Comprehensive Ambulatory Classification System 2 - Doing More With Less

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Introduction
The Canadian Institute for Health Information (CIHI) plays a critical role in the development of Canada's health information system. Grouping methodologies such as CMG+, and Comprehensive Ambulatory Classification System (CACS) are de facto standards for grouping hospital patients with similar treatment requirements in Canada. Over the years, through their application, these methodologies and their accompanying resource indicators have established a track record for assisting healthcare facilities to effectively plan, monitor and manage the services they provide.

CACS groups many types of ambulatory care data submitted to the National Ambulatory Care Reporting System (NACRS) database. These data include day surgery, rehabilitation and medical clinics, as well as emergency department data. Currently, CIHI processes and groups Level 3 submissions, which include a number of clinical and demographic data elements, in addition to diagnoses and interventions.

To address client's need to reduce the burden of data collection and improve the timeliness of reporting emergency department (ED) data, CIHI introduced two new levels of NACRS submissions for ED. Level 1 includes emergency department wait time information only, while Level 2 adds to that wait time information with diagnoses from a limited pick-list.

A request from those jurisdictions submitting NACRS Level 2 data to develop groups and resource indicators initiated the CACS 2 project.

This paper will introduce the CACS 2 project and provide an overview of the progress to date, including analysis of the data. It will highlight the effect of interventions on the grouping methodology, discuss the steps in place to remedy the missing interventions and demonstrate how this project will be leveraged to improve the grouping and resource indicators of the emergency portion of the current CACS methodology.

Methods
The methods and findings will be detailed in the paper

Results
The need for interventions in the grouping methodology was demonstrated by the drop in explanatory power from approximately 50% to 35%. A recommendation was therefore made to create a pick-list of interventions for NACRS Level 2 data submissions. Development of the pick-list is ongoing. Progress will be discussed in the paper and in the presentation.

Conclusions
Development is ongoing. Progress will be discussed in the paper and in the presentation

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