

## 2013 Revisions to the MIS Standards

### Overview

- This is the first release of the MIS Standards since 2011. This release replaces the CD with downloadable files. The files are now available through the CIHI website.
- An updated **license agreement** for the use of the Standards for Management Information Systems in Canadian Health Service Organizations (MIS Standards) has been included, facilitating the process to obtain a license for more than five (5) concurrent users.
- While keeping the definitions intact, and allowing the **sector codes** to be reported if desired, the CMDB minimum reporting requirement to report data by sector codes has been removed. For CIHI's analytical purposes, national sector codes will be identified by CIHI through functional centres submitted to the Canadian MIS Database (CMDB).
- New **clearing accounts** have been added in some functional centre framework sections to accommodate the reporting of centralized staff scheduling. Definitions for existing clearing accounts in other functional centre framework sections have been enhanced.
- The use of “**small hospital**” reporting has been changed to reflect that the decision to report these levels of functional centres rests with the jurisdiction when submitting data to the CMDB.
- The **non-service recipient food services** functional centre account name has been changed to Marketed Non-Service Recipient Food Services Operations to reflect that these are marketed services.

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### Our Vision

Better data. Better decisions.  
Healthier Canadians.

### Our Mandate

To lead the development and maintenance of comprehensive and integrated health information that enables sound policy and effective health system management that improve health and health care.

### Our Values

Respect, Integrity, Collaboration,  
Excellence, Innovation

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- The **marketed services** functional centre definitions have been enhanced to better reflect current practice and understanding.
- A new functional centre has been added to allow reporting of **nursing services when they are performed in diagnostic and therapeutic areas** other than medical imaging.
- The **audiovisual** functional centre has been made a CMDDB minimum reporting requirement to allow the appropriate allocation for full cost reporting to as described in Chapters 3.5 and 6.4.
- The secondary financial **revenue** accounts and the reporting of revenue have been revised to better reflect current practice and understanding.
- Since compensation is the largest expense in health care facilities, the **worked and benefit salaries** and the associated **worked and benefit hours** accounts have been expanded to assist in better understanding certain aspects of compensation. They include accounts for compensation and hours related to regular and overtime worked salaries and hours and vacation, sick leave and other leave benefit salaries and hours.
- In order to allow organizations to report energy sources such as wood, coal etc., a new secondary financial account has been added for **other energy sources**.
- To improve the reporting of **surgical visits** and **PARR visits**, their use has been clarified.
- To ensure that the workload measurement systems remain relevant to the changing technologies:
  - The **clinical laboratory schedule of unit values** has been updated.
  - The **medical imaging schedule of unit values** has been updated.
- The workload plus costing methodology has been updated to reflect the changes in the medical imaging schedule of unit values.
- The primary accounts chart of accounts listing these accounts by account code sequence has been added as an exportable excel object.

### Revisions by Chapter

#### Glossary of Terms

- The definitions in support of all chart of accounts revisions have been added, deleted or updated.

### Chapter 2 – Chart of Accounts

#### Introduction to the Chart of Accounts

- The CMDB minimum reporting requirement to report data by sector code has been removed; however the information remains for those who wish to continue to report these sector codes.

An exportable excel spreadsheet has been prepared that contains the primary account numbers, names and definitions.

### Functional Centres

- The new administrative and support services administration, diagnostic and therapeutic services administration, education administration clearing accounts have been added.
- The definitions for the existing nursing inpatient administration, ambulatory care administration and community health services administration clearing accounts have been enhanced.
- The definition for Post-Anesthetic Recovery Room has been enhanced to specify that this statistic is counted on occasions during which a service recipient received post-anesthetic recovery services:
  - in a post-anesthetic recovery room after a surgical/medical intervention in the operating room or
  - after a caesarean section in the caesarean section room, or
  - when a service recipient receives post-anesthetic recovery services in a post-anesthetic recovery room following a provincially or territorially defined abstracted day surgery procedure in any functional centre (e.g. endoscopy, cardiac catheterization).
- The direction for when to use a level 3 functional centre instead of a detailed level 4 functional centre has been changed from “small hospitals” or “small home support organizations” to “functional centres with small volumes or if reporting at level 4 is not operationally feasible as jurisdictionally defined” for intensive care unit, specialty day/night care, specialty clinics, pharmacy, home support functional centres.
- The direction for when to use a combined functional centre instead of a more detailed functional centre has been changed from “small hospitals” or “small home support organizations” to “functional centres with small volumes or if reporting at level 4 is not operationally feasible as jurisdictionally defined” for combined operating and post-anesthetic recovery room, day surgery combined operating and post-anesthetic recovery room, day surgery combined operating and post-anesthetic recovery room and pre- and post-operative care functional centres.
- The marketed services operations, sales of services, sales of goods and marketed non-service recipient food services operations have been renamed and their definitions have been enhanced.
- A new diagnostic and therapeutic nursing — other functional centre has been added and is a minimum CMDB reporting requirement.

- The radiography functional centre has been renamed.
- A combined mental health and addiction services formal education functional centre has been added.
- The audiovisual functional centre has been made a minimum CMDB reporting requirement.

## Secondary Financial Accounts

- The definitions have been enhanced for some revenue accounts including global funding, provincial government – other, recoveries within legal entity, grants, and some of the associated detailed accounts.
- The names and definitions have been enhanced for some other revenue accounts including recoveries between functional centres, designated operational grants, interest and dividend revenue.
- The account numbers and definitions have been changed for some revenue accounts including recoveries from external sources and the associated detailed accounts.
- The account number and definition for Cash Discounts has been changed and it is a minimum CMDB reporting requirement.
- A new revenue account has been added for sales revenue and it is a minimum CMDB reporting requirement.
- The secondary financial accounts for worked and benefit salaries have been expanded to include worked salaries – regular, worked salaries – overtime, benefit salaries – vacation, benefit salaries – sick leave and benefit salaries – other for UPP, MOS and medical personnel. The detailed accounts are minimum CMDB reporting requirements.
- A new secondary financial account has been added for energy sources - other and it is a minimum CMDB reporting requirement.

## Secondary Statistical Accounts

- The secondary statistical accounts for worked and benefit hours have been expanded to include worked hours – regular, worked hours – overtime, benefit hours – vacation, benefit hours – sick leave and benefit hours – other for UPP, MOS and medical personnel. The detailed accounts are minimum CMDB reporting requirements.
- The definitions for surgical visits and post-anesthetic recovery room visits have been enhanced.

## Chapter 3 – Accounting Principles and Procedures

- Chapter 3.3 Functional Centre Direct Cost Reporting Related, Broad Group – 1 Revenue was rewritten to enhance the description and use of the revenue accounts. New sections have been added about the business rules for the reporting of revenue and the use of the revenue accounts in conjunctions with the accounting centres and undistributed functional centres. Updates have been made to the examples provided for the reporting of revenue and the CICA

Handbook references.

- The functional centre account revisions for marketed non-service recipient food services have been reflected in Chapter 3, Appendix F: Expense Distribution – Food Services.
- Sections in Chapter 3, Accounting Principles and Procedures, have been changed to reflect some of the changes in the reporting requirement for sector codes, the data to be distributed from the new clearing accounts, and the new earned hours/salaries accounts.

#### **Chapter 4 - Statistical Data Collection Procedures**

- Chapter 4.3 Reporting Statistics by Category and Type of Service Recipients  
The section “ Data Collection Requirements by Category and Type of Service Recipient Using a Phased-In Approach”, has been enhanced by adding more examples illustrating when to report surgical visits, post-anesthetic room visits, and visits – face-to-face.

#### **Chapter 4.4 Workload Measurement Systems**

##### **Workload Measurement Systems – Nursing**

- The section on service activity and caseload status statistics has been enhanced by adding more examples illustrating when to report surgical visits, post-anesthetic room visits, visits – face-to-face and mothers delivered.

##### **Workload Measurement Systems – Clinical Laboratory**

- The schedule of unit values for the clinical laboratory WMS has been updated as part of an ongoing maintenance process. Users of the WMS should read the entire WMS before implementing the changes.

The enhancements include:

- adding activities that were previously not defined;
- enhancing the wording of some of the activities to clarify what was included in the unit values;
- adjusting some unit values according to new information.

##### **Workload Measurement Systems – Medical Imaging**

- The schedule of unit values for the medical imaging WMS has been updated as part of an ongoing maintenance process. Users of the WMS should read the entire WMS before implementing the changes.

The enhancements include:

- adding exams that were previously not defined;
- enhancing the wording of some of the activities to clarify what was included in the unit values;
- adjusting some unit values according to new information.

#### **Chapter 6 – Management Reporting and Use of the Information**

- Chapter 6.5 Establishing the Cost of Services Provided by a Functional Centre, the Workload + Costing Methodology was updated to reflect the new exams and workload units in the medical imaging workload measurement system.

**Appendix 3 - Canadian MIS Database Reporting**

- The Canadian MIS database minimum reporting requirements have been updated and are for implementation effective April 1, 2013.