

November 2015

**Canadian Institute for Health Information  
Final Report on the Respiratory Services Redevelopment Project  
Part 4: The MIS Standards 2016 Revisions**

In this final newsletter for the Respiratory Services Redevelopment Project, we provide information on the changes in reporting for respiratory services, how you can access the new 2016 version of the MIS Standards, and valuable data, information, tools and resources available on CIHI's website at [www.cihi.ca](http://www.cihi.ca).

**The MIS Standards 2016 release**

On October 1, the MIS Standards 2016 was released, with implementation effective April 1, 2016. This advance release is intended to provide sufficient time for provincial and territorial ministries and departments of health to update their respective MIS standards and for facilities and respiratory services departments to begin implementing the new reporting requirements.

For more information about this new release and the changes, please visit our website or email us at [fsi@cihi.ca](mailto:fsi@cihi.ca). If you wish to download the MIS Standards 2016, please contact CIHI's Order Desk about how to access or set up an account with us. You can contact the Order Desk by phone at 613-241-7860, by fax at 613-241-8120 or by email at [help@cihi.ca](mailto:help@cihi.ca).

**Reporting changes for respiratory services in the MIS Standards 2016**

As mentioned in previous newsletters, the project included updating every aspect of the MIS Standards related to respiratory services reporting. This was done to ensure that the information provided reflects current and future respiratory services, which will allow for better management of these services and responsiveness to questions related to financials, productivity, utilization, staffing and workload.

**Table 1 Key MIS Standards reporting requirements effective April 1, 2016**

Account type	Account name	Account number	Reporting requirement	Definition (if revised)	Comments
Primary account	Respiratory Services	71 4 35	No longer CMDB minimum	The functional centre pertaining to the assessment, intervention, diagnostic testing, treatment, counselling and education of service recipients with respiratory and related conditions or injuries.	New definition
Primary account	Respiratory Services — Administration	71 4 35 10	Clearing account	Unchanged	
Primary account	Acute/Critical Care Respiratory Services	71 4 35 20	CMDB minimum	The functional centre pertaining to the assessment, intervention, diagnostic testing, treatment and education of service recipients with respiratory and related conditions or injuries in acute care and/or critical care settings, where acute care is episodic care of short duration.	Account number, name and definition revised
Primary account	Acute Respiratory Services	71 4 35 20 15		The functional centre pertaining to the assessment, intervention, diagnostic testing, treatment and education related to the acute care of service recipients with respiratory and related conditions or injuries. Therapeutic interventions and diagnostic testing may require the use of advanced respiratory medical technology.	Account number, name and definition revised



Account type	Account name	Account number	Reporting requirement	Definition (if revised)	Comments
Primary account	Critical Care Respiratory Services	71 4 35 20 25		The functional centre pertaining to the assessment, intervention, diagnostic testing, treatment and education of critically ill service recipients with respiratory and related conditions or injuries. Therapeutic interventions and diagnostic testing may require the use of advanced respiratory medical technology.	Account number, name and definition revised
Primary account	Hyperbaric Chamber	71 4 35 30	CMDB minimum		Unchanged
Primary account	Pulmonary Function Laboratory	71 4 35 42	CMDB minimum		Unchanged
Primary account	Anesthesia Respiratory Services	71 4 35 50	CMDB minimum		Unchanged
Primary account	Continuing Respiratory Disease Services	71 4 35 65	CMDB minimum	The functional centre pertaining to assessment and diagnostic testing, treatment, patient education and follow-up of service recipients with chronic respiratory diseases for the purpose of maintaining or improving their health status. Includes tele-home care monitoring and rehabilitation programs. Includes services provided in the community, clinics, and home care and residential care settings. Excludes intensive care and critical care units and other inpatient acute care units. Services may be provided on an individual basis or in group sessions.	New account
Primary account	Multi-Functional Respiratory Services	71 4 35 70	CMDB minimum	The functional centre pertaining to respiratory services functions encompassing two or more areas in respiratory services, such as critical care and pulmonary function laboratory, where it is impractical to segregate the revenue and expenses associated with the different functions. Personnel in this functional centre rotate between the different functional areas within a single shift performing all the activities, regardless of the area (e.g., anesthesia respiratory services and critical care). Note: When personnel are assigned in different functional areas on a shift-by-shift basis, separate functional centres must be used. If more than 70% of the activities are related to one particular area (e.g., critical care), then the functional centre related to that area must be used (e.g., 71 4 35 25 20 Critical Care) instead of the multi-functional respiratory services functional	New account



Account type	Account name	Account number	Reporting requirement	Definition (if revised)	Comments
Secondary Financial Account	Supplies — Respiratory Services	4 80	CMDB minimum	This account is used to record the expense of reusable and disposable supplies used specifically in Respiratory Services. A subcategory of Supplies, Broad Group 4.	New definition
Secondary Financial Account	Instruments — Disposable	4 60 41		This account is used to record the expense of disposable hand implements or tools (or their parts) used in surgical procedures or in the treatment and examination of service recipients. Excludes respiratory services-specific disposable supply expenses reportable in 4 60 43. A subcategory of Instruments 4 60 40.	Revised definition
Secondary Financial Account	Instruments — Reusable	4 60 42		This account is used to record the expense of reusable hand implements or tools (or their parts) used in surgical procedures or in the treatment and examination of service recipients. A subcategory of Instruments 4 60 40.	No change
Secondary Financial Account	Instruments — Disposable — Respiratory Services	4 60 43	CMDB minimum	This account is used to record the expense of disposable hand implements or tools (or their parts) used in respiratory services in the treatment and examination of service recipients. A subcategory of Instruments 4 60 40.	New account and definition
Secondary Statistical Account — workload	Workload Units — Retrospective for Service Recipient Activities	1 02 **	CMDB minimum	Actual or standard time methodology	New account for Respiratory Services
	Workload Units — For Non-Service Recipient Activities	1 90 **	CMDB minimum	<ul style="list-style-type: none"> <li>By category of service recipient:</li> <li>• Inpatient</li> <li>• Client Hospital</li> <li>• Referred-In</li> <li>• Resident</li> <li>• Facility/Organization/Citizen Partnership</li> <li>• Service Recipient, Not Uniquely Identified</li> <li>• Client Community</li> <li>• Client Home Care</li> <li>and</li> <li>By type of service recipient:</li> <li>• Acute</li> <li>• Rehabilitation</li> <li>• Mental Health</li> <li>• Extended Care</li> <li>• Mental Health Long-Term Care</li> <li>Etc.</li> </ul>	Unchanged



Account type	Account name	Account number	Reporting requirement	Definition (if revised)	Comments
<b>Secondary Statistical Account — service activity</b>	Attendance Days — Face-to-Face	4 83 **	CMDB Minimum	For all service activity and caseload status activities, collect statistics	<ul style="list-style-type: none"> <li>• Schedule of procedures/activities deleted</li> <li>• Average time methodology deleted</li> <li>• Actual time or standard time methodology in use</li> </ul>
	Attendance Days — Non-Face-to-Face	4 85 **	Optional	By category of service recipient: <ul style="list-style-type: none"> <li>• Inpatient</li> <li>• Client Hospital</li> <li>• Referred-In</li> <li>• Resident</li> <li>• Facility/Organization/Citizen Partnership</li> </ul>	
	Visits — Face-to-Face	4 50 **	Optional	<ul style="list-style-type: none"> <li>• Service Recipient, Not Uniquely Identified</li> </ul>	
	Visits — Non-Face-to-Face	4 56 **	Optional	<ul style="list-style-type: none"> <li>• Client Community</li> <li>• Client Home Care</li> </ul>	
	Contracted-Out Attendance Days	8 34 **	CMDB Minimum	And	
<b>Secondary statistical caseload status</b>	New Referrals	4 89 **	Optional	By type of service recipient: <ul style="list-style-type: none"> <li>• Acute</li> <li>• Rehabilitation</li> <li>• Mental Health</li> <li>• Extended Care</li> <li>• Mental Health Long-Term Care Etc.</li> </ul>	
	Active Carryovers	4 90 **	Optional		
	Group Sessions	4 92 **	Optional		
	Active Service Recipient		Optional		

### Workload measurement system for respiratory services

The schedule of procedures/activities is no longer in use subsequent to changing the service activity for the Respiratory Services functional centre. The new service activity statistic, Attendance Days — Face-to-Face, will enable the volume of services to be measured within the functional centre. For workload statistics, actual or standard time methodology will be used to capture the time spent delivering direct clinical care to the service recipient.

The non-service recipient activities list is unaltered and will continue to be used. This list aids in capturing the time spent performing activities that support and enable the functional centre to operate; it is not intended to capture direct patient care services.

### Tools and resources

Data submitted to CIHI as a result of the redevelopment of the Respiratory Services sections in the MIS Standards will contribute to the data contained in the Canadian MIS Database. This broad data set is used to develop or contribute to the following online tools available to CIHI stakeholders:

- [Patient Cost Estimator](#)

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 non-hospital costs, such as some physician fees.

- [Your Health System](#)

This tool provides a big-picture perspective for your health system, in brief or in depth. Information is available at various levels: provincial, territorial, city or local hospital, based on the 5 major themes that Canadians indicated were most important: access, quality of care, spending, health promotion and disease prevention, and health outcomes.

- **Functional Area Resource Intensity Weights (FARs)**

The FARs are available in tables included as part of the [CMG+ Client Tables](#) (Excel file) and are also available in [CIHI Portal](#).

This tool provides the proportion of cost from the Canadian Patient Cost Database (CPCD) for the Case Mix Group+ (CMG+) and Comprehensive Ambulatory Classification System (CACS) groupers for each of 8 functional areas: inpatient nursing services, outpatient nursing services, operating and recovery room nursing services, community health services, clinical laboratory, medical imaging, other professional services including respiratory services and indirect costs. The proportion by any of these functional areas multiplied by the total cost per CMG+ or CACS group provides the national resource estimates by functional area for these groups.

- [CIHI Portal](#) (secure login required)

Portal enables registered users to create customized reports using a world-class business intelligence tool in a web-based analytical environment. Users can access pan-Canadian comparative data that uses CIHI's standards (MIS Standards, Discharge Abstract Database, etc.).

### Acknowledgements

This project is the result of collaboration between CIHI and our expert advisors from jurisdictions across the country. The Respiratory Services Working Group included 6 respiratory therapists and a cardiopulmonary technologist who all brought their own managerial experiences in a variety of jurisdictions, health care settings and facility types.

**Table 2 Respiratory Services Working Group members**

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### Next Steps

A webinar titled What's New for the MIS Standards 2016 will be developed and made available in late February 2016 through the CIHI [Learning Centre](#).

This course will detail the enhancements and changes to the MIS Standards, including the redeveloped Respiratory Services accounts and workload system.

For more information on the MIS Standards, please visit [our website](#) or email us at [fsi@cihi.ca](mailto:fsi@cihi.ca).

If you have any questions about the project, you may contact the project team directly at [fsi@cihi.ca](mailto:fsi@cihi.ca).