

This document provides information to Bundle Holder hospitals and providers of post-acute ambulatory rehabilitative care (also referred to as ‘outpatient’ or ‘clinic-based’ rehab) about the implementation of NACRS Clinic Lite in Bundled Care to document service utilization of post-acute ambulatory rehabilitative care. The information in this document is generally applicable to all Bundle Care populations, as NACRS Clinic Lite data capture is not specific to any particular patient population.

Below, you will find the questions and answers given during various webinars hosted by the Rehabilitative Care Alliance (RCA) and the Canadian Institute for Health Information (CIHI) over the course of supporting implementation of bundled care, since 2018/2019. This document addresses key areas of interest with respect to the NACRS Clinic Lite including the NACRS Clinic Lite Bundled Care Data Requirements Document, data processes, and technical features.

Questions about data reporting requirements, data processes, etc.

Q1. Is there a cost for purchase of NACRS Clinic Lite?

- No, there is no cost to use the NACRS Clinic Lite web-entry tool. If you want to submit via e-file (data submission software), you need to speak with a vendor about costs associated with an abstracting solution.

Q2. Do we require a new master institution number or do we use our existing NACRS number?

- If you are an outpatient rehab provider that already has an ambulatory care master institution number, you use your existing number.
- If you require an ambulatory care master institution number, please refer to the Bundled Care Guidance Document “Post-acute Ambulatory Rehabilitative Care for Hip, Knee and Shoulder Replacement Patients: Getting Started”, available on [Quorum](#).

Q3. Is the date of discharge supposed to be the last date of services received?

- Yes, as per the NACRS Clinic Lite Bundled Care [Data Requirements Document](#):
 - As this form of NACRS Clinic Lite for use in outpatient/ambulatory rehabilitative care is a summary abstract format to be completed at discharge, record the date of discharge in the NACRS field ‘Date of Registration/Visit’ (data element 27).



Technical FAQ

- This date of discharge is the date of the final visit in this episode of care and the date that the patient is discharged.
- Discharge = the completion or discontinuation of an outpatient rehabilitation program. Patients are discharged from an outpatient rehabilitation program based on the achievement of their goal(s) for the program; or have reached a plateau; or treatment could not be completed; or further gains can be achieved through an alternative service within the community.

Q4. Since NACRS Clinic Lite is submitted as a summary record, what do we do if there was a combination of face to face and telephone visits for ‘mode of contact’, for example, or a combination of 1:1 and group visits? Can we can only pick one?

- Yes, you can only report one mode of contact in a NACRS clinic lite record.
- In a scenario where the patient receives services in various modes over the course of the ambulatory rehab episode of care (as in the example of face-to-face and by telephone, or both individually and as part of a group) complete Mode of Visit (data element 20) as the most common mode of contact between patient and provider over the course of the episode of care. If there is a tie, document the more service intensive mode (ex. 1:1 over group)
- For those sites who are using the [data tracker provided by RCA](#), if you enter the date of each visit/attendance into the tracker indicating the mode of contact at each point of interaction with the patient, the tracker will automatically calculate the most common mode of contact for entry into NACRS Clinic Lite. Please note – the data tracker cannot be uploaded to the NACRS Clinic Lite web tool or sent to either CIHI or RCA directly. It is only a tool that can be used for onsite tracking of outpatient rehab utilization and patient information for bundled care in 2019/20.

Q5. Is there a unique MIS functional centre for reporting to NACRS Clinic Lite?

- Use code 713508545 (Orthopedic Rehabilitation Specialty Clinic) if the clinic has interprofessional services available and is providing post-acute rehabilitation for an orthopedic condition. Any hospital based outpatient clinic whether providing only PT or interprofessional rehabilitation to patients for an orthopedic condition should use this code when reporting to NACRS Clinic Lite. This code maps to OHRS FC 713 50 81 72.



Technical FAQ

- Use code 714500000 (Physiotherapy) if the clinic provides physiotherapy services for post-acute rehabilitation for any condition. Any hospital based rehabilitation program offered by a physiotherapy department (where only physiotherapy is available), for example a knee class offered by physiotherapists affiliated with acute care, should use this code when reporting to NACRS Clinic Lite. This code maps to OHRS FC 714 50.
- Community based physiotherapy clinics should use the code 714500000 (Physiotherapy).
- No other single service codes will be offered (example OT or SLP). If a clinic is offering OT or SLP services or any non-physiotherapy rehabilitative care, they should use the appropriate specialty clinic code.

Q6. Which MIS functional centre are we using for reporting as MIS has different functional centres for physio, OT, etc. but NACRS Clinic Lite asks for a single functional centre?

- The Visit MIS Functional Center Account Code is a mandatory field in NACRS Clinic Lite. The [NACRS Clinic Lite Bundled Care Data Requirements Document](#) provides more information on this data element.
- The MIS functional centres used in the Ontario Healthcare Reporting System (OHRS – a jurisdictional/provincial reporting system) are different than those used for reporting in NACRS Clinic Lite (a National system). In NACRS Clinic Lite, an MIS functional centre can be used to report multiple services received by a patient during an episode of care, which is a different practice than in the OHRS. OHRS specific codes are mapped to MIS codes accepted by NACRS Clinic Lite.
- For FY 2019/20, only the following MIS functional centre codes are valid:
 - 713508545 (Orthopedic Rehabilitation Specialty Clinic). This code maps to OHRS FC 713 50 81 72.
 - 713508500 (Rehabilitation Specialty Clinic). This codes maps to OHRS FC 7*3 50 81 30.
 - 714500000 (Physiotherapy) This code maps to OHRS FC 714 50.
- Please refer to the NACRS Clinic Lite Bundled Care [Data Requirements Document](#) for more detail on how to use each of these MIS functional centre codes.



Questions about capturing service utilization, service recipient minutes, attendances and visits

Q7. When the treatment is provided by the PT and PTA on the same day, I understand that we only count 1 attendance for PT, but do we also include PTA minutes?

- Yes, you would include the PTA in the overall sum of PTA minutes provided over the episode of care as well as the PT minutes in the overall sum of PT minutes provided over the episode of care.
- As you correctly stated, only one attendance day per patient may be reported for each functional centre per day. So, if a PT and PTA (or OT and OTA) provide care to an individual patient during the same 24-hour period, only one attendance day is recorded.

Q8. If an OT and PT are seeing a patient together and have the same employer it counts as one visit. In special project fields 962-966 you are recording by Regulated Health Professional, the number of attendances and minutes. Can you explain as this seems confusing?

- If an OT and PT see the patient together, those would count as two separate attendances.
- In the case where two regulated health professionals in the same profession (OT and OTA or PT and PTA) see the patient in the same 24 hour period, only one attendance is counted but the minutes are counted for both providers (i.e., count all minutes provided by the PT and PTA).
- In special project fields 962-966 of NACRS Clinic Lite, service utilization is captured for the full episode of care, the total sum of attendances or visits and minutes for that patient.

Q9. Do you count telephone therapeutic interaction as a visit if greater than 5 minutes?

- Yes. As long as the telephone interaction is providing therapy and not, for example, booking an appointment, it would count as a visit or attendance in accordance with the MIS Guideline definition (attendance for Allied Health Professionals, visit for Nursing). The minutes will also contribute to the total minutes of care provided over the episode.

Q10. Can you confirm if we count one attendance and one visit within 24 hours if the patient has seen a PT and Nursing?

- Attendances are counted for patient interactions with allied health professionals and visits are counted for patient interactions with nursing professionals.
- If a patient sees a nurse and an allied professional within 24 hours, 1 attendance for the allied health professional and 1 visit for nursing would be counted.



Q11. What about group sessions? How will those be recorded?

- Group sessions can be recorded in NACRS Clinic Lite. Group sessions are counted in accordance with definitions for attendance and service duration detailed in the [NACRS Clinic Lite Bundled Care Data Requirements Document \(form 2b Attendance & Serv. Duration\)](#).
- Please note the following:
 - Group sessions include group education, group therapy or group counselling, where the service recipient or group of service recipients participate in a common activity;
 - Group sessions do not include treatments or therapies where more than one service recipient may be sharing the same physical space but is receiving individual treatment or therapy.

Q12. If a PT has a group session with 10 patients in one hour, in the Ontario Hospital Reporting System we would report 10 attendance days and 60 minutes of workload. What should we put for service duration in NACRS Clinic Lite for each patient, 6 minutes?

- For Group Sessions, since service duration time is recorded on an individual basis, the total time spent is divided among all patients/service recipients. For example, if 10 patients attend a one-hour session, each patient receives 6 minutes of physio time. Document one attendance day and 6 minutes of physio per patient.

Q13. For group-based ambulatory rehabilitative care run by a physiotherapist and other provider (e.g., a physiotherapist assistant), should the other provider attendance be recorded as a separate number?

- No. Detail on how to record attendances is outlined in the [NACRS Clinic Lite Bundled Care Data Requirements Document](#).

Q14. When documenting service utilization, minutes and attendances, there are options for PT, OT, SW, and assistants but not kinesiologists. How is utilization with kinesiologists documented?

- Fields have been provided, as noted, for entering service utilization for the noted regulated health professionals (RN, RPN, PT, PTA, OT, OTA, SW, SLP, CDA). If any other regulated health professional provides service to the patient, these attendances and minutes are to be recorded under 'Other'.



Q15. Is a Registered Kinesiologist considered one attendance separate from the PT?

- Yes. You can document attendances and minutes with Registered Kinesiologists under the category of “Other” Regulated Health Professional.

Questions about technical aspects of NACRS Clinic Lite

Q16. Do we know if Meditech and CIHI are compatible, so that we can reduce the repetitive data entry? For example: patient's demographic information?

- For bundled care, a single abstract is submitted to CIHI following completion or discontinuation of the patient's outpatient rehabilitation program. Web entry users will input patient demographic information once.
- Licensed NACRS vendors develop solutions to support data submission and through vendor testing demonstrate their ability to submit ambulatory test data to CIHI. Vendor test status for NACRS Clinic Lite/level 0 is available on [CIHI's website](#). The NACRS Clinic Lite Bundled Care [Data Requirements Document](#) has been shared with NACRS licensed vendors.

Q17. Will there be any opportunity to build Application Program Interfaces (APIs) to integrate data from clinic practice management software into this database?

- Building an interface from a facility's clinic practice management software to the NACRS Clinic Lite web entry tool isn't possible. Facilities wishing to develop an interface with their abstracting software should discuss with their NACRS vendor.

Q18. For using CIHI's web entry tool, is the intent that you are doing all your data entry at one time for reporting or as you see each patient?

- The NACRS Clinic Lite web-entry tool allows sites to begin a record at any time during the patient's episode of care. The record can be updated at subsequent visits and saved.
- RCA and CIHI encourage sites to submit data on patients who were discharged within a quarter, no later than 1.5 months after the end of that quarter, to ensure data quality and timeliness.
- NACRS Clinic Lite data is submitted by fiscal year, which starts on April 1 and ends March 31. Fiscal year is determined by the date recorded in the NACRS Date of Registration/Visit, which is the date of discharge for patients in this bundle. Records must



be submitted by the fiscal year database closure deadline for inclusion (May 31st of the following fiscal year).

Q19. Also wondering about compatibility with the Informed workload measurement tool

- Building an interface from a facility's workload measurement software to the NACRS Clinic Lite web entry tool isn't possible. Facilities wishing to develop an interface with their abstracting software should discuss with their NACRS vendor.

Q20. What organizations should report into NACRS Clinic Lite and which staff should be involved?

- The organization that directly provides ambulatory rehabilitative care to bundled care patients (e.g., the hospital-based outpatient rehab clinic or non-hospital ambulatory rehab clinic) should complete the NACRS Clinic Lite data entry.
- Findings from bundled care pilots has demonstrated that Health Information Management or administrative staff are well able to perform data abstraction and reporting in the NACRS Clinic Lite Web-entry tool, so long as the required data is well-documented in the patient chart.
- CIHI has provided the following examples of ways that reporting requirements are being supported or managed in the field:
 - Hiring a student to complete data entry;
 - Leveraging administrative support staff to complete data entry;
 - Completing data entry concurrently (during or immediately following a patient visit);
 - Borrowing or sharing coding resources between organizations (where the resources physically go on-site to complete data submissions).
- At this time, CIHI is not accepting data that is submitted by one organization on behalf of another organization.

Q21. We are most interested in the coding resources for the NACRS mandatory coded MIS functional centres and how this works for data entry as it relates to the various outpatient providers that are not all in hospital settings. Does the bundle holder still abstract these non-hospital provider records?

- The organization providing the outpatient rehabilitation is responsible for collecting, abstracting and submitting this data to CIHI.



Technical FAQ

- Each outpatient facility/provider will have its own specific ambulatory care number for identification.

Q22. Do the Canadian Coding Standards apply to NACRS Clinic Lite?

- When completing the outpatient rehabilitation summary record for bundled care patients, follow the collection instructions for Main Problem, Other Problem(s) and Other Problem Prefix described in the NACRS Clinic Lite Bundled Care Data Requirements Document.

Q23. What kind of unique patient identifiers are used to monitor patients across domains/LHINS?

- Patients are identified by health card number.

Q24. How can you submit level 2 data via an abstracting system when other level 3 data is being submitted? Example ED and Day Surgery.

- NACRS Clinic Lite is level 0. Records in a NACRS file must have the same submission level which means Level 3 NACRS records are submitted separately from Clinic Lite/level 0 records. We recommend discussing this process with your abstracting vendor.

Q25. When completing a NACRS FIF via vendor software what do we enter for the Reporting Level?

- All Ontario NACRS facilities must complete Reporting Level Code as 'D' which supports processing of Clinic Lite/level 0 records as well as Level 1 and 3 if applicable to your facility.

Q26. What are the submission deadlines for Level 0 data if the discharge is in a different fiscal year (example March 2019 visit is discharge in July 2019)?

- The date recorded in the NACRS field Date of Registration/Visit (data element 27) determines the submission fiscal year and period. If, for example, the final visit in the patient's OPR episode of care is July 1st, 2019 then the summary record is submitted in fiscal 2019-2020.
- Records applicable to 2019-2020 must be submitted by May 31st, 2020. Facilities should submit all records prior to the May 31st deadline as data received after this date will not be processed.

Q27. Is NACRS Clinic Lite abstracting vendor submission based on admission date (Registration Date) or discharge date?

- As this form of NACRS Clinic Lite for use in outpatient/ambulatory rehabilitative care is a summary abstract format to be completed at discharge, the 'Date of Registration/Visit'



Technical FAQ

(data element 27) should be stated as the date of discharge. This discharge date determines the submission fiscal year and period.

- Date of first visit is a separate data element recorded in Project 960 (fields 146-153).

Q28. What if a patient is discharged from their TJR surgery on March 12th, 2020 but does not complete their rehab episode of care before May 31st, 2020 (the NACRS Clinic Lite reporting deadline). How can I meet the data reporting requirements for NACRS Clinic Lite?

- If a bundled care patient's date of discharge from acute care falls into the 2019-2020 fiscal year, that patient will be funded through bundled care for that fiscal year, regardless of when the patient is discharged from outpatient rehab. However, as stated above (Q26.), **the date of discharge from outpatient rehab determines the ambulatory rehab submission fiscal year** and ergo the reporting deadline for NACRS Clinic Lite.
- In other words, a patient may have been discharged from acute care in one fiscal year and discharged from outpatient rehab in the subsequent fiscal year. In this case, while the funding is aligned with the fiscal year in which the patient was discharged from acute care the ambulatory rehab submission fiscal year is aligned with the fiscal year in which the patient was discharged from outpatient rehab, even if those are different years.
- The NACRS Clinic Lite reporting deadline is May 31st, 2020, for submissions where the discharge date from outpatient rehab was April 1, 2019 – March 31st, 2020.

Q29. If CIHI NACRS Clinic Lite abstracting Vendor Specification is based on Registration date, then how can facilities submit a NACRS Clinic Lite Visit when the discharge occurs within a different month or even a different fiscal year? Will CIHI be modifying their vendor specification to support vendor submission based on discharge date?

- CIHI will not be modifying vendor specifications. A single abstract is submitted to CIHI following completion or discontinuation of a bundled care patient's outpatient rehabilitation program. Complete Date of Registration/Visit (data element 27) with the date of the final visit in the patient's episode of care/date the patient is discharged. Further details are provided in the NACRS Clinic Lite Bundled Care [Data Requirements Document](#).



Implementation of the National Ambulatory Care Reporting System (NACRS) Clinic Lite in the Bundled Care Program (19/20)

Technical FAQ

Additional Questions?

For more information on Ambulatory Rehabilitation reporting requirements for bundled care, refer to the Bundled Care Guidance Document “Post-acute Ambulatory Rehabilitative Care for Hip, Knee and Shoulder Replacement Patients: Getting Started” and the accompanying FAQ, available on [Quorum](#) or contact bundledcare@hqontario.ca or info@rehabcarealliance.ca.