

Using CIHI's Financial Tools

BC Financial Healthcare Professionals Society

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Road Map



- Welcome
- Background
- Use of financial data
- High level Tools: Patient Cost Estimator, Quick Stats, Your Health System- In Depth
- Detailed tools: Functional Area Resource Intensity Weights, Your Health System- In Sight, eReports, Portal
- Additional resources

Learning objectives



- List and describe the Financial Standards and Information tools available
- Determine when to use the different tools and list the benefits of each
- Use the tools to
 - Monitor your organization's performance
 - Benchmark against your peers
 - Assess your organization's cost-efficiency
 - Determine areas for improvement

Canadian Institute for Health Information (CIHI)

Who we are



What we do



Better data



Better decisions



Healthier Canadians

Privacy and Security

We are committed to protecting the privacy of Canadians by ensuring the confidentiality, integrity and availability of health care data



Data Quality

Our Internationally recognized data and information quality program helps to ensure evidence based decision-making



Standards



Working with our stakeholders, we continue to lead the development and implementation of pan-Canadian standards

Databases



Spending



Clinical



Workforce

We build and maintain pan-Canadian databases that enable jurisdictions to compare data

28

Indicators & Analysis



Spending



Quality



Access



Specialized Services



Population health

...and more

Building Capacity

Health System
Performance
schools



Workshops

Self-study

Web conferences

Conferences &
Events

CIHI's Strategic Plan 2016 to 2021

Vision

**Better data.
Better decisions.
Healthier Canadians.**

Mandate

Deliver comparable and actionable information to accelerate improvements in health care, health system performance and population health across the continuum of care

Strategic goals



Be a trusted source of standards and quality data



Expand analytical tools to support measurement of health systems



Produce actionable analysis and accelerate its adoption

Priority themes and populations

Themes

Patient experience
Quality and safety
Outcomes
Value for money



Health system performance

Populations

Seniors and aging
Mental health and addictions
First Nations, Inuit and Métis
Children and youth



Foundation



Our people



Stakeholder engagement and partnerships



Privacy and security



Information technology

Values

Respect • Integrity • Collaboration • Excellence • Innovation

Financial Standards & Information



Standards

- MIS Standards



Databases

- CMDB
(600+ hospitals & 2000+ non-hospitals)
- CPCD
(60+ organizations / 4 provinces)



Stakeholder Engagement

Data processing

Data quality



Analysis & Indicators

- Yourhealthsystem.ca
- **Cost of a Standard Hospital Stay**
- **Administrative Expense**
- Ad hoc analysis



Tools

- Patient Cost Estimator
- CMDB eReports/Portal
- Functional Area RIWs



Education

- Online training
- In-person workshops



Custom Data Requests

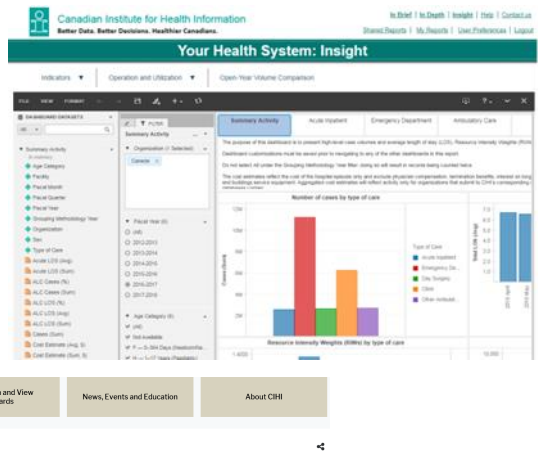
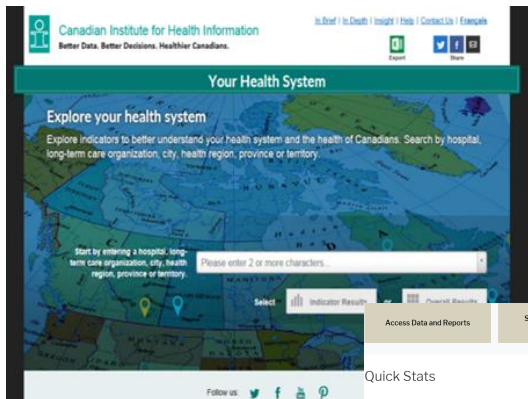




Better data to support better decisions
regarding care and costs.

FSI Products and resources

- Patient Cost Estimator
- Quick Stats
- Your Health System – In Brief, In Depth, Insight
- Functional Area RIWs (CMG+, CACS)
- CMDb eReports and Portal
- More...

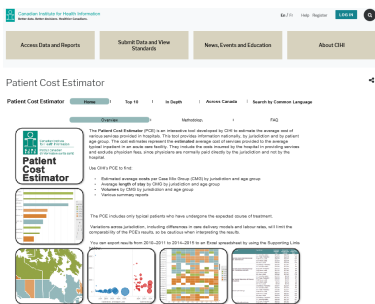
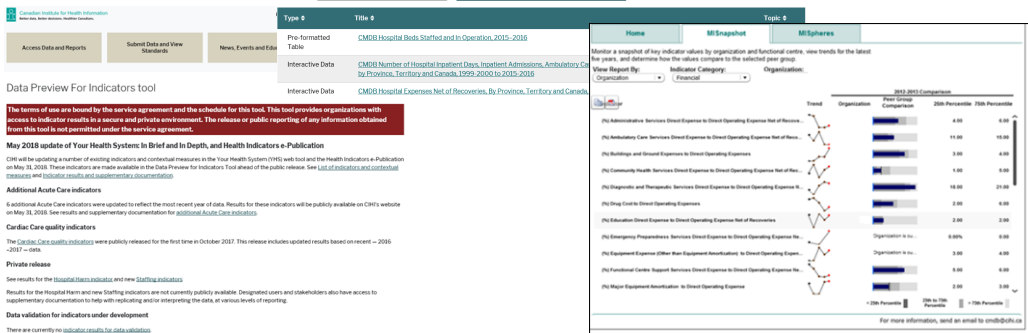


Quick Stats

Quick Stats are a series of free, publicly available, reports that provide aggregate-level data about health care in Canada. Unless otherwise indicated, the original data is provided to CHI by Canada's provinces and territories.

You can view this data in two different ways:

- An interactive format lets you manipulate how you see the health system information. Choose from specific time frames, diagnosis groups, hospital types and so on.
- A static format has information in tables that are easy to print.



Other FSI Activities

- **Development of new indicators**
 - Cost of a Standard Resident Day in LTC
 - Health human resources indicators (staffing ratio, overtime, sick time)
- **Revisions to the MIS Standards**
- ***Cost of a Standard Hospital Stay* indicator breakdown reports**
- **On-going data quality improvements & reporting**
- **Education and information products**
- **Queries (~900/year) and data requests**

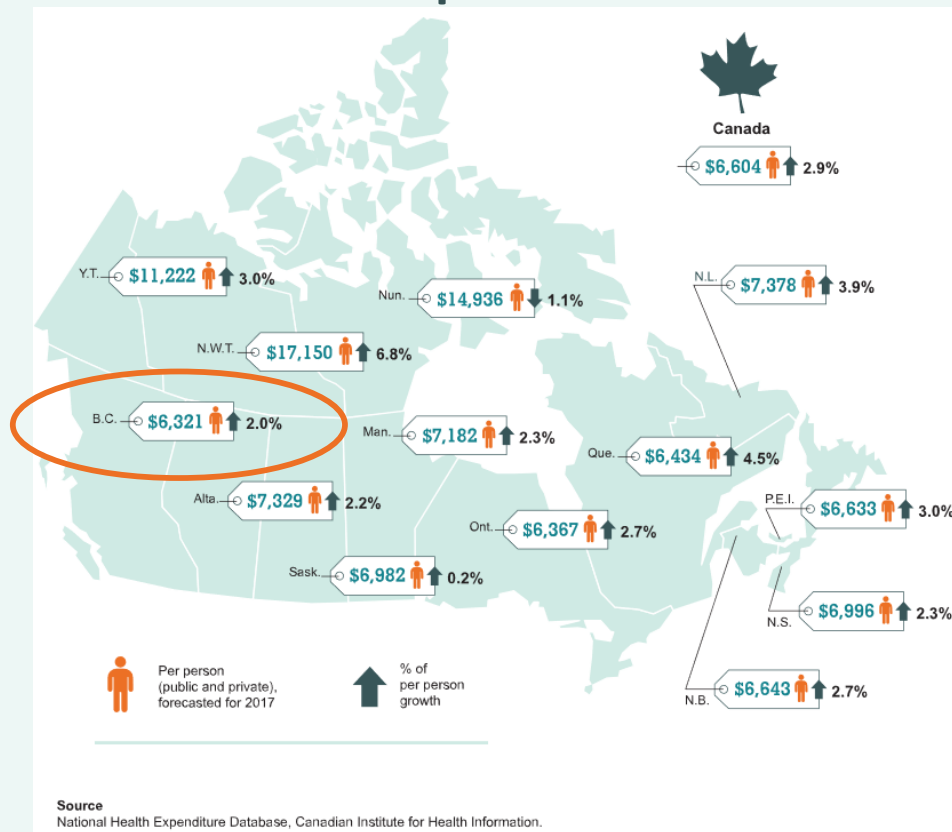
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Provincial/territorial health expenditures

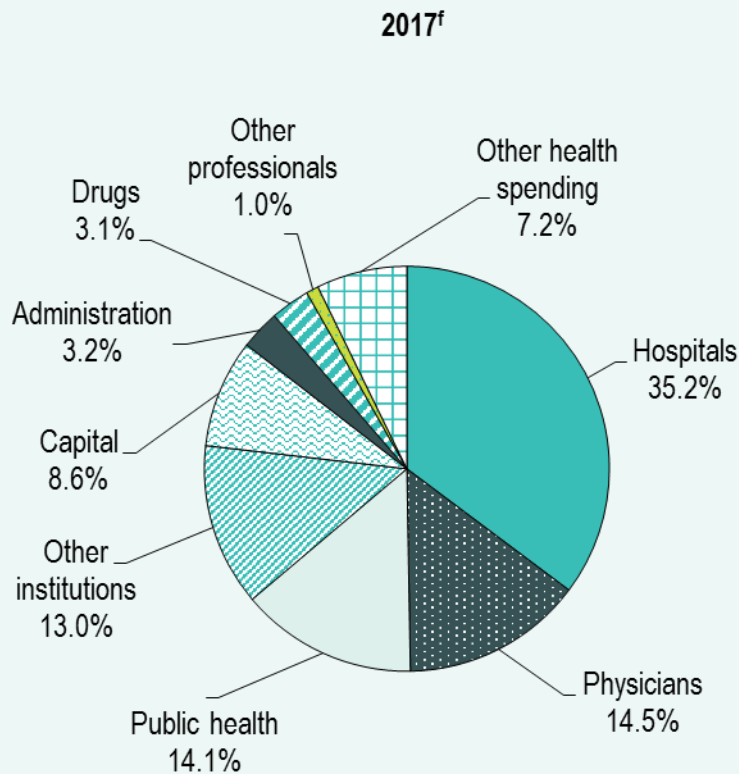
Total health expenditure per capita is forecast to be \$6,604 in Canada for 2017



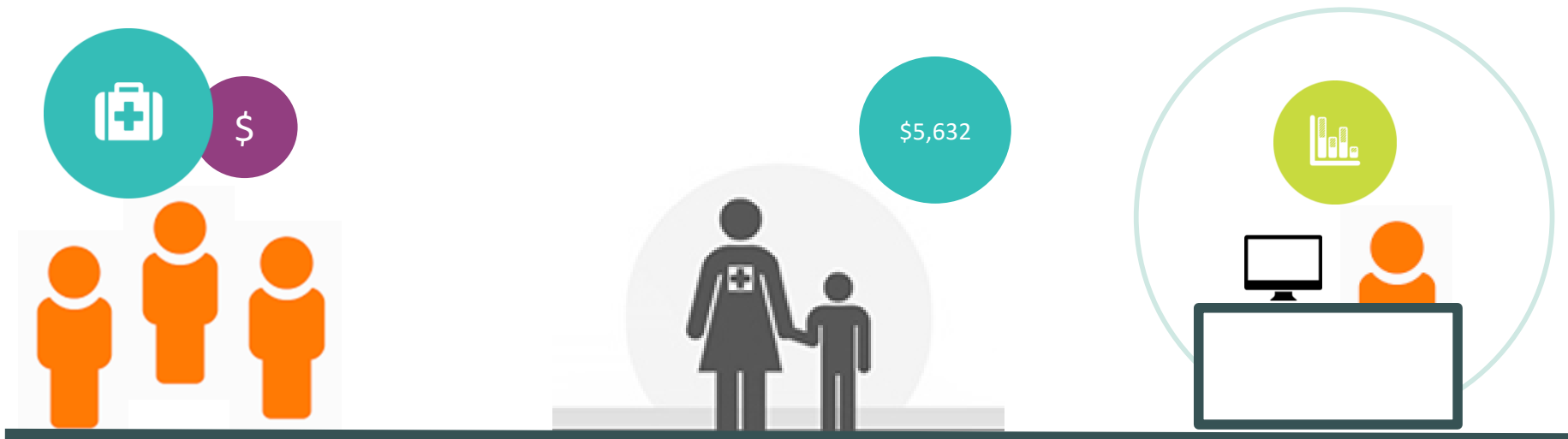
Hospital Spending

Hospital spending
accounts for 35% of
Health Spending:

Hospital Spending
includes Inpatient and
Outpatient



Cost of a Standard Hospital Stay (CSHS)

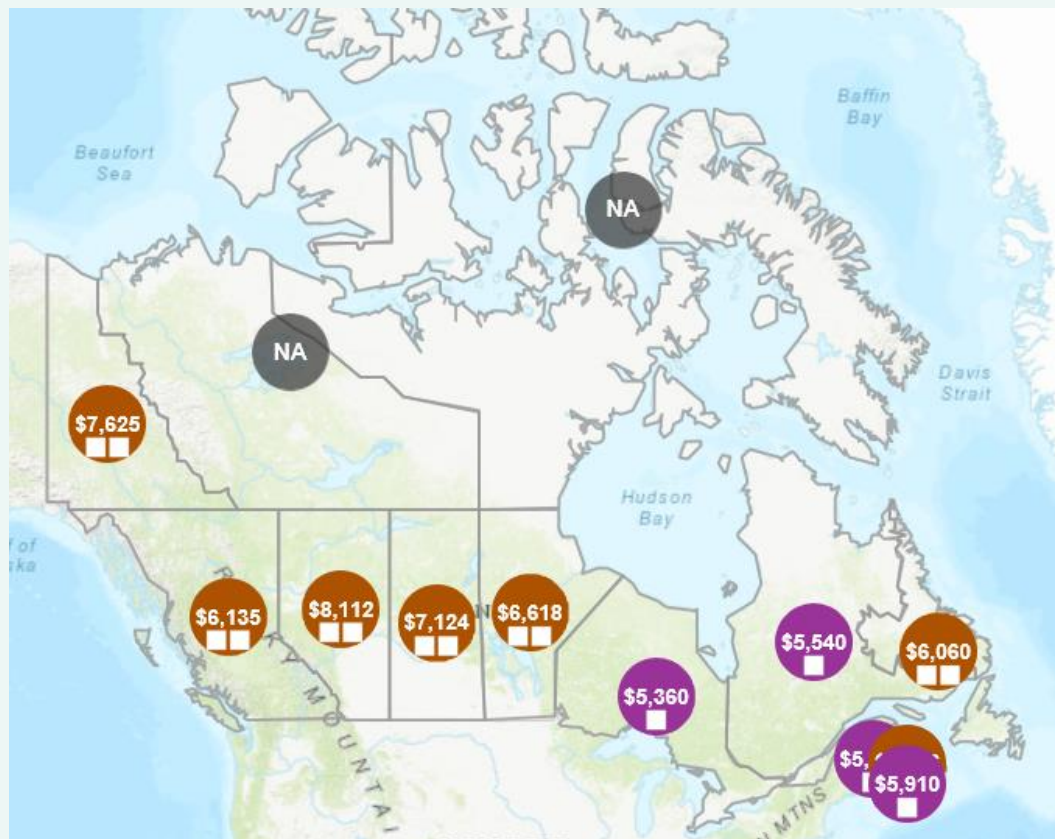


An indicator that
**integrates financial and
clinical data . . .**

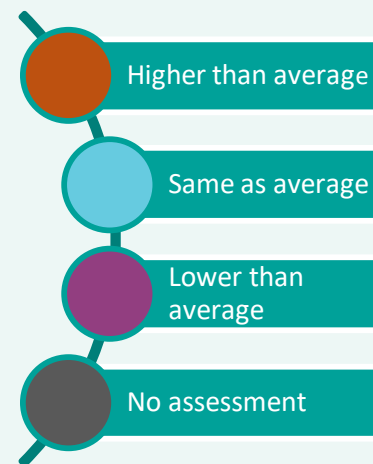
...estimates the
hospital's relative **cost-
efficiency** for **acute
inpatient care . . .**

...and is **specific** to
each facility and
comparable across
facilities, provinces and
patient characteristics

Pan-Canadian results



CSHS BC: \$6,135
Canada: \$5,992
(2016-17)



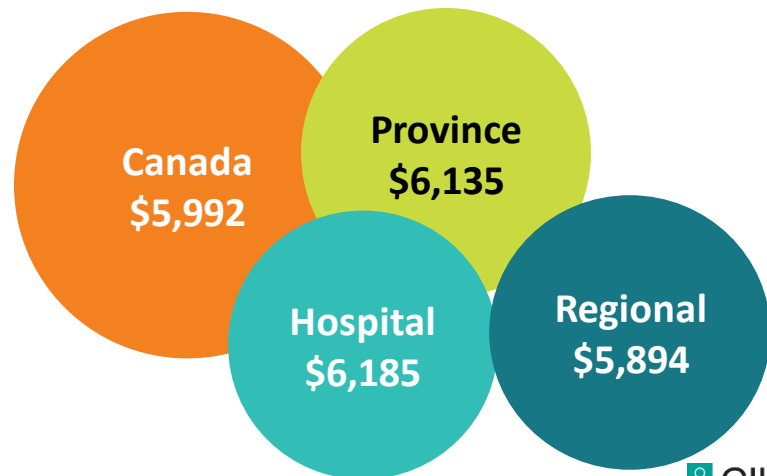
Cost of a Standard Hospital Stay

Total acute inpatient cost*

=

**Cost of a Standard
Hospital Stay**

**Total acute inpatient
weighted cases[†]**



* Includes actual inpatient costs from Canadian hospitals that report to the CMDB

† Sum of Resource Intensity Weights assigned to all acute inpatients in the Discharge Abstract Database (DAD)

Canadian MIS Database



- Annual submissions
- Fiscal year based
- Data collected using the Management Information System (MIS) Standards
- Organization level data
- High coverage: 2000+ facilities (all provinces and territories except Nunavut & Quebec)
- Jurisdictionally mandated

The CSHS numerator in a nutshell

Inpatient portion of . . .



Nursing
Inpatient



OR/PARR



ER



Ambulatory
Care



Diagnostic
and
Therapeutic



Portion of Administrative, In-Service Education and Accounting Centres

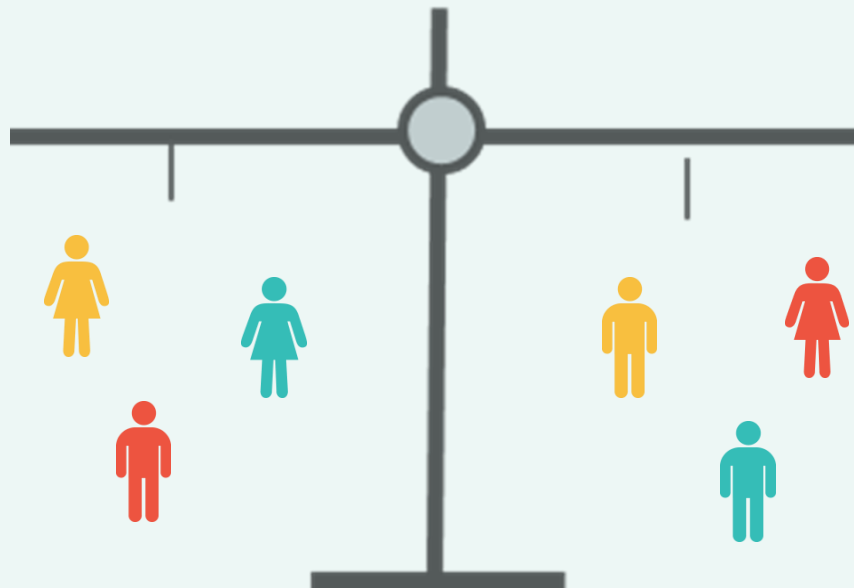
Discharge Abstract Database



- Contains data on hospital discharges (acute) and day surgeries
- Populated with data that CIHI receives from participating hospitals
- Patient demographics
- Most responsible diagnosis & up to 24 other diagnosis (ICD-10 ~ 16,041 codes)
- Principle intervention & up to 19 other interventions (CCI ~17,851 codes)

Calculating the denominator

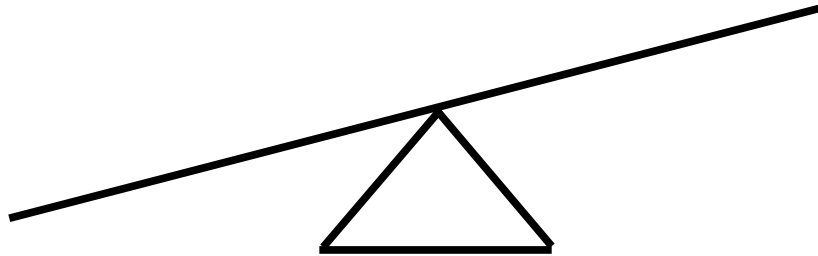
Use CIHI's Case Mix Group+ (CMG+) methodology and sum all acute inpatient RIWs from the DAD



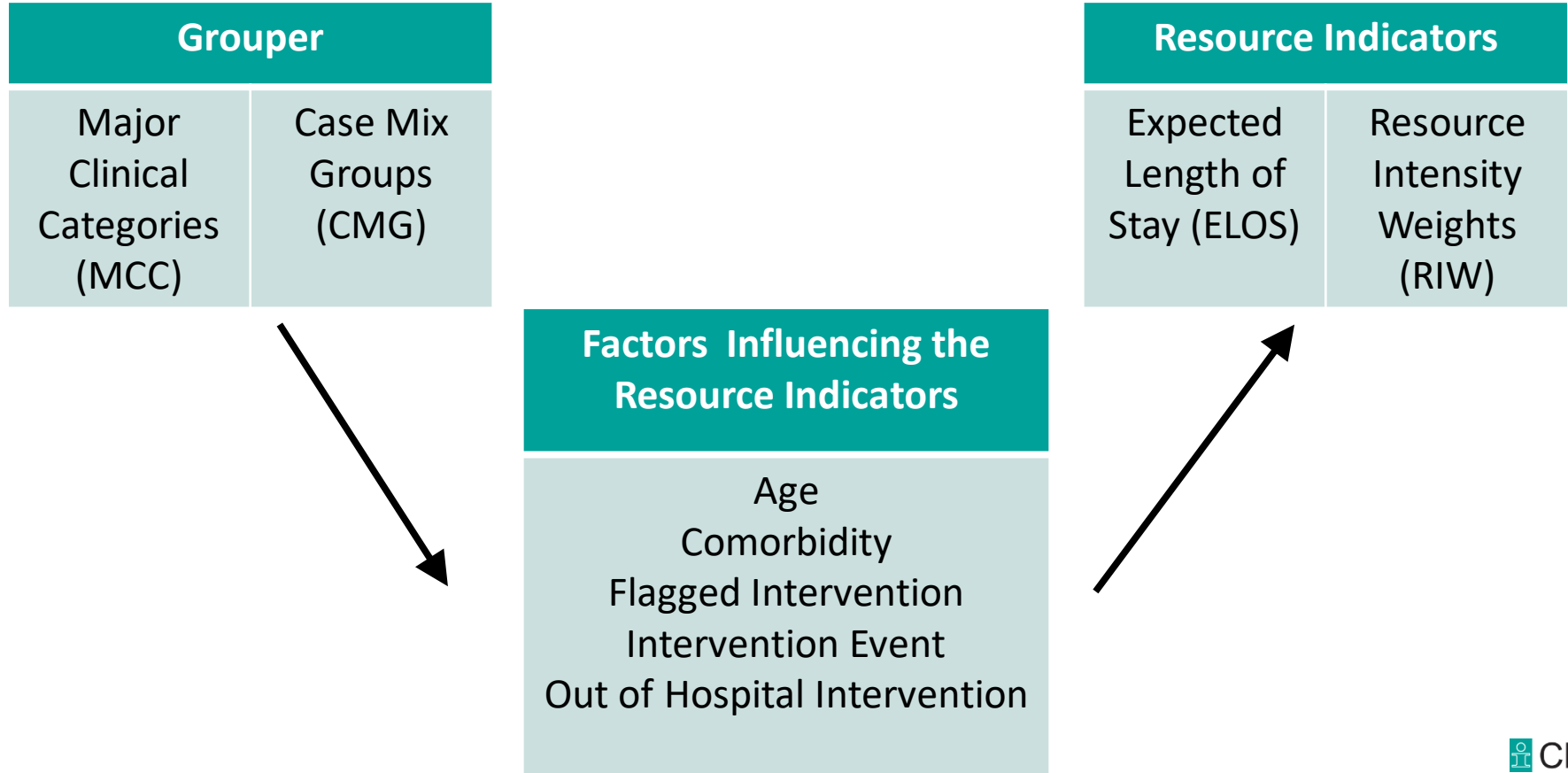
Purpose of Grouping Methodology (CMG)

Infinite # of combinations of
diagnoses and interventions

Reasonable number of
groups with which to make
comparisons between
patient types



Components of CMG+



Resource Intensity Weight (RIW)



- Derived from patient-level acute care cost data and CMG+ methodology
- Relative cost weight value assigned to each inpatient case in the DAD (and NACRS)*
- Applied at CMG level and adjusted for five factors

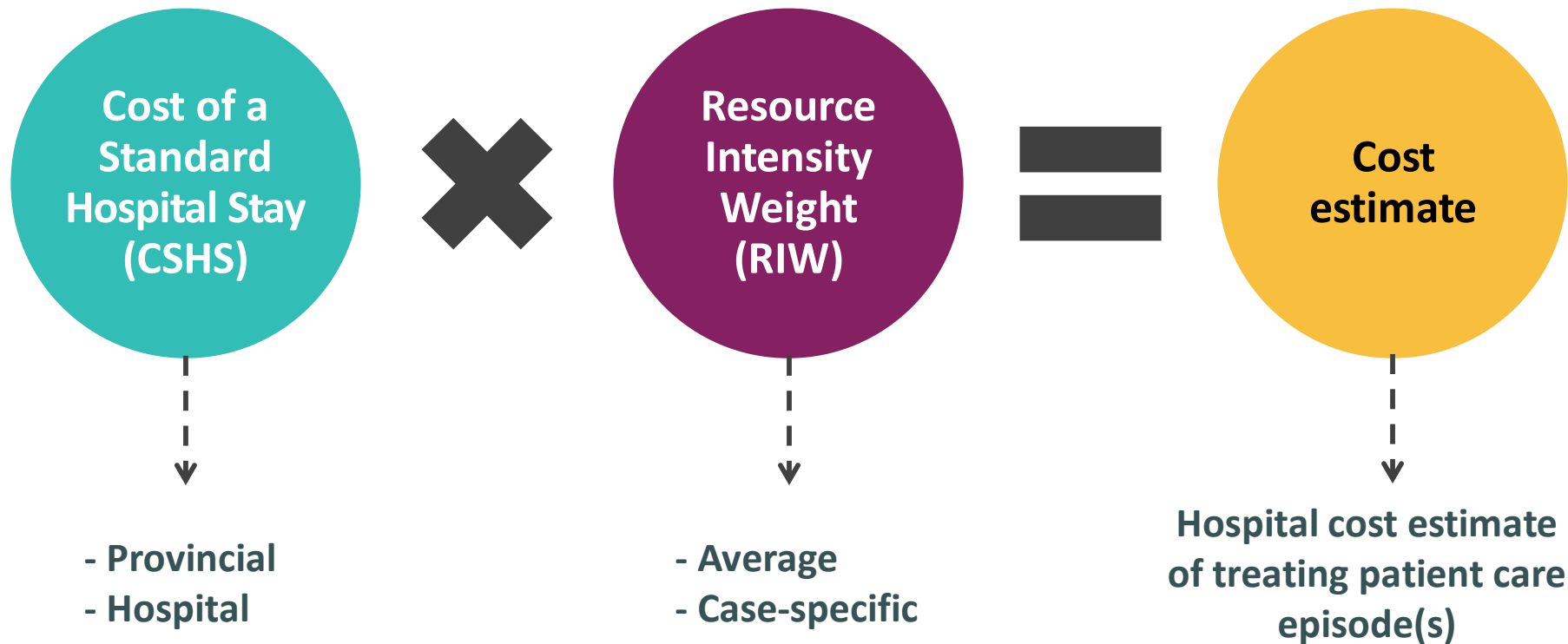
*Amb Care (CACS RIW is calibrated to the same level as DAD)

Resource Intensity Weight (RIW)

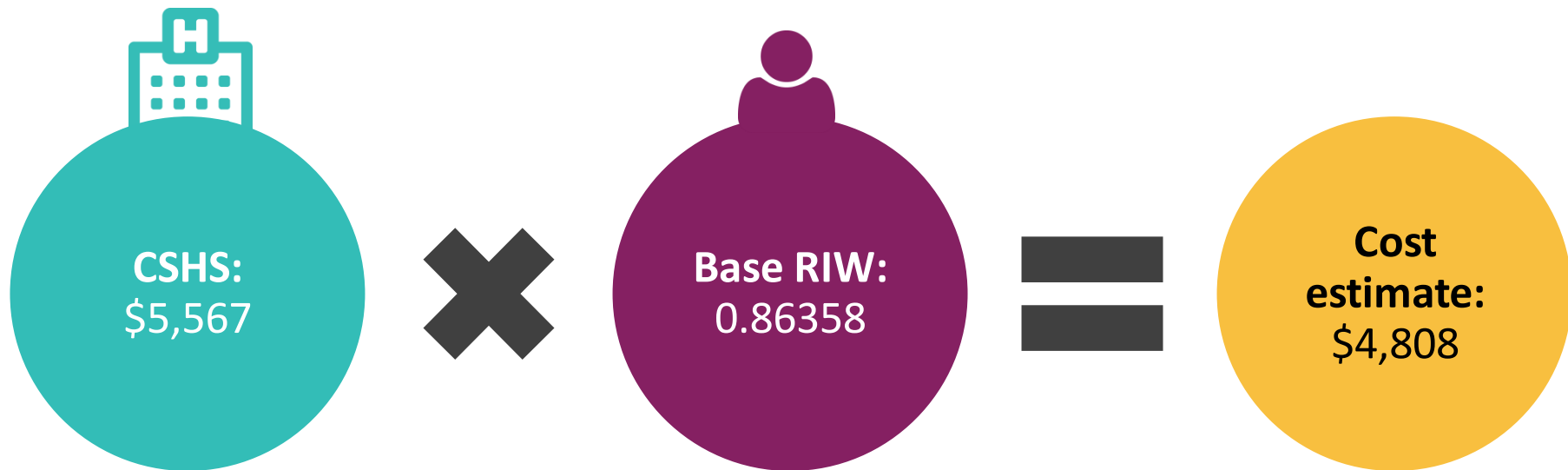


- **RIW value of 1.0**
 - Average typical inpatient case
- **RIW value of 2.0**
 - Twice the average resource consumption
- **RIW value of 0.5**
 - Half the average resource consumption

Cost estimate methodology



Example: Cost estimate for CMG 136: Bacterial pneumonia



Five common financial questions:



Cost estimates from aggregated data

Estimate costs by aggregating financial and statistical information

(number of visits,
number of exams, etc.)
of the organization

The first 4 groups of cost questions

- Organizationally based costs
- Functional centre costs
- Service volumes
- Costs per service volumes

Patient-level cost estimates

The 5th group of cost questions, costs of **specific patient care episodes (encounters)**, are record-level costs

Patient-level cost estimates rely on:

- Collection of detailed data on resources utilized
- Value of those resources at the encounter level
- Also known as patient costing, case costing or service recipient costing

CIHI's Financial Databases

Canadian Patient Cost Database (CPCD)

Annual submissions

Fiscal year based

Data collected using the MIS Standards



Patient level data

Lower coverage: **60+** facilities
(Alberta, Ontario, Nova Scotia)

Represents real dollars and more
precise estimations

Voluntary database

Canadian MIS Database (CMDB)

Annual submissions

Fiscal year based

Data collected using the MIS Standards

Organization level data



Higher coverage: **2000+** facilities
(all P/T except NU & QC)

Some complexity & cost variations
are “averaged” out

Jurisdictionally mandated

Precision of Cost Estimates



Cost of a specific patient
care episode
(Patient Cost Data)

Average cost of a specific
patient $(CSHS_{hosp} \times RIW_{pt})$

Average cost of an average patient
in a jurisdiction
 $(CSHS_{prov} \times RIW_{pt})$
Patient Cost Estimator



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High Level Tools

Publicly available:

- Patient Cost Estimator
- Quick Stats
- Your Health System - In Depth



Patient Cost Estimator

- **Easily see the average hospital cost of a typical inpatient care episode**
 - Average cost per Case Mix Group (CMG) by jurisdiction and age group
 - Average length of stay by CMG by jurisdiction and age group
 - Volumes by CMG by jurisdiction and age group
 - Various summary reports



Clinical data
(LOS, typical
volumes)



500+
clinical groups



Graphs and
tools

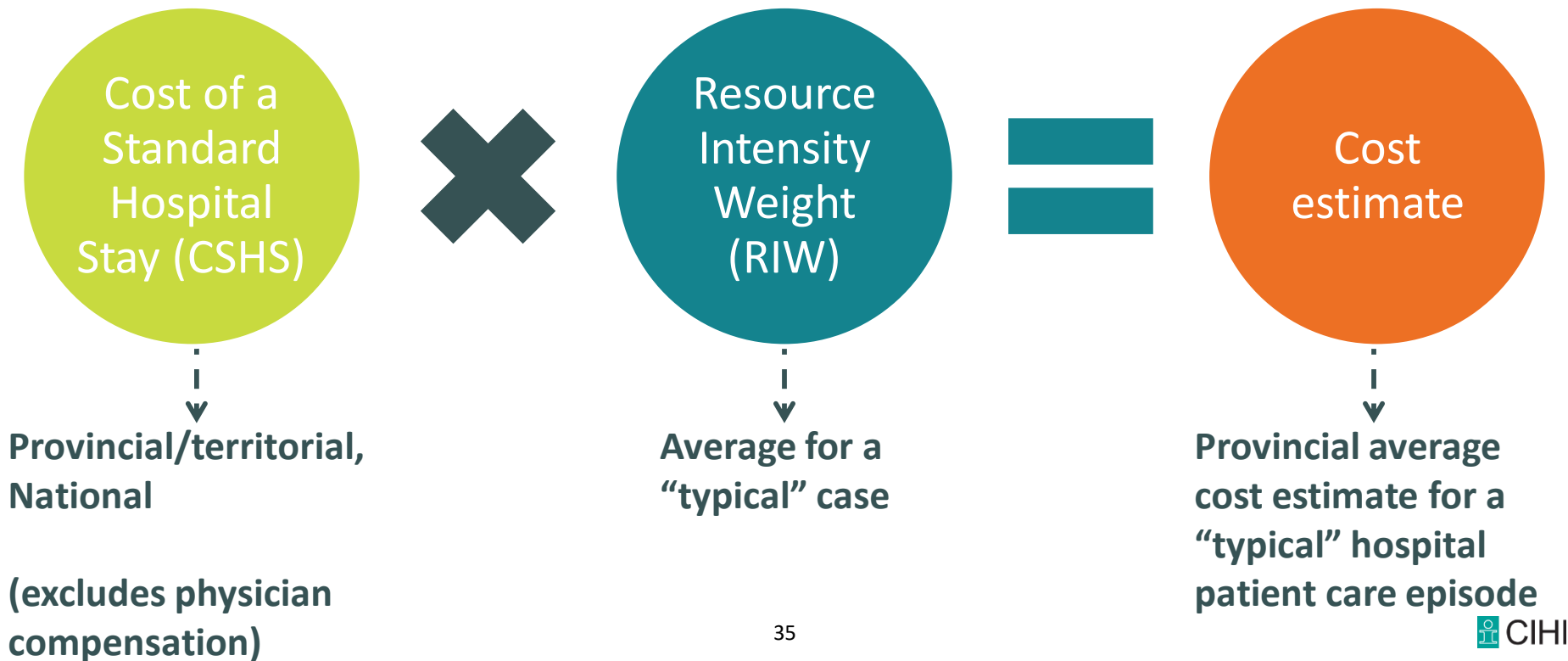


12 of 13
provinces and
territories



Hospital
costs

Patient Cost Estimator: Methodology



Who does it help and how?

- Functional centre managers, researchers, media and also the public hospitals, regions, provinces/territories
- policy, planning and estimating
- <https://www.cihi.ca/en/patient-cost-estimator>

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Access Data and Reports Submit Data and View Standards News, Events and Education About CIHI

Patient Cost Estimator

Patient Cost Estimator Home Top 10 In Depth Across Canada Search by Common Language

Overview Methodology FAQ

Patient Cost Estimator

The Patient Cost Estimator (PCE) is an interactive tool developed by CIHI to estimate the average cost of various services provided in hospitals. This tool provides information nationally, by jurisdiction and by patient age group. The cost estimates represent the estimated average cost of services provided to the average typical inpatient in an acute care facility. They include the costs incurred by the hospital in providing services and exclude physician fees, since physicians are normally paid directly by the jurisdiction and not by the hospital.

Use CIHI's PCE to find:

- Estimated average costs per Case Mix Group (CMG) by jurisdiction and age group
- Average length of stay by CMG by jurisdiction and age group
- Volumes by CMG by jurisdiction and age group
- Various summary reports

The PCE includes only typical patients who have undergone the expected course of treatment. Variations across jurisdiction, including differences in care delivery models and labour rates, will limit the comparability of the PCE's results, so be cautious when interpreting the results.

You can export results from 2010–2011 to 2014–2015 to an Excel spreadsheet by using the Supporting Links below.

Supporting Links: [Learn](#) | [Export 2010–2011 to 2014–2015](#) |

Demo Scenario

- You work for a hospital in British Columbia and want to estimate the operational costs for your nursing unit, which mainly provides mental health care
- Here are the volumes per Case Mix Group on your mental health inpatient nursing unit.

Volume	CMG description
102	693 Depressive Episode

- Use the Patient Cost Estimator to estimate the operational cost for your unit



Demo

Patient Cost Estimator

Estimating costs with the Patient Cost Estimator

Volume	CMG description	Estimated average cost (all age groups)	Estimated total cost
102	693 Depressive Episode	\$6,185	\$630,870

The estimated cost is approximately \$630,870 for 102 Depressive Episode cases in BC in 2016-2017.



CMDb Quick Stats

- Get quick access to detailed financial and service activity information on hospitals and/or provinces/territories
- Interactive tables and spreadsheets give you the data you want and need

Access Data and Reports

Submit Data and View Standards

News, Events and Education

About CIHI

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Search by:

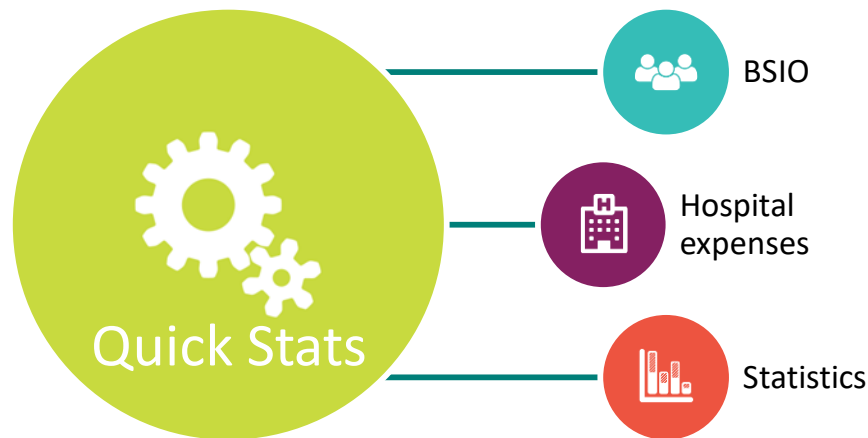
cmdb

Search

Type	Title	Topic
Pre-formatted Table	CMDB Hospital Beds Staffed and In Operation, 2015-2016	Spending
Interactive Data	CMDB Number of Hospital Inpatient Days, Inpatient Admissions, Ambulatory Care Visits, Emergency Visits and Day/Night Care Visits, by Province, Territory and Canada, 1999-2000 to 2015-2016	Spending
Interactive Data	CMDB Hospital Expenses Net of Recoveries, By Province, Territory and Canada, 1999-2000 to 2015-2016	Spending

What kind of information?

- Hospital beds staffed and in operation (BSIO)
- Hospital expenses net of recoveries
- Number of hospital inpatient days
- Inpatient admissions
- Ambulatory care visits
- Emergency visits
- Day/night care visits



Who do they help and how?

- The public, researchers, media, clinicians, hospitals, regions, provinces/territories
- Useful when planning resources and monitoring services delivered in hospitals
- <https://www.cihi.ca/en/quick-stats>
- Topic “Spending” or Search by “CMDB” within Quick Stats page

Demo Scenario

- **Find the number of Intensive Care Nursing Unit beds staffed and in operation in the province of BC**
 - How many are at teaching hospitals?



Demo

Quick Stats

Demo Scenario

- **Find the number of Intensive Care Nursing Unit beds staffed and in operation in the province of BC**
 - How many are at teaching hospitals?
- **Solution:**
 - 465 ICU beds staffed and in operation in BC in 2016-17
 - Of those, 280 (over 60%) are at teaching hospitals



Your Health System- In Depth

- **Puts comparable, interactive data for 45 important health indicators at your fingertips**
 - National, provincial/territorial, regional and facility level
 - 600 Canadian hospitals, 1,200 long-term care facilities
- **Includes suite of clinical indicators**
- **Includes 2 key efficiency indicators**
 - Cost of a Standard Hospital Stay (CSHS)
 - Administrative Expense

Your Health System

In Depth

Take a look at an expanded suite of indicators: find comparable results for hospitals and regions.

Administrative Expense

- Shows you the percentage of a legal entity's total expenses that were spent in administrative departments

$$\text{Administrative department expenses} \div \text{Total expenses} \times 100\%$$

- Administrative department expenses include finance, administration, human resources and communications expenses



Who does it help and how?

- Stakeholders at all levels of our health systems
 - The public, researchers, clinicians, hospitals, regions, provinces/territories
- Great for monitoring your organization's performance (e.g., trending, benchmarking, peer comparisons)
- <https://yourhealthsystem.cihi.ca/hsp/indepth>

Demo Scenario

- **What is the trend for the Cost of a Standard Hospital Stay Indicator for Fraser Health over the past 5 years?**
- **How does this compare to other regional averages? Provincial average?**



Demo

Your Health System

Demo Scenario- Solution

- What is the trend for the Cost of a Standard Hospital Stay Indicator for Fraser Health over the past 5 years?
- How does this compare to other regional averages? Provincial average?
- CSHS for Fraser Health is increasing from \$5,183 in 2012-13 to \$5,833 in 2016-17
- Regional trend is fairly consistent with provincial trend – increasing over time



CIHI's Indicator Library

For more information on the indicators showcased in Your Health System, check out **CIHI's Indicator Library** for the

- Description
- Methodology
- Inclusions/exclusions
- Interpretation
- Coverage
- Reporting level
- <http://indicatorlibrary.cihi.ca/>

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Français

Indicator Library

About This Tool

Resources

Welcome to CIHI's Indicator Library

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

View Indicators

Search by Indicator Keyword

► Refine Indicator List

Each column can be sorted (alphabetically or numerically) by selecting the column header (press Enter on your keyboard). Select the column header again to reverse the sorting order.

Showing all indicators

Reporting Levels

Indicator	HSP Framework	Areas of Need	Equity	National	Prov./Terr.	Region	Facility
30-Day Acute Myocardial Infarction In-Hospital Mortality	3.4 Appropriate and effective	B Getting better	•	•	•	•	
30-Day Acute Myocardial Infarction Readmission	3.4 Appropriate and effective	B Getting better	•	•	•	•	
30-Day All-Cause Readmission Rate After Isolated Coronary Artery Bypass Graft (CABG)	3.4 Appropriate and effective	B Getting better		•	•		•
30-Day All-Cause Readmission Rate After Percutaneous Coronary Intervention (PCI)	3.4 Appropriate and effective	B Getting better		•	•		•
30-Day In-Hospital Mortality After Coronary Artery Bypass Graft (CABG) and Aortic Valve Replacement (AVR)	3.4 Appropriate and effective	B Getting better		•	•		•
30-Day In-Hospital Mortality After Isolated Aortic Valve Replacement (AVR)	3.4 Appropriate and effective	B Getting better		•	•		•
30-Day In-Hospital Mortality After Isolated Coronary Artery Bypass Graft (CABG)	3.4 Appropriate and effective	B Getting better		•	•		•
30-Day In-Hospital Mortality After Percutaneous Coronary Intervention (PCI)	3.4 Appropriate and effective	B Getting better		•	•		•

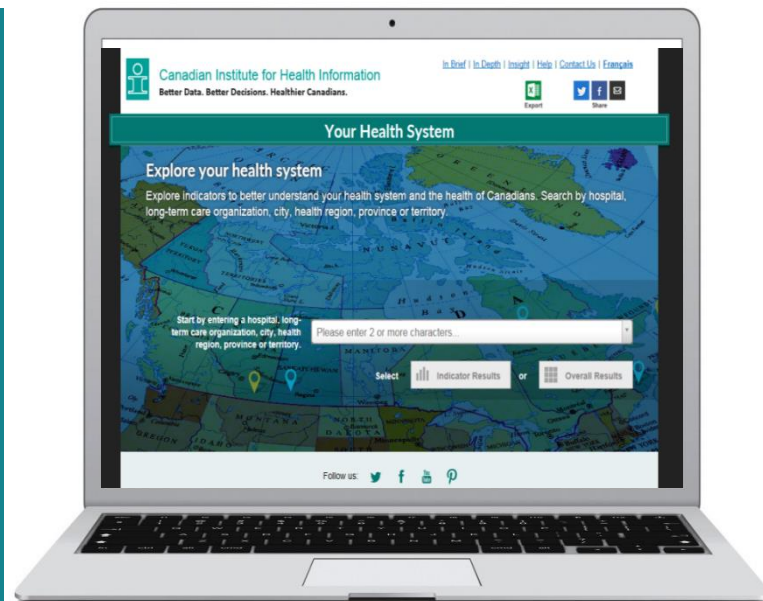
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Detailed Tools

- **Functional Area RIW (public)**
- **Your Health System- Insight (private)**
- **CMDB eReports (private)**
- **Portal (subscription)**



Functional Area Resource Intensity Weight (RIW) Proportions

- Shows you the proportion of resources used by functional area and patient type (Case Mix Group)
- Covers 7 functional areas:
 - Inpatient nursing services (N)
 - Outpatient nursing services (A)
 - Clinical laboratory (L)
 - Medical imaging (G)
 - Operating and recovery room nursing services (O)
 - Other professional services (P)
 - Indirect costs (I)



Who does it help and how?

- Functional centre managers, hospitals, regions, provinces/territories
- Helps with budgeting and planning of resources
- <https://secure.cihi.ca/estore/productSeries.htm?pc=PCC566>
- Download CMG Client Tables YYYY
 - The files related to the Functional Area RIW Proportions are
 - Functional Area RIW Proportion Technical Notes (PDF document)
 - Functional Area RIW Proportions CMG YY (Excel document)
- CACS Tables
- <https://secure.cihi.ca/estore/productSeries.htm?pc=PCC565>

Demo Scenario

- As the clinical manager of an operating room, you want to better understand the costs incurred for a knee replacement (*CMG 321- Unilateral knee replacement, RIW 1.2103*)
- What functional area are the majority of costs expected to be attributed to?
- What is the estimated operating & recovery room nursing services cost for this patient group?
- In this example, use the BC average for your Cost of a Standard Hospital Stay value \$6,135



Demo

Functional Area Resource
Intensity Weights

Activity debrief



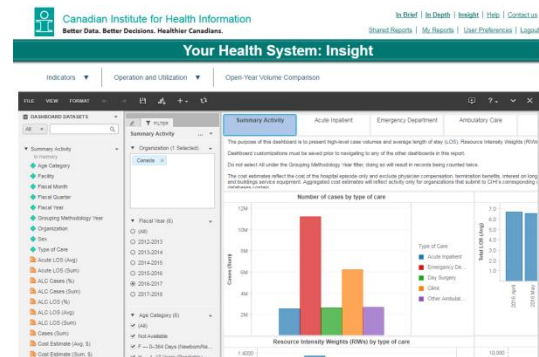
The Operating & Recovery Room Nursing Services cost* per knee replacement case is \$3,638

*excludes physician costs



Your Health System- Insight

- **CIHI's secure analytical web tool**
 - Integrates CIHI's suite of e-reporting products
 - Includes customizable dashboards and reports
- **Operation and Utilization Visual Exploration dashboards show functional area RIWs, cost estimates and potential conservable beds**
 - Acute inpatient
 - Emergency department
 - Ambulatory care
- **Drill down by CMG/CACS and other attributes (e.g., admission category, age group)**



What makes Your Health System- Insight different from previous CIHI analytical tools?

For the first time, clinical and financial information are presented together (at patient level)



Cost estimates . . .

- **Match** the most recent clinical open-year data
- Are available at the **record** level or at a **summary** level (hospital)
- Are **broken down** by functional area:
 - Inpatient Nursing Services
 - Outpatient Nursing Services
 - Operating and Recovery Room Nursing Services
 - Total Nursing
 - Clinical Lab
 - Medical Imaging
 - Other Professional Services
 - Indirect Costs

Who does it help and how?

- Designed for health care decision-support managers, analysts and clinicians at all levels of our health systems: facility, region, province/territory
- Delve into your performance results so you can identify and understand contributing factors
 - Get help identifying potential cost savings
- Monitor your performance and progress in a more timely manner (open-year results, monthly data refresh)

Login required

- <https://insight.cihi.ca/MicroStrategy/plugins/CIHIFiles/YHSInsight/YHSInsight.asp>

Demo Scenario

- **What is the volume of acute inpatient cases for CMG 193 (myocardial infarction/shock/arrest with coronary angiogram) at your facility? Using the YHS: Insight tool, explore the cost distribution for at your facility.**



Demo

Your Health System- Insight

Demo Scenario

- **What is the volume of acute inpatient cases for CMG 193 (myocardial infarction/shock/arrest with coronary angiogram) at your facility? Using the YHS: Insight tool, explore the cost distribution at your facility.**
 - Using a sample facility, there were 95 cases in 2017-18
 - The average cost per case was \$9,925 per myocardial infarction
 - Over \$5,000 towards nursing inpatient services, nearly \$1000 in medical imaging
 - The average acute inpatient RIW is 1.6
 - Average LOS 6.0 days



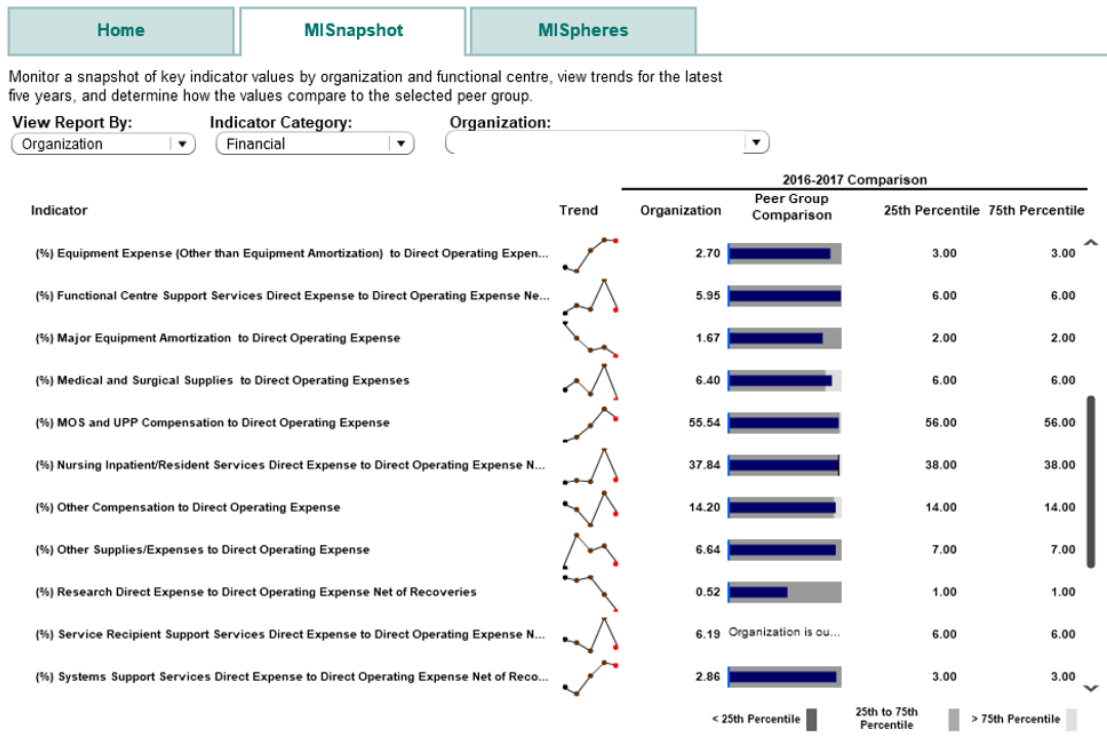


CMDB eReports

- Lets you view and compare indicators and other metrics that are calculated from the financial and statistical data housed in the Canadian MIS Database
- Over 50 indicators users can access and customize
- Available to Canadian health service organizations that submit to the CMDB
- Client services account required

CMDb eReports: MIS Snapshot

- Concise snapshot of organization's key indicator values
- View results by organization
- Define custom peer group
- Monitor trends over time



For more information, send an email to fsi@cihi.ca

CMDB eReports: Custom reports

- Create your own custom reports on your organization's key indicators
- View results by
 - Fiscal year
 - Organization
 - Functional centre
- Decide which peers to compare your results with

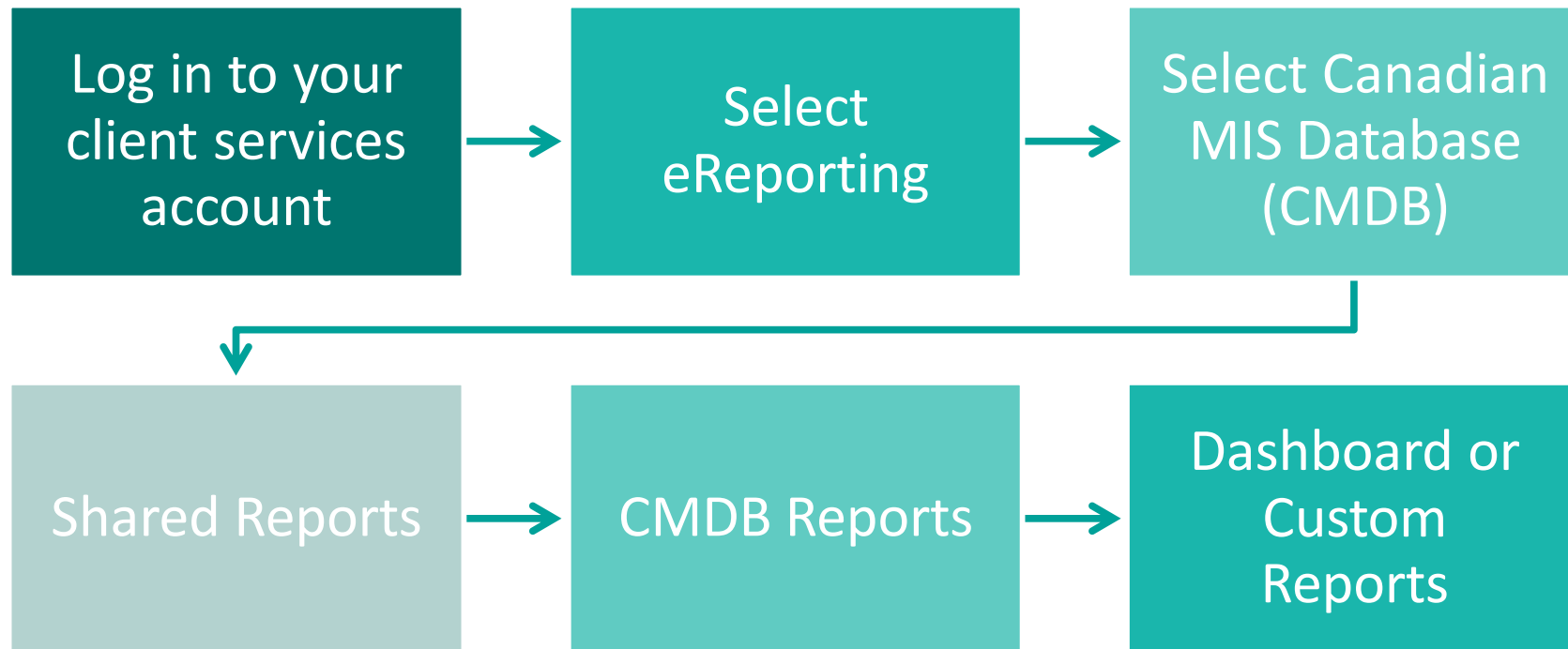
Who does it help and how?

- Designed for health care decision-support managers, analysts and clinicians at all levels of our health systems
 - Facility, region, province/territory
- Another great tool for **monitoring** your organization's performance (e.g., benchmarking, peer comparisons, trending)

Login required

- <https://portal.cihi.ca/MicroStrategy/asp/Main.aspx>

Access CMDB eReports



Demo Scenario

- You are trying to understand possible reasons why your Cost of a Standard Hospital Stay value is high, relative to your peers, and want to investigate whether it is a result of more patient care provided. What is the average hours of direct care provided per inpatient/resident day?



Demo

[CMDB eReports](#)



Portal

- Subscription-based service
- Powerful tool to create custom reports on key metrics and indicators
 - Organizational and functional centre levels
- Advanced functionality to create, format and export tables, graphs and charts



Who does it help and how?

- Designed for health care decision-support managers, analysts and clinicians at all levels of our health systems: facility, region, province/territory
- Great for creating **custom reports and analytics**, useful for **monitoring** your organization's performance (e.g., trending, peer comparisons, benchmarking)
- Contact portal@cihi.ca for more info

Login required

<https://www.cihi.ca/en/types-of-care/hospital-care/cihi-portal-support>



Demo

Portal



Road Map



- Welcome
- Background
- Use of financial data
- High level Tools: Patient Cost Estimator, Quick Stats, Your Health System- In Depth
- Detailed tools: Functional Area Resource Intensity Weights, Your Health System- In Sight, eReports, Portal
- **Additional resources**

Custom Reports and Ad Hoc Data Requests

- **Further detailed tools available for data submitters:**
 - CSHS breakdown reports (available only to participants in CSHS workshop)
 - Preliminary Data Quality Report
- **If the available tools don't meet your needs, contact us at fsi@cihi.ca for Ad Hoc data requests**

Additional Resources

- **MIS Standards:** <https://www.cihi.ca/en/submit-data-and-view-standards/data-standards/management-information-system-standards>
- **Canadian MIS Data base (CMDB):** <https://www.cihi.ca/en/canadian-management-information-system-database-metadata>
- **Portal metadata documents CMDB:**
https://www.cihi.ca/sites/default/files/document/cmdb_metadataportal_en.xlsx
- **Canadian Patient Cost Database:** <https://www.cihi.ca/en/spending-and-health-workforce/spending/cpcd-metadata>
- **Case Mix:** <https://www.cihi.ca/en/data-and-standards/standards/case-mix>

Educational resources



eLearning

- Navigating the MIS Standards With Folio Views®
- Introduction to MIS Standards (several modules)
- Auditing MIS Data Quality
- Recording Services Purchased From a Third Party
- Reporting Surgical Visits, PARR and Visits
- Clinical Laboratory Services
- Compensation series

List of Introductory eLearning Courses in Financial Standards

- [773E-MIS Standards Intro: 1 Overview](#)
- [775E-MIS Standards Intro: 3 Statement of Operations and Accounts](#)
- [776E-MIS Standards Intro: 4 Secondary Financial Accounts](#)
- [777E-MIS Standards Intro: 5 Secondary Statistical Accounts](#)
- [781E-MIS Standards Intro: 9 Service Activity and Caseload Status Statistics](#)
- [785E-MIS Standards Intro: 13 Canadian MIS Database](#)



Educational resources



Workshops

- **MIS Standards Indicators: Use and Analysis**
- **Statistical Data Collection**
- **Improving the Quality of Reported Financial and Statistical Data**
- **CSHS: Calculating, Comparing and Analyzing Your Results**

FSI courses available in Learning Centre



Web conferences (recorded)

- What's New in the MIS Standards
- Calculating and Using the Cost of a Standard Hospital Stay (parts 1 and 2)
- Getting to know CIHI's FSI tools

Summary- high level financial tools- data availability

Tool	Data Years Currently Available	Reporting detail
Patient Cost Estimator	2012-2013 to 2016-2017	Provincial
Quick Stats- Beds Staffed and In Operation	2016-2017	Facility
Quick Stats- Financial + activity	1999-2000 to 2016-2017	Provincial
Your Health System- In Depth	2012-2013 to 2016-2017	Facility

Summary- detailed financial tools- data availability

Tool	Data Years Currently Available	Reporting detail
Functional Area Resource Intensity Weight Proportions	2016-2017	National
Your Health System- Insight	2013-2014 to 2018-2019* <small>Open year data</small>	Record level
eReports - CMDB	2012-2013 to 2016-2017	Functional centre
Portal – CMDB	2012-2013 to 2016-2017	Functional centre + secondary accounts

Summary – Use of high level financial tools

- **Patient Cost Estimator**

- use to determine the cost estimate of a particular CMG

- **Quick Stats**

- use to find your hospital's number of beds staffed and in operation
- provincial results for a number of service activity indicators and total expenses

- **YHS- In Depth**

- find your hospital's Cost of a Standard Hospital Stay and Administrative Expense results

Summary – Use of detailed financial tools

- **YHS- Insight**

- use to find record level clinical data linked with financial cost data
- create custom reports of your organization's results

- **Functional Area RIW Proportions**

- use to identify the proportion of functional centre costs related to a particular CMG

- **eReports**

- custom reports on your organization's key indicators

- **Portal**

- fully customizable metrics and output reports

Who to contact for . . .

Any query about
Financial Standards and
Information



fsi@cihi.ca





Canadian Institute for Health Information

Better data. Better decisions. Healthier Canadians.