻CORE

- *Complex Continuing Care in Ontario: Resident Demographics and System Characteristics, 1996–1997 to 2002–2003*
- *Complex Continuing Care in Ontario: Resident Clinical Characteristics, 1998–1999 to 2002–2003*
- *Short Stays in Ontario Complex Continuing Care Facilities—2001–2002*

Available: Currently.

Contact: ccrs@cihi.ca

PDF
Free

• Home Care Reporting System

Home Care Analysis in Brief ↻CORE

Early Findings From the Home Care Reporting System

This analysis will explore home care client and system characteristics using data from B.C., the first province to submit to HCRS.

Available: Fourth quarter, 2006–2007.

Price and format to be determined

Development of National Indicators and Reports for Home Care Phase 2—Final Project Report ↻CORE

To help address the growing need across Canada for timely and accurate information on home-care services, CIHI carried out a project to develop national indicators and reports for home care. The *Development of National Indicators and Reports for Home Care Phase 2—Final Project Report* published in 2004, provides information and results from the second and final phase of this project (the enhancement of the set of indicators developed during Phase 1) and the development and pilot testing of a clinical and administrative minimum reporting data set to populate the indicators. Data were collected on over 2,000 home-care clients in six pilot health regions across Canada.

The report contains background information on how the pilot test was carried out and how the collected data were analyzed; it also documents the lessons learned about the issues and challenges in standardizing home-care information across Canada.

Available: Currently.

Contact: homecare@cihi.ca

PDF
Free

• Canadian Organ Replacement Register

CORR Report ↻CORE

The Canadian Organ Replacement Register (CORR) records and analyzes numbers and outcomes of vital organ transplants and renal (kidney) dialysis. Restrictions: A summary report will be made available in PDF format for renal data and extra-renal data to the end of 2004.

Available: Fourth quarter, 2006–2007.

Contact: corr@cihi.ca

PDF
Free

CORR Directory 2006

The directory contains contact information, including address and telephone numbers, for the dialysis and transplant hospitals, as well as the organ procurement organizations across Canada, that participate in CORR.

Available: Currently.

Contact: corr@cihi.ca

PDF
Free

CORR inSITES ↻CORE

This report features information on dialysis and transplantation and organ donation of specific interest to health professionals.

Available: Two to three times per year.

Contact: corr@cihi.ca

PDF
Free

• National Trauma Registry

National Trauma Registry Highlights Report: Injury Hospitalizations, 2004–2005 ↻CORE

This report provides data available from the Registry's Minimum Data Set and includes demographic, diagnostic and procedural information on all patients hospitalized in Canada due to injury.

Available: Fourth quarter, 2006–2007.

Contact: ntr@cihi.ca

				PDF
2004–2005	A	$55	Free
	B	$85	

Other publications available in this series ⊃CORE

- *National Trauma Registry Highlights Report: Injury Hospitalizations, 2002–2004* (PDF only)
- *National Trauma Registry Report: Hospital Injury Admissions, 2000–2001, 2001–2002*

Note: Publications dating back to 1994–1995 may also be available upon request.

Available: Currently.

Contact: ntr@cihi.ca

			PDF
Prior fiscal years	A	$50	Free
	B	$75	
		(per volume)	

National Trauma Registry Report: Major Injury in Canada, 2004–2005 ⊃CORE

This report provides data available from the Registry's Comprehensive Data Set and includes data on patients hospitalized with major trauma.

Available: Fourth quarter, 2006–2007.

Contact: ntr@cihi.ca

			PDF
2004–2005	A	$55	Free
2003–2004	B	$85	
2002–2003		(per volume)	

Other publications available in this series ⊃CORE

- *National Trauma Registry: Major Injury in Canada, 2003–2004*
- *National Trauma Registry: Major Injury in Canada, 2002–2003*

Note: Publications dating back to 1996–1997 may also be available upon request.

Available: Currently.

Contact: ntr@cihi.ca

			PDF
Prior fiscal years	A	$50	Free
	B	$75	
		(per volume)	

NTR Analytical Bulletin ⊃CORE

The bulletin features information on specific causes and types of injury hospitalizations and deaths not available in the annual or provincial and territorial reports.

Available: First and third quarters, 2006–2007.

Contact: ntr@cihi.ca

HTML	PDF
Free	Free

Ontario Trauma Registry

Ontario Trauma Registry Highlights Report: Injury Hospitalizations, 2004–2005

This report provides data available from the Registry's Minimum Data Set and includes demographic, diagnostic and procedural information on all patients hospitalized in Ontario due to injury.

Available: Fourth quarter, 2006–2007.

Contact: otr@cihi.ca

PDF
Free

Other publications available in this series

- *Ontario Trauma Registry Highlights Report: Injury Hospitalizations, 2003–2004* (PDF only—free)
- *Ontario Trauma Registry Report: Injury Hospitalizations, 2002–2003*

Note: Publications dating back to 1996–1997 may also be available upon request.

Available: Currently.

Contact: otr@cihi.ca

			PDF
2002–2003 and	A	$45	$25
Prior fiscal years	B	$70	$35
		(per volume)	

Publications

Ontario Trauma Registry Report: Major Injury in Ontario, 2004–2005

This report provides data available from the Registry's Comprehensive Data Set and includes data on patients hospitalized with major trauma in the 11 trauma centres in Ontario.

Available: Third quarter, 2006–2007.

Contact: otr@cihi.ca

			PDF
2003–2004	A	$50	$25
2002–2003	B	$75	$40
		(per volume)	

Other publications available in this series

- *Ontario Trauma Registry Report: Major Injury in Ontario, 2003–2004*
- *Ontario Trauma Registry Report: Major Injury in Ontario, 2002–2003*

Note: Publications dating back to 1998–1999 may also be available upon request.

Available: Currently.

Contact: otr@cihi.ca

			PDF
Prior fiscal years	A	$45	$25
	B	$70	$35
		(per volume)	

Ontario Trauma Registry Report: Injury Deaths in Ontario, 2003–2004

This report provides data available from the Registry's Death Data Set and includes information on all deaths due to injury in Ontario.

Available: Fourth quarter, 2006–2007.

Contact: otr@cihi.ca

			PDF
2003–2004	A	$50	$25
2002–2003	B	$75	$40
2001–2002		(per volume)	

Other publications available in this series

- *Ontario Trauma Registry: Injury Deaths in Ontario, 2002–2003*
- *Ontario Trauma Registry: Injury Deaths in Ontario, 2001–2002*

Note: Publications dating back to 1995–1996 may also be available upon request.

Available: Currently.

Contact: otr@cihi.ca

			PDF
Prior fiscal years	A	$45	$25
	B	$70	$35
		(per volume)	

OTR Analytical Bulletin

The bulletin features information on specific causes and types of injury hospitalizations and deaths not available in the annual or regional reports.

Available: Second and fourth quarters.

Contact: otr@cihi.ca

	PDF	HTML
Free	Free	Free

Canadian Joint Replacement Registry

Canadian Joint Replacement Registry Report, 2006 CORE

This report provides information on hip- and knee-joint replacements performed in Canada. The report includes demographic and provincial analysis, as well as surgery-specific information.

Available: Second quarter, 2006–2007.

Contact: cjrr@cihi.ca

			PDF
2006	A	$50	Free
2005	B	$75	
		(per volume)	

Other publications available in this series CORE

- *Canadian Joint Replacement Registry Report, 2005*
- *Canadian Joint Replacement Registry Report, 2004*

Note: Publications dating back to 2002 may also be available upon request.

Available: Currently.

Contact: cjrr@cihi.ca

			PDF
Prior fiscal years	A	$45	Free
	B	$70	
		(per volume)	

CJRR Analytical Bulletin ⊃CORE

The bulletin features information on surgery-specific analysis not available in the full report.

Available: Third and fourth quarters, 2006–2007.

Contact: cjrr@cihi.ca

Free	PDF Free

• National Prescription Drug Utilization Information System (NPDUIS)

NPDUIS Plan Information Document ⊃CORE

This document provides a variety of details on the publicly funded drug plans participating in NPDUIS, and contextual data on eligibility, cost-sharing and policy-related information, as well as a summary of changes from the previous version. This information is intended to support the interpretation of drug-utilization data and improve the understanding of the administration of public drug plans across Canada.

Available: Currently, updated semi-annually (January and July).

Contact: drugs@cihi.ca

PDF Free

Health Professionals

• National Physician Database

Average Payment per Physician (APP) Report, Canada, 2004–2005 ⊃CORE

This report contains average payment data for fiscal year 2004–2005. It provides tables by specialty and by province and territory for the following categories:

- full-time equivalent fee-for-service physicians
- physicians receiving payments in excess of $60,000 per year

Available: Third quarter, 2006–2007.

Contact: npdb@cihi.ca

PDF Free

Other publications available in this series ⊃CORE

- *Average Payment per Physician Report, Canada, 2002–2003 and 2003–2004*

Note: Publications dating back to 1989 may also be available upon request.

Available: Currently.

Contact: npdb@cihi.ca

PDF Free

Full-Time Equivalent Physicians Report, Canada, 2004–2005 ⊃CORE

This report for fiscal year 2004–2005 provides detailed and summary tables on physician supply and workload in Canada. The full-time equivalent (FTE) methodology was developed to:

- provide a consistent basis for comparing physician supply across and within provinces and territories
- provide a consistent basis for measuring changes through time in physician supply
- recognize workload differences among individual specialties

All figures are provided by province and specialty.

Available: Third quarter, 2006–2007.

Contact: npdb@cihi.ca

PDF Free

Other publications available in this series ⊃CORE

- *Full-Time Equivalent Physicians Report, Canada, 2002–2003 and 2003–2004*

Note: Publications dating back to 1989 may also be available upon request.

Available: Currently.

Contact: npdb@cihi.ca

PDF Free

Publications

National Grouping System Categories Report, Canada, 2004–2005 CORE

This report contains tables on the number of services, dollar amounts and cost-per-service for services reimbursed by the provincial medical insurance plans on a fee-for-service basis. The National Grouping System categories are 120 procedures-based categories that allow for the standardization of fee-code items from the provincial fee schedules and allow for the interprovincial comparison of physician services. Figures are provided by province and specialty.

Available: Fourth quarter, 2006–2007.

Contact: npdb@cihi.ca

PDF
Free

Other publications available in this series CORE

- *National Grouping System Categories Report, Canada, 2002–2003 and 2003–2004*

Note: Publications dating back to 1989 may also be available upon request.

Available: Currently.

Contact: npdb@cihi.ca

PDF
Free

Reciprocal Billing Report, Canada, 2004–2005 CORE

The Reciprocal Billing Agreement allows physicians to bill their own provincial and territorial medical-care plans for services provided to residents of other jurisdictions. These data are reported to CIHI in the National Physician Database. The report includes summary and detailed tables. The summary tables indicate the total number of services provided and received by each province, the total dollar value of these services and cost per service. The detailed tables show utilization for each individual province by home province of the patient and host province of the provider. Both summary and detailed tables show breakdowns by physician specialty and type of service.

Available: Fourth quarter, 2006–2007.

Contact: npdb@cihi.ca

PDF
Free

Other publications available in this series CORE

- *Reciprocal Billing Report, Canada, 2002–2003 and 2003–2004*

Note: Publications dating back to 1993 may also be available upon request.

Available: Currently.

Contact: npdb@cihi.ca

PDF
Free

Alternative Payment and the National Physician Database (NPDB), 2004–2005 CORE

This report describes the status of alternative-funding programs for physicians in Canada and was prepared to assist CIHI in developing plans for collecting data on physicians' services insured by the provinces and territories and paid through alternatives to fee-for-service.

The report:

- provides documentation on alternative physician payment plans (APP) and alternative funding plans in Canada
- quantifies expenditures for APPs and assesses the impact of APPs on comprehensiveness and data quality in NPDB

Available: Fourth quarter, 2006–2007.

Contact: npdb@cihi.ca

PDF
Free

Other publications available in this series CORE

- *Alternative Payment and the National Physician Database (NPDB) 2003–2004*
- *Alternative Payment and the National Physician Database (NPDB) 2002–2003*

Note: Publications dating back to 1999–2000 may also be available upon request.

Available: Currently.

Contact: npdb@cihi.ca

PDF
Free

The Practicing Physician Community in Canada 1989–1990 to 1998–1999 CORE

This report focuses on physicians who practise clinical medicine and bill fee-for-service. It does not provide a head count of physicians, regardless of their activities, who are licensed in Canada. It should, therefore, be relevant to the current dialogue addressing adequacy of physician availability for clinical-service needs, timely access to required services, waiting periods, etc. The current physician workforce debate should revolve around the effective supply of physicians for clinical needs, not around a hypothetical available supply, since many physicians have responsibilities outside of clinical-care areas in administration, teaching, research and other business ventures. There are many factors that influence physician workload, workflow and output, such as gender, age, specialty, size of community, place of graduation, clinical demands and number of physicians, as well as personal considerations. It is important to understand how the sum of these factors yields an effective physician workforce.

Available: Currently.

Contact: npdb@cihi.ca

		PDF
		Free

From Perceived Surplus to Perceived Shortage: What Happened to Canada's Physician Workforce in the 1990s? CORE

The report, authored by Dr. Ben Chan, dissects the various trends (demographics, training programs, immigration and emigration, etc.) affecting the physician workforce in the 1990s and examines how policy decisions may have also had an impact on the physician supply levels in Canada.

Available: Currently.

Contact: npdb@cihi.ca

		PDF
A	$60	Free
B	$90	

The Evolving Role of Canada's Family Physicians, 1992–2001 CORE

This report looks at how family doctors' billing practices have changed over the 10-year period from 1992 to 2001. Changes in how family doctors provide a variety of health care services are examined, including office and hospital inpatient visits, mental health care and surgical and obstetrical care. The report also describes shifts in the family practice environment, such as medical training trends, regulatory and policy developments and societal changes. The report is authored by Dr. Joshua Tepper.

Available: Currently.

Contact: npdb@cihi.ca

		PDF
A	$65	Free
B	$100	

The Evolving Role of Canada's Family Physicians, 1993–2002: Provincial Profiles CORE

This new report, based on CIHI's National Physician Database, looks at how family doctors' billing practices have changed over the 10-year period from 1993 to 2002. The report looks at how family doctors practise in each of the provinces, focusing on a variety of health care services including office and hospital visits, mental health care, basic procedures (such as suturing and joint injection/aspiration), advanced procedures (like setting broken bones and intensive care/resuscitation), surgical services (such as appendectomies and tonsillectomies), anesthesia services, obstetrical care and assisting in the operating room. Variations across jurisdictions and 10-year trends within each province are featured within the report. Data trends are examined across urban and rural settings, as well as for physician age and gender groups.

Available: First quarter, 2006–2007.

Contact: npdb@cihi.ca

		PDF
A	$65	Free
B	$100	

Publications

Geographic Distribution of Physicians in Canada: Beyond How Many and Where ⊃CORE

This report focuses on Canada's urban and rural settings and looks at how doctors are distributed compared to the population in general. The report also examines variations in physician workloads and the range of health care services family doctors provide in urban and rural settings. The report is authored by Drs. Raymond Pong and Roger Pitblado of the Centre for Rural and Northern Health Research at Laurentian University.

Available: Currently.

Contact: npdb@cihi.ca

		PDF
A	$65	Free
B	$100	

• Scott's Medical Database

Supply, Distribution and Migration of Canadian Physicians, 2005 ⊃CORE

This report provides data tables on the number of physicians by province and territory, specialty, age group, gender, place and years since medical-school graduation. It also provides physician-to-population ratios by province and territory, gender and specialty, as well as data on the inter-jurisdictional and international migration of physicians.

Available: Second quarter, 2006–2007.

Contact: smdb@cihi.ca

PDF
Free

Other publications available in this series ⊃CORE

- *Supply, Distribution and Migration of Canadian Physicians, 2004*
- *Supply, Distribution and Migration of Canadian Physicians, 2003*

Note: Publications dating back to 1996 may also be available upon request.

Available: Currently.

Contact: smdb@cihi.ca

PDF
Free

Supply and Distribution of Physicians, Canada—Selected Years, 1961 to 1995 ⊃CORE

This report provides historical data tables on the number of physicians by various characteristics, such as place and year of medical graduation, province, gender, age and specialty.

Available: Currently.

Contact: smdb@cihi.ca

A	$50
B	$75

International and Interprovincial Migration of Physicians, Canada—Selected Years, 1970 to 1995 ⊃CORE

This report provides data on physicians who migrate either abroad or within Canada, by various characteristics. This publication is also supplemented with data from Immigration Canada, the United States Immigration and Naturalization Services and Health Canada.

Available: Currently.

Contact: smdb@cihi.ca

A	$50
B	$75

• Regulated Nursing Workforce

Workforce Trends of Regulated Nurses in Canada, 2005 ⊃CORE

This product is a comprehensive reference to support nursing research and planning. Consisting of three separate reports, *Workforce Trends of Licensed Practical Nurses in Canada, 2005*; *Workforce Trends of Registered Nurses in Canada, 2005*; and *Workforce Trends of Registered Psychiatric Nurses in Canada, 2005*, this product provides analysis and statistics for the entire regulated nursing workforce in Canada. Data for these reports are obtained under agreement from provincial and territorial regulatory authorities. Each publication presents an analysis and summary tables of the most recent demographic, education and employment characteristics, including age group, gender, initial education in nursing discipline, years since graduation, employment status, place of work, area of responsibility and position.

Available: Second quarter, 2006–2007.

Contact: nursing@cihi.ca

A	$90
B	$135

Publications

Workforce Trends of Registered Nurses in Canada CORE

- *Workforce Trends of Registered Nurses in Canada, 2004*
- *Workforce Trends of Registered Nurses in Canada, 2003*

Note: Publications dating back to 1999 may also be available upon request.

Available: Currently.

Contact: nursing@cihi.ca

PDF
Free

Workforce Trends of Licensed Practical Nurses in Canada CORE

- *Workforce Trends of Licensed Practical Nurses in Canada, 2004*
- *Workforce Trends of Licensed Practical Nurses in Canada, 2003*

Note: Publications dating back to 2002 may also be available upon request.

Available: Currently.

Contact: nursing@cihi.ca

PDF
Free

Workforce Trends of Registered Psychiatric Nurses in Canada CORE

- *Workforce Trends of Registered Psychiatric Nurses in Canada, 2004*
- *Workforce Trends of Registered Psychiatric Nurses in Canada, 2003*

Note: Publications dating back to 2002 may also be available upon request.

Available: Currently.

Contact: nursing@cihi.ca

PDF
Free

Supply and Distribution of Registered Nurses in Rural and Small Town Canada CORE

This special analytical report is the first national comprehensive publication about registered nurses working in rural and small-town Canada. Developed in partnership with the Nursing Practice in Rural and Remote Canada Study Group, this report uses data from the Registered Nurses Database at CIHI to establish a demographic, educational and employment profile of registered nurses in rural and small-town Canada between 1994 and 2000.

Available: Currently.

Contact: nursing@cihi.ca

PDF
Free

Future Development of Information to Support the Management of Nursing Resources: Recommendations CORE

The purpose of this report is to recommend priorities for guiding the future development of information that is relevant to the management of nursing resources. The focus is to provide a practical reference guide for CIHI and other organizations that have a role in developing and maintaining information related to nursing.

Available: Currently.

Contact: nursing@cihi.ca

PDF
Free

Bringing the Future Into Focus: Projecting Nursing Retirement in Canada CORE

CIHI, in collaboration with the Nursing Effectiveness, Utilization and Outcome Research Unit at the University of Toronto, presents a special analytical study that estimates the number of registered nurses (RNs) aged 50 or older that could leave the Canadian nursing workforce by 2006.

This study calculates the potential number of losses of RNs to retirement or death, and measures the impact upon different nursing employment sectors and regions of the country.

Available: Currently.

Contact: nursing@cihi.ca

PDF
Free

Publications

The Regulation and Supply of Nurse Practitioners in Canada, 2003 and 2004 ⊃CORE

This is the first report to provide contextual information on the history, roles and regulation of the nurse practitioner (NP) profession in Canada with a statistical profile of the licensed NP workforce.

Available: Currently.
2005 report: first quarter, 2006–2007.

Contact: nursing@cihi.ca

PDF
Free

• National Survey of the Work and Health of Nurses

National Survey of the Work and Health of Nurses: Analytical Report 2006 (*) ⊃CORE

CIHI, in collaboration with Health Canada and Statistics Canada, presents an analytical study examining the results of the national survey of the work and health of nurses. This report examines findings from the survey and compares nurses' perceptions of work and health to those of the Canadian population.

*Title subject to change.

Available: Fourth quarter, 2006–2007.

Contact: nursing@cihi.ca

PDF
Free

• Health Personnel Database

Health Personnel Trends in Canada, 1995–2004 ⊃CORE

This publication contains data on selected health personnel groups in Canada. Tables include counts of health professionals by registration status and, for some professions, the number of graduates.

This report continues to focus on aggregate supply-based trend information by province or territory and year. It also includes information on the regulatory environment and examines the education and training required to enter the health workforce.

Available: First quarter, 2006–2007.

Contact: hpdb@cihi.ca

PDF
Free

Other publications available in this series ⊃CORE

- *Health Personnel Trends in Canada, 1993 to 2002*
- *Health Personnel in Canada, 1991 to 2000*

Note: Publications dating back to the 1988-to-1997 period may also be available upon request.

Available: Currently.

Contact: hpdb@cihi.ca

PDF
Free

Guidance Document for the Development of Data Sets to Support Health Human Resources Management in Canada ⊃CORE

This guidance document outlines the results of a consultation process designed to identify and validate HHR priority information needs and related indicators and to identify data elements that should be collected in a standardized fashion across Canada. The identification of data elements was needed to support the compilation of national measures and indicators associated with the supply, distribution, practice/employment characteristics, education/training and migration patterns of health personnel in Canada.

Available: Currently.

Contact: hpdb@cihi.ca

PDF
Free

Health Expenditures/Resources

National Health Expenditure Database

National Health Expenditure Trends, 1975–2006 CORE

This publication includes updated expenditure data by source of funds (sector) and use of funds (category) at the provincial and territorial level and for Canada. It also contains an overview with discussion on the trends of health care spending in Canada from 1975 to 2004 and outlooks for 2005 and 2006. International comparisons, such as health-spending-to-GDP ratio, are included, along with a comprehensive set of data tables and technical notes.

Available: Third quarter, 2006–2007.

Contact: nhex@cihi.ca

		PDF
A	$90	Free
B	$135	

Other publications available in this series CORE

- *National Health Expenditure Trends, 1975–2005*

Available: Currently.

Contact: nhex@cihi.ca

		PDF
A	$90	Free
B	$135	

Preliminary Provincial and Territorial Government Health Expenditure Estimates, 1974–1975 to 2006–2007 CORE

This report provides preliminary estimates of provincial and territorial government health expenditures by use of funds (categories) for fiscal year 2005–2006.

Available: Third quarter, 2006–2007.

Contact: nhex@cihi.ca

PDF
Free

Drug Expenditure in Canada, 1985–2005 CORE

Since 1985, drug expenditure has consumed an increasing share of Canada's health care dollar. In 2005, spending on drugs is expected to have reached $24.8 billion, representing 17.5% of total health care spending. Among other major categories of health expenditures, drugs account for the second-largest share, after hospitals.

Drug Expenditure in Canada, 1985–2005, in the series of National Health Expenditure Database Reports, updates trends in drug spending in Canada between 1985 and 2005, primarily from retail establishments, in total, by public and private payers and by type of drug (prescribed and non-prescribed). Provincial and territorial comparisons are included. International trends are updated based on data from the OECD.

Available: First quarter, 2006–2007.

Contact: drugs@cihi.ca

PDF
Free

Other publications available in this series CORE

- *Drug Expenditure in Canada, 1985–2004*

Available: Currently.

Contact: drugs@cihi.ca

PDF
Free

Canadian MIS Database

Canadian MIS Database Hospital Financial Performance Indicators CORE

The Canadian MIS Database (CMDB) report examines hospital performance across numerous financial and statistical measures for the most recent reporting year. It includes issues such as hospital closures/mergers, liquidity, capital expenditures and unit-cost performance. The report also examines measures that link the CMDB to CIHI's Discharge Abstract Database.

Available: 2003–2004: Currently.
2004–2005: fourth quarter, 2006–2007.

Contact: cmdb@cihi.ca

PDF
Free

Publications

• Medical Imaging Technologies Database

Medical Imaging in Canada, 2006

CORE

Medical Imaging in Canada, 2006 will update information in earlier reports and will include comparisons of the results of the 2003, 2004 and 2005 National Survey of Selected Medical Imaging Equipment. This release will be available as a series of dynamic tables available from CIHI's Web site.

Available: Third quarter, 2006–2007.

Contact: cmdb@cihi.ca

			HTML
			Free

Other publications available in this series CORE

- *Medical Imaging in Canada, 2005*
- *Medical Imaging in Canada, 2004*

Note: Publications dating back to 2003 may also be available upon request.

Available: Currently.

Contact: cmdb@cihi.ca

			PDF
2004 and 2005	A	$30	Free
	B	$40	
Prior fiscal years	A	$25	Free
	B	$35	
		(per volume)	

Output Reports

CIHI produces a number of reports derived from its extensive information holdings and data analysis activities.

These reports contain information about data submitted to CIHI by health care facilities participating in CIHI's data collection activities. They are used predominantly to manage health care facilities more effectively.

Discharge Abstract Database

CIHI provides a number of standard DAD reports to participating hospitals as part of its core services. These reports help health care facilities manage their business more efficiently and effectively. Hospital-specific reports are presented in an electronic format.

- ### Expected Length of Stay (ELOS) Reports CORE

  These reports summarize expected length of stay and provide a tool for analysis based on case mix complexity.

  Elements Included: Each hospitalization is compared to similar cases in CIHI's length-of-stay database. The reports compare the hospital percentage of days over/under the CIHI Discharge Abstract Database. They are produced either on a quarterly and annual or cumulative quarterly basis. Comparisons occur at various levels of aggregation:

  - Major Clinical Category (MCC)
  - Case Mix Group (CMG)
  - Complexity overlay (Plx)
  - most responsible provider
  - main patient service
  - most responsible provider service
  - CIHI patient group

  Uses:

  - reviewing and allocating bed utilization by service and provider
  - research and planning for future needs and requirements
  - assigning expected date of discharge
  - monitoring percent of typical days over/under database ELOS to identify conservable bed-days

  Restrictions: Available only to health care facilities participating in DAD.

  Available: Quarterly, following receipt of data for the last period in the quarter.

  Contact: dad@cihi.ca

  e
  All six reports

- ### Complexity CORE

  The Plx data report outlines the hospital experience of all patients by CMG and Plx level. It contains case-specific data by case mix group.

  Elements Included: The data provide information on elements that may contribute to an increase in the patient's expected length of stay. These include age, resource intensity weights, Plx level, case-specific ELOS, admission category, entry code, alternate level of care (ALC) days, institution transfer from and to, and Plx age category.

  Uses:

  - examining case mix patterns
  - identifying audit and research topics
  - exploring questions arising from the ELOS reports

  Restrictions: Available only to health care facilities participating in DAD.

  Available: Quarterly, following receipt of data for the last period in the quarter.

  Contact: dad@cihi.ca

  e

Output Reports

RIW Reports CORE

Resource Intensity Weights standardize measurement of inpatient case volume by recognizing that not all patients require the same type or quantity of health care resources. These are produced either quarterly and annually or cumulative quarterly. There are a total of seven RIW reports in two standard report formats:

- Basic Summary of Activity provides information about both typical and atypical cases separately and combined.
- Atypical Case Summary provides detailed information on atypical cases (such as deaths, transfers, sign-outs and outliers).

Elements Included: Both reports provide the same levels of aggregation, including:

- major clinical categories (MCC)
- most responsible provider number
- Case Mix Group
- Case Mix Group: top 10
- CIHI patient group
- main patient service
- most responsible provider service

Uses:

- translating case mix data into cost data
- determining unit cost
- targeting case mix groups for utilization management
- strategic planning
- new program planning and impact analysis
- evaluating program efficiency

Restrictions: Available only to health care facilities participating in the DAD.

Available: Quarterly, following receipt of data for the last period in the quarter.

Contact: dad@cihi.ca

e
All six reports

DPG Data Reports by Facility

CORE

The reports in this category include the ones listed below.

DPG Profile

This report gives an overview of the case mix in a facility and an estimate of resources consumed in the ambulatory setting. It outlines the case volume within all day procedure groups by age group. The report is produced either on a monthly and annual or quarterly and annual basis.

Restrictions: Available only to health care facilities submitting day surgery–procedure data to the DAD.

Procedure Codes Within Day Procedure Groups

This report is a companion to the DPG Profile. It provides more information about the contents of all day procedure groups by listing the procedures that were performed within a given group by month. This report is produced either on a monthly and annual or quarterly and annual basis.

Restrictions: Available only to health care facilities submitting day surgery procedure data to the DAD.

Inpatient/Outpatient Comparison by Provider/Patient Service and CIHI Patient Group

This report offers a comparison between inpatient and outpatient activity and identifies cases that could potentially be moved to an outpatient setting. It is provided by most responsible provider service and/or main patient service and is produced on a quarterly and annual or cumulative quarterly basis.

Restrictions: Available only to health care facilities submitting both acute inpatient and day surgery–procedure data to the DAD.

Inpatient DPG Listing by Provider/Patient Service and CIHI Patient Group

This report is designed for use with the Inpatient/Outpatient Comparison report. It provides detailed information about inpatients that may have been candidates for day surgery. This report is produced on a quarterly and annual or cumulative quarterly basis.

Restrictions: Available only to health care facilities submitting both acute-inpatient and day surgery–procedure data to the DAD.

Available: Quarterly, following receipt of data for the last period in the quarter.

Contact: dad@cihi.ca

e
All reports

Output Reports

Standard Reports

Discharge Analysis CORE

Discharge Analysis by main patient/most responsible provider service and CIHI patient group is an executive management report that displays information about hospital practices. It presents an overview of patterns of patient care and illustrates the utilization of resources.

Uses:

- reviewing utilization of resources and services
- monitoring and analyzing patterns of patient care
- planning for future needs and requirements
- justifying expenditures
- verifying accreditation statistics

Available: Monthly, quarterly and annually.

Contact: dad@cihi.ca

Electronic Comparison of Hospital Activity Program (eCHAP)

eCHAP provides clients with a means of assessing the use of their beds compared with hospitals of similar size and type. All clients will be identified by hospital name. Clients are grouped for reporting purposes by bed size (based on acute-care beds only) or specialty (teaching and pediatric). There are four reports in the eCHAP series:

- eCHAP 1
- eCHAP 2
- eCHAP 3
- eCHAP RIW

Available:

- Fiscal year 2006–2007 (second quarter) January 2007
- Fiscal year 2006–2007 (first quarter): October 2006
- Fiscal year 2005–2006 (fourth quarter): September 2006
- Fiscal year 2005–2006 (third quarter): April 2006
- Fiscal year 2004–2005 (first quarter): currently
- Fiscal year 2003–2004 (fourth quarter): currently

Contact: dad@cihi.ca

eCHAP CORE

The eCHAPs will allow hospitals to access CHAPs online via the Web utilizing a secure session. As well, hospitals can customize their CHAP reports by peer group, provider service, patient service, province, user-defined peer group and CIHI patient group.

Restrictions: The provision of eCHAP to participating health care facilities and ministries/departments of health requires the issuance of a service agreement.

Available: Currently.

eCHAP 1 CORE

The eCHAP 1 reports help hospitals compare (length of stay) LOS and bed use for services and case mix groups to those of their peers. These reports are produced on a cumulative basis.

Elements Included: The eCHAP 1 reports are produced specific to each hospital or peer group, based on:

- hospital summary
- top case mix group summary
- top patient or provider service groups
- major clinical categories
- all case mix groups
- all patient or provider service groups
- CIHI patient groups

Uses:

- measuring hospital performance
- improving use of hospital resources
- assessing patient mix in relation to peer group
- demonstrating differences in hospital practice
- identifying appropriate issues for utilization review

Restrictions: Available only to health care facilities participating in the DAD and ministries/departments of health.

Output Reports

eCHAP 2 CORE

These reports help analyze hospital resource use in relation to the following criteria:

- percentage of patients admitted through emergency
- percentage of readmission
- percentage of cases per special care unit (SCU) and average length of stay in SCU
- percentage of elective admissions

These reports are produced on a cumulative basis.

Elements Included: The eCHAP 2 reports are produced specific to each hospital or peer group, based on:

- top provider or patient service groups
- hospital summary
- major clinical categories
- top case mix group summary
- all case mix groups
- all patient or provider service groups
- CIHI patient groups

Uses:

- comparing patterns of practice with peers
- reviewing emergency utilization
- analyzing the effect of patient age on hospital facilities
- justifying the need for additional expenditures
- exploring questions that arise in eCHAP 1

Restrictions: Available only to health care facilities participating in DAD and ministries/departments of health.

eCHAP 3 CORE

The eCHAP 3 allows hospitals to compare ambulatory surgery practice patterns with those of their peers. These reports are produced on a cumulative basis.

Elements Included: The Day Procedure Groups Peer Profile Report provides comparative information about the most common day procedure groups within each peer group and a peer summary of the information for all DPG categories. DPG categories for each peer group are reported in the DPG Peer Profile and DPG Peer Summary reports.

Uses:

Same Day Surgery Report

- comparing outpatient activity to inpatient activity
- comparing outpatient activity to that of peer hospitals to identify opportunities to make greater use of ambulatory care
- identifying potential benchmark hospitals
- demonstrating overall use of outpatient and surgical facilities
- examining effectiveness and planning for growth of outpatient facilities
- monitoring patterns of practice by clinical service

DPG Peer Profile Report

- assessing ambulatory surgery performance by comparing inpatient/outpatient activity with that of peers
- identifying potential cases to be moved from inpatient to outpatient setting
- providing utilization-review targets

Restrictions: Available only to health care facilities submitting both acute-inpatient and day surgery–procedure data to the DAD and ministries/departments of health.

eCHAP RIW CORE

eCHAP Resource Intensity Weights provides hospitals with the opportunity to compare the expected average resource requirements of their inpatient activity with that of their peers. There are two formats: Basic Summary of Activity and Atypical Case Summary.

Elements Included:

- hospital summary
- major clinical categories
- top patient or provider service
- CIHI patient groups
- all patient or provider service groups

Uses:

- showing the portion of the hospital budget allocated to each service based on the fraction of total weighted cases attributed as compared to peer hospitals
- planning new programs and impact analysis
- identifying cases to move to an outpatient setting
- identifying areas for expansion

Restrictions: Available only to health care facilities participating in the DAD and ministries/departments of health.

National Ambulatory Care Reporting System (NACRS)

• eNACRS Reports CORE

eNACRS comparative Web-based reports are available at www.cihi.ca at no charge to users at all participating facilities. Included in the eNACRS products are standard reports, interactive custom reports (including custom graphs) and online documentation.

Standard reports include Visit Disposition by Peer Group, Major Ambulatory Clusters (MAC), Comprehensive Ambulatory Care Classification System (CACS) and a hospital summary for each of the eight NACRS peer groups.

Custom reports include the option to create reports by NACRS peer groups, user-defined peer groups or user-defined province and region of facility. Users can choose to create reports by five-year age groups or customized pediatric and older-adult age groups. Reports can be viewed by triage level and gender.

Standard report measurements include volumes, average and median length of stay, total weighted cases and average weighted cases.

In fiscal year 2003–2004, eNACRS reports were expanded to include topic-specific reports (e.g. myocardial infarction, stroke, pneumonia and asthma).

Restrictions: The provision of eNACRS reports to participating health care facilities requires the issuance of a service agreement.

Available:

- Fiscal year 2005–2006 (Open fiscal-year quarters): Posted throughout year.
- Fiscal year 2004–2005 (Complete fiscal year): Currently.
- Fiscal year 2003–2004 (Complete fiscal year): Currently.

Contact: nacrs@cihi.ca

e

Ontario Mental Health Reporting System (OMHRS)

• OMHRS Quarterly Comparative Reports

OMHRS reports are based on data collected and submitted to CIHI on patients in designated inpatient mental-health beds within Ontario. The reports will provide facility-specific indicators related to quality and outcomes, along with comparisons to peer groups and provincial data.

Restrictions: Available only to health care facilities participating in OMHRS.

Available: Currently.

Contact: omhrs@cihi.ca

PDF e

National Rehabilitation Reporting System (NRS)

• NRS Quarterly Comparative Reports CORE

NRS reports are based on data collected and submitted to CIHI by participating facilities across Canada. These reports incorporate the CIHI national indicators for inpatient rehabilitation services, including, but not limited to, clinical outcomes, access to services and re-integration to the community. NRS reports provide facility-specific data and comparisons with peer groups and national data. They are produced and distributed quarterly to participating facilities and include the following features:

- detailed comparisons at the client group level (e.g. stroke, joint replacement and spinal-cord injury)
- admission profiles and functional status scores for major domains (motor and cognitive)
- a follow-up report for those facilities electing to collect post-discharge data, which includes indicators for sustainability of functional status after rehabilitation and participation in the community setting.

These comprehensive reports present indicators for the most recent quarter as well as the previous 12 months.

Restrictions: Available only to health care facilities participating in NRS.

Available: Fiscal-year 2006–2007 quarterly reports produced in September and December 2006 and March and June 2007.

Contact: rehab@cihi.ca

PDF e

Output Reports

Continuing Care Reporting System (CCRS)

- ### CCRS Quarterly Comparative Reports CORE

CCRS reports are based on data collected and submitted to CIHI by participating facilities, regional organizations and/or provincial/territorial ministries. There are three types of CCRS quarterly reports:

- data quality (DQ) audit reports provide feedback to facilities on "suspicious" data prior to data submission deadlines to allow for corrections
- CCRS quarterly comparative reports allow for facility, regional and provincial/territorial comparisons of resident characteristics, clinical outcomes and resource utilization
- RUG Weighted Patient Day (RWPD) reports provide Ontario Complex Continuing Care facilities with detailed data on resource utilization to support planning, funding and data quality improvement

Restrictions: Available only to participating continuing care facilities (and corresponding ministries and health regions)

Available:

- Fiscal year 2005–2006—final (all quarters) RWPD reports available second quarter 2006–2007
- Fiscal year 2006–2007—quarterly DQ audit and RWPD reports produced in August and November 2006 and February and May 2007.
- CCRS quarterly comparative reports produced in September and December 2006 and March and June 2007.

Contact: ccrs@cihi.ca

PDF

Home Care Reporting System (HCRS)

- ### HCRS Quarterly Comparative Reports CORE

HCRS reports are based on data collected and submitted to CIHI by participating regional organizations and/or provincial/territorial ministries. HCRS quarterly comparative reports allow for regional and provincial/territorial comparisons of client characteristics, clinical outcomes and resource utilization.

Restrictions: Available only to participating regional organizations, provinces and territories.

Available:

- Fiscal year 2005–2006, reports produced in first quarter 2006–2007.
- Fiscal year 2006–2007, reports produced in September and December 2006 and March and June 2007.

Contact: homecare@cihi.ca

PDF

Analysis and Consulting

Knowledge development is a key strategy for CIHI. For this reason, CIHI will continue to augment its analytical capacity and pursue increased partnership activities to make the best use of its data holdings. Clients may request special analyses of the data through the Special Needs and Applications Program (SNAP) and Special Research Requests. Data disclosure is determined by CIHI's principles and policies for the protection of health information.

In addition, clients may take advantage of CIHI's expertise for consulting projects on how the effective use of health information can improve health care facility management and efficiency.

Special Needs and Applications Program and Special Research Requests

CIHI's SNAP produces customized reports and data sets derived from the Discharge Abstract Database (DAD), the National Ambulatory Care Reporting System (NACRS) and the Hospital Morbidity Database (HMDB). For customized reports from other databases, clients should contact the database program manager directly. Working together, the client and CIHI will bring the research issue into focus to ensure the client receives the data required in the most expedient and cost-effective manner possible. Depending on the nature of the request and client relationship, limited amounts of simple research may be available at little or no cost.

Elements Included: As listed by database.

Restrictions: Data disclosure is determined by CIHI's principles and policies for the protection of health information. In some instances, special protocols may restrict access to certain data.

Information About Custom Reports From DAD, NACRS, HMDB: snap@cihi.ca

Information About Custom Reports From Other Databases: As noted in database program sections.

SNAP Reports, Special Research and Raw Data Requests

1. Basic Administration Fee

Applicable to all requests: includes review/management of data request forms, storage media, transmission of data.

	Price A	Price B
DAD, NACRS, HMDB	$1,000	$1,500
Other databases	$225	$340

2. Production Time and/or Raw Data Charges

In addition to basic administration fee.

2.a Production Time/Hour

Production time applies to information requests that require manipulation and/or analysis of data.

Price A	Price B
$120/hr	$180/hr

2.b Machine-Readable Data (charge per record)

Charge per record is applicable to all requests for machine-readable data.

	Price A	Price B
Up to 50,000 records	$0.04/record	$0.06/record
50,001–100,000 records	$0.03/record	$0.05/record
100,001–200,000 records	$0.02/record	$0.03/record
200,001+ records	$0.01/record	$0.02/record

Estimates of cost of production time and/or records will be quoted to clients.

Analysis and Consulting

Consulting Services

Special Projects

Subject to availability of internal resources, CIHI offers consulting services for external projects in its area of expertise. For example, CIHI can consult on a fee-for-service basis on the development and implementation of provincial health information initiatives.

Information: As noted by database.

Price A*	Price B*
$120/hr	$180/hr

(plus recovery of travel expenses)

*Note: Higher consulting rate may apply for project manager and senior technical resources.

Graduate Student Data Access Program

The Graduate Student Data Access Program provides qualified graduate students with free access to information from CIHI's data holdings. Data disclosure is determined by CIHI's principles and policies for the protection of health information. Through this program, CIHI aims to contribute to increasing the capacity of graduate students to undertake policy-relevant research related to health and health services using CIHI data, thereby encouraging the development and dissemination of knowledge about health and health services and strengthening CIHI's relationship with the research community.

Contact: gsdap@cihi.ca

Free

Education Services

CIHI is committed to aiding our clients' use of our health information products more effectively. The CIHI education program utilizes different learning media and methods to ensure the right learning opportunities are available to support our programs and clients. Visit the CIHI Web site (www.cihi.ca) for a complete listing of our annual education program and deliverables.

The **education program** is designed to provide CIHI clients with a continuum of learning opportunities that:

- promote awareness of CIHI products and support their implementation
- introduce basic concepts
- improve the quality of data submitted to CIHI or the provincial and territorial ministries of health
- explain the basic components of interpreting CIHI reports
- give guidance for analysis and detailed interpretation of reports
- illustrate application of the data and information

For **2006–2007**, the CIHI education program will represent the following reporting systems and program areas:

- Continuing Care Reporting System (CCRS)
- Canadian Population Health Initiative (CPHI)
- Discharge Abstract Database (DAD)
- Standards for Management Information Systems in Canadian Health Service Organizations (MIS Standards)
- Health Indicators
- Home Care Reporting System (HCRS)
- ICD-10-CA/CCI
- National Ambulatory Care Reporting System (NACRS)
- National Rehabilitation Reporting System (NRS)
- Privacy
- Ontario Mental Health Reporting System (OMHRS)

Custom Education

CIHI provides customized, on-site training to address each health care facility or organization's unique learning challenges. Building from the content of our regularly scheduled sessions, we can design one specifically for your needs and deliver it in your facility. See page 70 for more details.

Price for Core and Advanced Education Sessions

Hospitals, regional health authorities (or similar) and provincial and territorial ministries of health covered by the Core Plan receive core education sessions as part of their services. Refer to the Appendix for number of participants per session. For all other registrations (e.g. non–Core Plan clients or advanced-education offerings), the following applies:

One-Day Workshop ILT	
Regular registration	A $275, B $425
Early-bird registration	A $250, B $375
Half-Day Workshop ILT	
Regular registration	A $200, B $300
Early-bird registration	A $175, B $275
Two-Day Workshop ILT	
Regular registration	A $425, B $650
Early-bird registration	A $400, B $600
Teleconference/Videoconference Web Conference	
Regular registration	A $175, B $250
Early-bird registration	A $150, B $225
E-Learning	A $175, B $275
Self-Learning Program PDF	A $90, B $135
Teleconference Recording	A $25, B $40
Web Conference Recording	A $25, B $40

Registration

Contact CIHI's Education Department by phone, fax or email, or visit the CIHI Web site (www.cihi.ca).

Cancellation Policy

The registration fee is refundable (less a $50 administrative fee, plus applicable taxes), if notification is received at least 48 hours prior to the date of the program. Substitutes will be accepted.

No-Show Policy

The institution will be invoiced an administrative fee of $100 (plus applicable taxes) to cover incidental costs for any registered participant who does not show, or cancels less than 48 hours in advance for a Core Plan Basic Education session. Substitutes will be accepted.

For more information, contact:
CIHI Education, Ottawa
Telephone: (613) 241-7860
Fax: (613) 789-2114
Email: education@cihi.ca

Education Services

Additional Information

Education deliverables will be scheduled at different points in the year. Refer to the CIHI Web site or quarterly promotions for a complete listing including dates and locations. For other enquiries (customized education, French availability, alternate modes of delivery, etc.), contact: education@cihi.ca.

Discharge Abstract Database

Audience: Health record professionals/others who have responsibility for coding and abstracting of patient records and data submission to CIHI or who work directly with the data.

Core Level Education ↻CORE

- DAD Basic Abstracting ENG/FR
- Promoting Excellence in DAD Abstracting ENG/FR e
- DAD Report Interpretation ILT
- What's New for DAD 2007–2008 ENG/FR

Classifications: ICD-10-CA and CCI

Audience: This education program is primarily intended for health-record professionals who have the responsibility for coding acute-care patient records and submitting data to CIHI. In a few cases, these workshops are also applicable to other health information professionals who rely on data and reports influenced by the new classification standards and/or who want to develop a sound understanding of ICD-10-CA and CCI.

Core Level Education ↻CORE

- Introduction to ICD-10-CA and CCI ENG/FR PDF
- Coding With ICD-10-CA and CCI ENG/FR ILT
- The Canadian Coding Standards and Diagnosis Typing for DAD ENG/FR ILT
- Applied ICD-10-CA and CCI: Series 1 ENG/FR e
- Applied ICD-10-CA and CCI: Series 2 ENG/FR e
- Introduction to ICD-10-CA and CCI for Physicians ENG/FR PDF
- Exploring ICD-10-CA and CCI: An Overview for Non-Health Records Professionals ILT
- More Coding Standards and Diagnosis Typing for DAD ENG/FR ILT
- Obstetrical Coding—Moving Beyond the Basics ENG/FR ILT
- Coding for Diabetes and Some Related Interventions ENG/FR ILT

MIS Standards

Audience: This education program is primarily intended for managers, directors and facility and regional MIS coordinators and finance managers who have the responsibility for coordinating or administering the financial and statistical information for effective decision-making.

Core Level Education ↻CORE

- Introduction to the MIS Standards e
- Nursing and the MIS Standards ILT
- Integrating Financial and Clinical Data ILT
- Statistical Data Collection and Reporting Including Workload Measurement System ILT
- Conducting a Statistical Data Quality Audit for Therapeutic Services ILT
- Conducting a Financial Data Quality Audit ILT
- Improving the Quality of Reported Financial and Statistical Data ILT
- Cost per Weighted Case e
- Electrodiagnostic, Non-Invasive Cardiology and Vascular Laboratories and the MIS Standards e
- Diagnostic Imaging and the MIS Standards e
- Respiratory Services and the MIS Standards e

Note: Some sessions are available in French.

National Ambulatory Care Reporting System

Audience: This education program is primarily intended for data collectors (health record), clinicians, finance MIS personnel and data users (decision support, utilization management) who work directly with ambulatory care patient data and reports in order to make decisions.

Core Level Education ↻CORE

- What's New for NACRS 2007–2008
- NACRS Basic Abstracting e
- NACRS Data Submission e

Refer to the CIHI Web site for a complete listing of education deliverables and details.

National Rehabilitation Reporting System

Audience: This education program is intended for representatives from facilities that have an End User Licence Agreement with CIHI for the NRS and are participating in the collection and submission of rehabilitation data for the NRS, as well as rehabilitation clinicians, administrators and decision support and utilization staff interested in program evaluation and process improvement.

Core Level Education CORE

- National Rehabilitation Reporting System for Trainers ILT
- National Rehabilitation Reporting System: Indicators and Report Interpretation ILT
- What's New for the NRS 2007–2008
- NRS Trainer Refresher e
- NRS Recertification Program for Assessors e
- NRS Recertification Program for Trainers e
- NRS Data Submission Processes e

Continuing Care Reporting System

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

Core Level Education CORE

- Introduction to the Continuing Care Reporting System (CCRS)
- Implementation of the Continuing Care Reporting System (CCRS) ILT
- RAI-MDS 2.0 for Educators ILT
- RAI-MDS 2.0 Refresher ILT
- CCRS: Operational Process for Data Submission e
- CCRS: Outputs for Decision Support ILT

Home Care Reporting System

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

Core Level Education CORE

- Introduction to the Home Care Reporting System
- Implementation of the Home Care Reporting System (HCRS) ILT
- RAI-HC for Educators ILT
- RAI-HC Refresher ILT
- HCRS Operational Process for Data Submission e
- HCRS: Outputs for Decision Support
- HCRS: The Client Group Data Element

Ontario Mental Health Reporting System

Audience: This education program is intended for representatives of Ontario facilities that are implementing the Ontario Mental Health Reporting System (OMHRS), including designated site coordinators, mental health clinicians, and staff involved in case management, quality improvement, program evaluation and administration, and decision support.

Core Level Education

- OMHRS: MDS-MH for Site Experts ILT
- Enhancing OMHRS Data Quality through Improved Coding Practices: A Refresher ILT
- OMHRS Data Submissions e
- Ontario Mental Health Reporting System: Decision Support
- MDS-MH Coding Essentials e
- OMHRS Administrative Elements e
- Making the Most of Mental Health Assessment Protocols (MHAPs)

Refer to the CIHI Web site for a complete listing of education deliverables and details.

Education Services

Privacy

Audience: This generic education program is of interest to anyone who is new to the topic of privacy and whose day-to day work involves handling personal health information. This includes, but is not limited to, representatives from health care organizations, health regions, provincial and territorial ministries of health, privacy program administrators, researchers and health care practitioners.

Core Level Education ⊃CORE

- Introduction to Health Information Privacy ILT

Advanced Level Education

- An Approach to Conducting a Privacy Impact Assessment ILT

Health Indicators

Audience: This education program is intended for those individuals responsible for assessing the health status and health-system performance in their jurisdictions and developing and/or using health indicators for their facility, region or province/territory.

Core Level Education ⊃CORE

- Introduction to CIHI Health Indicators ILT

Canadian Population Health Initiative

Audience: This education program is intended for those who support or 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 outside the health sector.

Core Level Education ⊃CORE

- Applying a Population Health Perspective to Health Planning and Decision-Making ENG/FR ILT
- What Is Population Health? e

Education Archived Sessions

Select Web and teleconference sessions are recorded and archived for future use. Please go to the CIHI Web site and select "Education" for more details.

Customized Education Services

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

Topics can include:

- general overview of CIHI and current databases
- detailed education on various CIHI methodologies
- application of MIS Standards and CIHI reports
- topics selected by the client relating to CIHI tools

Please note that all of CIHI's regularly scheduled workshops can also be presented in a customized education format.

Audience: Anyone who works for an organization that uses CIHI tools/data on a regular basis and requires a basic and/or thorough understanding of various products.

Contact: education@cihi.ca

	Price A*	Price B*
Half day	$1,200	$1,800
Full day	$2,400	$3,600

(plus recovery of travel expenses)

*Note 1: Significant customization will be subject to additional fees.

*Note 2: Discounts apply to multiple-day training sessions

Refer to the CIHI Web site for a complete listing of education deliverables and details.

Refer to the CIHI Web site for a complete listing of education deliverables and details.

Appendix

- Distribution Approach
- Core Plan—
  Acute Care Hospitals
- Core Plan—
  Continuing Care/Rehabilitation Facilities
- Core Plan Elements

Distribution Approach

The quantities of Core Plan elements are provided to health care facilities according to their size (i.e. small, medium, large), which is determined on the basis of the health care facility type, the total number of beds and the annual volume of case abstracts. Some Core Plan elements are subject to confidentiality and privacy restrictions, and are provided taking into account any imposed limitation.

Core Plan—Acute Care Hospitals

The size of a hospital is based on the total beds and volume of case abstracts submission to DAD, NACRS, NRS and 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 submission 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 and 100,000 annually.

Large Hospital

Hospitals with 400 or more beds OR more than 100,000 case abstracts annually.

Core Plan—Continuing 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.

Core Plan Elements	Dis	Sm	Med	Lg	Reg	MOH
Standards						
Financial/Managerial Standards						
MIS Standards, 2006	*	1	1	2	1	2
Disease/Intervention Classifications						
ICD-10-CA/CCI, 2006 (for five concurrent users)	***	1	2	3	1	3
Canadian Coding Standards for ICD-10-CA and CCI, 2006	****	N/A	N/A	N/A	N/A	N/A
Code Title Tables: ICD-10-CA, CCI	**	1	1	1	1	1
Category/Rubric Tables: ICD-10-CA and CCI	**	1	1	1	1	1
Validation Tables: ICD-10-CA, CCI	**	1	1	1	1	1
ICD-10-CA and CCI Evolution Tables	****	N/A	N/A	N/A	N/A	N/A
Conversion Tables: ICD-10-CA/CCI to ICD-9/CCP or ICD-10-CA/CCI to ICD-9-CM	**	1	1	1	1	1
Equivalency Tables: ICD-9-CM/ICD-9 Diagnoses, ICD-9-CM/CCP Procedures	**	1	1	1	1	1
Validation Tables: ICD-9-CM or ICD-9/CCP	**	1	1	1	1	1
Data Set and Grouping Methodology Standards						
DAD Abstracting Manual (for use with ICD-10-CA/CCI)	****	N/A	N/A	N/A	N/A	N/A
CMG/Plx Directory 2003 (for use with ICD-10-CA/CCI)	****	N/A	N/A	N/A	N/A	N/A
CMG 2003 Title Table	**	1	1	1	1	1
DAD Resource Intensity Weights and Expected Length of Stay 2005	****	N/A	N/A	N/A	N/A	N/A
DAD Resource Intensity Weights Table	**	1	1	1	1	1
DAD Expected Length of Stay Table	**	1	1	1	1	1
Day Procedure Groups 2006	****	N/A	N/A	N/A	N/A	N/A
Day Procedure Groups RIW Table	**	1	1	1	1	1
DPG Assignment Table (CCI)	**	1	1	1	1	1
DPG Assignment Table (ICD-9-CM or CCP), with RIW	**	1	1	1	1	1
Case Mix Tools for Decision-Making in Health Care	****	N/A	N/A	N/A	N/A	N/A
National Ambulatory Care Reporting System Manual	****	N/A	N/A	N/A	N/A	N/A
Comprehensive Ambulatory Classification System (CACS) Directory 2006	****	N/A	N/A	N/A	N/A	N/A
Comprehensive Ambulatory Classsification System (CACS) RIW Table	**	N/A	N/A	N/A	N/A	N/A
Rehabilitation Minimum Data Set Manual	**	1	2	3	1	3
RAI-MDS 2.0 and RAPs Canadian Version User's Manual—Second Edition, March 2005	**	1	2	3	1	3
Continuing Care Reporting System Specifications Manual	****	N/A	N/A	N/A	N/A	N/A
Resource Utilization Groups III (RUG-III) Grouping Methodology: Flow Charts and SAS Code, CCRS Version	****	N/A	N/A	N/A	N/A	N/A
Resource Utilization Groups III (RUG III) Grouping Methodology Case Mix Index (CMI) Values 2006, CCRS Version	****	N/A	N/A	N/A	N/A	N/A
RAI-Home Care (RAI-HC) Manual, Canadian Version, Second Edition, October 2002	**	1	2	3	1	3
Home Care Reporting System Specifications Manual	*****	1	2	3	1	3
Resource Utilization Groups III Home Care (RUG-III-HC) Grouping Methodology: Flow Charts and SAS Code, HCRS Version	****	N/A	N/A	N/A	N/A	N/A
CORR Instruction Manuals 2006	****	N/A	N/A	N/A	N/A	N/A

Distribution Legend

*	routine/periodic/planned distribution
**	on demand
***	on demand while quantities last
****	products available electronically only with unlimited access
*****	on demand while quantities last for paper version; unlimited access for electronic version

Sm	small
Med	medium
Lg	large
Reg	regional health authority (or similar)
MOH	provincial or territorial ministry of health

Core Plan Elements	Dis	Sm	Med	Lg	Reg	MOH
Publications						
Corporate						
CIHI Directions ICIS	*	3	3	3	3	1
CIHI Annual Report	****	N/A	N/A	N/A	N/A	N/A
Privacy and Confidentiality of Health Information at CIHI: Principles and Policies for the Protection of Personal Health Information and Policies for Institution-Identifiable Information, 3rd Edition	*****	1	1	1	1	1
Privacy Tool Kit	****	N/A	N/A	N/A	N/A	N/A
Privacy and Confidentiality Brochure	*****	1	1	1	1	1
Health System/Special Reports						
Health Care in Canada, 2006	*	1	1	1	1	1
Other Health Care in Canada Reports	*****	1	1	1	1	1
Exploring the 70/30 Split: How Canada's Health Care System Is Financed	*****	1	1	1	1	1
Giving Birth in Canada: The Costs	*	1	1	1	1	1
Other Giving Birth in Canada Reports	*****	1	1	1	1	1
Canada's Health Care Providers: 2005 Chartbook	****	N/A	N/A	N/A	N/A	N/A
Canada's Health Care Providers Report	*****	1	1	1	1	1
Waiting for Health Care in Canada: What We Know and What We Don't Know	*****	1	1	1	1	1
Emergency Department Wait Times Report Series	****	N/A	N/A	N/A	N/A	N/A
Health Indicators						
The Health Indicators Project: The Next Five Years	****	N/A	N/A	N/A	N/A	N/A
National Consensus Conference on Population Health Indicators Final Report (2000)	****	N/A	N/A	N/A	N/A	N/A
Health Indicators: e-Publication	****	N/A	N/A	N/A	N/A	N/A
Health Indicators, 2006	*	1	1	1	1	1
Other Health Indicators Reports	****	N/A	N/A	N/A	N/A	N/A
Canadian Population Health Initiative						
Improving the Health of Canadians 2005-2006 Report Series	*	1	1	1	1	1
Background Papers to Improving the Health of Canadians 2005-2006 Report Series	****	N/A	N/A	N/A	N/A	N/A
Improving the Health of Canadians 2004	*****	1	1	1	1	1
Background Papers to Improving the Health of Canadians 2004	****	N/A	N/A	N/A	N/A	N/A
Health of the Nation	****	N/A	N/A	N/A	N/A	N/A
Overweight and Obesity in Canada: A Population Health Perspective	****	N/A	N/A	N/A	N/A	N/A
CPHI Poverty and Health Collected Papers	****	N/A	N/A	N/A	N/A	N/A
Charting the Course Reports	****	N/A	N/A	N/A	N/A	N/A
Reports Based on Funded Research	****	N/A	N/A	N/A	N/A	N/A
An Environmental Scan of Research Transfer Strategies	****	N/A	N/A	N/A	N/A	N/A
Place and Health Workshop—Finding a Place for Place and Health in Research and Policy	****	N/A	N/A	N/A	N/A	N/A
CPHI Workshop on Place and Health: Synthesis Report	****	N/A	N/A	N/A	N/A	N/A
"You say 'to-may-to(e)' and I say 'to-mah-to(e)'": Bridging the Communication Gap Between Researchers and Policy-Makers	****	N/A	N/A	N/A	N/A	N/A
CPHI Partnership Meeting	****	N/A	N/A	N/A	N/A	N/A
A Place for Youth Knowledge Exchange Workshop	****	N/A	N/A	N/A	N/A	N/A
CPHI Workshop Proceedings	****	N/A	N/A	N/A	N/A	N/A
Commissioned Research Reports	****	N/A	N/A	N/A	N/A	N/A
Housing and Population Health	****	N/A	N/A	N/A	N/A	N/A
Health Services						
Improving Timeliness of Discharge Abstract Database Data	*****	1	1	1	1	1
Hospital Morbidity Tabular Reports, 1994–1995 to 2000–2001	****	N/A	N/A	N/A	N/A	N/A
Analysis in Brief: Inpatient Hospitalizations and Average Length of Stay Trends in Canada, 2003–2004 and 2004–2005	****	N/A	N/A	N/A	N/A	N/A
Hospital Mental Health Services in Canada 2003–2004	****	N/A	N/A	N/A	N/A	N/A
Other Hospital Mental Health Services in Canada Reports	****	N/A	N/A	N/A	N/A	N/A
Analysis in Brief: Hospital Mental Health Database	****	N/A	N/A	N/A	N/A	N/A
Inpatient Rehabilitation in Canada, 2006, 2007	*	1	1	1	1	1
Other Inpatient Rehabilitation in Canada Reports	*****	1	1	1	1	1
Analysis in Brief: National Rehabilitation Reporting System	****	N/A	N/A	N/A	N/A	N/A

Core Plan Elements	Dis	Sm	Med	Lg	Reg	MOH
Health Services (continued)						
Facility-Based Continuing Care in Canada, 2005–2006	*****	N/A	N/A	N/A	N/A	N/A
Other Facility-Based Continuing Care in Canada Reports	*****	N/A	N/A	N/A	N/A	N/A
Other Continuing Care Reports	****	N/A	N/A	N/A	N/A	N/A
Continuing Care Analysis in Brief	****	N/A	N/A	N/A	N/A	N/A
Home Care Analysis in Brief	****	N/A	N/A	N/A	N/A	N/A
Development of National Indicators and Reports for Home Care Phase 2—Final Project Report	*****	N/A	N/A	N/A	N/A	N/A
CORR Report	****	N/A	N/A	N/A	N/A	N/A
CORR inSITES	****	N/A	N/A	N/A	N/A	N/A
National Trauma Registry Highlights Report: Injury Hospitalizations, 2004–2005	*	1	1	1	1	1
Other NTR Hospital Injury Hospitalizations Reports	*****	1	1	1	1	1
National Trauma Registry Report: Major Injury in Canada, 2004–2005	*	1	1	1	1	1
Other NTR Major Injury in Canada Reports	*****	1	1	1	1	1
NTR Analytical Bulletin	****	N/A	N/A	N/A	N/A	N/A
Canadian Joint Replacement Registry Report, 2006	*	1	1	1	1	1
Other Canadian Joint Replacement Registry Reports	*****	1	1	1	1	1
CJRR Analytical Bulletin	*	1	1	1	1	1
NPDUIS Plan Information Document	****	N/A	N/A	N/A	N/A	N/A
Health Professionals						
Average Payment per Physician (APP) Report, Canada, 2004–2005	****	N/A	N/A	N/A	N/A	N/A
Other APP Reports	****	N/A	N/A	N/A	N/A	N/A
Full Time Equivalent Physicians (FTE) Report, Canada, 2004–2005	****	N/A	N/A	N/A	N/A	N/A
Other FTE Reports	****	N/A	N/A	N/A	N/A	N/A
National Grouping System Categories (NGS) Report, Canada, 2004–2005	****	N/A	N/A	N/A	N/A	N/A
Other NGS Reports	****	N/A	N/A	N/A	N/A	N/A
Reciprocal Billing (RB) Report, Canada, 2004–2005	****	N/A	N/A	N/A	N/A	N/A
Other RB Reports	****	N/A	N/A	N/A	N/A	N/A
Alternative Payment and the National Physician Database (NPDB), 2004–2005	****	N/A	N/A	N/A	N/A	N/A
Other Alternative Payment and NPDB Reports	****	N/A	N/A	N/A	N/A	N/A
The Practicing Physicians Community in Canada: Workforce and Workload, 1989–1990 to 1998–1999	****	N/A	N/A	N/A	N/A	N/A
From Perceived Surplus to Perceived Shortage: What Happened to Canada's Physician Workforce in the 1990s?	*****	1	1	1	1	1
The Evolving Role of Canada's Family Physicians, 1992–2001	*****	1	1	1	1	1
The Evolving Role of Canada's Family Physicians, 1993–2002: Provincial Profiles	*****	1	1	1	1	1
Geographic Distribution of Physicians in Canada: Beyond How Many and Where	*****	1	1	1	1	1
Supply, Distribution and Migration of Canadian Physicians, 2005	****	N/A	N/A	N/A	N/A	N/A
Other Supply, Distribution and Migration of Canadian Physicians Reports	****	N/A	N/A	N/A	N/A	N/A
Supply and Distribution of Physicians, Canada—Selected Years, 1961 to 1995	***	1	1	1	1	3
International and Interprovincial Migration of Physicians, Canada—Selected Years, 1970 to 1995	***	1	1	1	1	3
Workforce Trends of Regulated Nurses in Canada, 2005	*	1	1	1	1	1
Workforce Trends of Registered Nurses in Canada Reports	****	N/A	N/A	N/A	N/A	N/A
Workforce Trends of Licensed Practical Nurses in Canada	****	N/A	N/A	N/A	N/A	N/A
Workforce Trends of Registered Psychiatric Nurses in Canada	****	N/A	N/A	N/A	N/A	N/A
Supply and Distribution of Registered Nurses in Rural and Small Town Canada	****	N/A	N/A	N/A	N/A	N/A
Future Development of Information to Support the Management of Nursing Resources: Recommendations	****	N/A	N/A	N/A	N/A	N/A
Bringing the Future Into Focus: Projecting Nursing Retirement in Canada	****	N/A	N/A	N/A	N/A	N/A
The Regulation and Supply of Nurse Practitioners in Canada, 2003 and 2004	****	N/A	N/A	N/A	N/A	N/A
National Survey of the Work and Health of Nurses: Analytical Report 2006	****	N/A	N/A	N/A	N/A	N/A
Health Personnel Trends in Canada, 1995–2004	****	N/A	N/A	N/A	N/A	N/A
Other Health Personnel Trends Reports	****	N/A	N/A	N/A	N/A	N/A
Guidance Document for the Development of Data Sets to Support Health Human Resources Management in Canada	****	N/A	N/A	N/A	N/A	N/A

Core Plan Elements	Dis	Sm	Med	Lg	Reg	MOH
Health Expenditures						
National Health Expenditure Trends 1975–2006	*	1	1	1	1	1
Other NHEX Trends Report	*****	1	1	1	1	1
Preliminary Provincial and Territorial Government Health Expenditure Estimates, 1974–1975 to 2006–2007	****	N/A	N/A	N/A	N/A	N/A
Drug Expenditure in Canada, 1985–2005	****	N/A	N/A	N/A	N/A	N/A
Other Drug Expenditure in Canada Reports	****	N/A	N/A	N/A	N/A	N/A
Canadian MIS Database Hospital Financial Performance Indicators 2004–2005	****	N/A	N/A	N/A	N/A	N/A
Canadian MIS Database Hospital Financial Performance Indicators, 2003–2004	****	N/A	N/A	N/A	N/A	N/A
Medical Imaging in Canada 2006	****	N/A	N/A	N/A	N/A	N/A
Other Medical Imaging in Canada Reports	*****	1	1	1	1	1
Output Reports						
Discharge Abstract Database						
Expected Length of Stay Reports (ELOS)	****	N/A	N/A	N/A	N/A	N/A
Complexity	****	N/A	N/A	N/A	N/A	N/A
RIW Reports	****	N/A	N/A	N/A	N/A	N/A
DPG Data Reports by Facility	****	N/A	N/A	N/A	N/A	N/A
Standard Reports	****	N/A	N/A	N/A	N/A	N/A
Electronic Comparison of Hospital Activity Program (eCHAP)						
eCHAP	****	N/A	N/A	N/A	N/A	N/A
eCHAP 1	****	N/A	N/A	N/A	N/A	N/A
eCHAP 2	****	N/A	N/A	N/A	N/A	N/A
eCHAP 3	****	N/A	N/A	N/A	N/A	N/A
eCHAP RIW	****	N/A	N/A	N/A	N/A	N/A
National Ambulatory Care Reporting System						
eNACRS Reports	****	N/A	N/A	N/A	N/A	N/A
National Rehabilitation Reporting System						
NRS Quarterly Comparative Reports	****	N/A	N/A	N/A	N/A	N/A
Continuing Care Reporting System						
CCRS Quarterly Comparative Facility Reports	*	1	1	1	N/A	N/A
Home Care Reporting System						
HCRS Quarterly Comparative Reports	****	N/A	N/A	N/A	N/A	N/A
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Core Level	**	2	3	5	5	3

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