NACRS Clinic Lite Refresher for 2018/19 TJR Bundled Care Sites

Using NACRS Clinic Lite

April 24, 2019

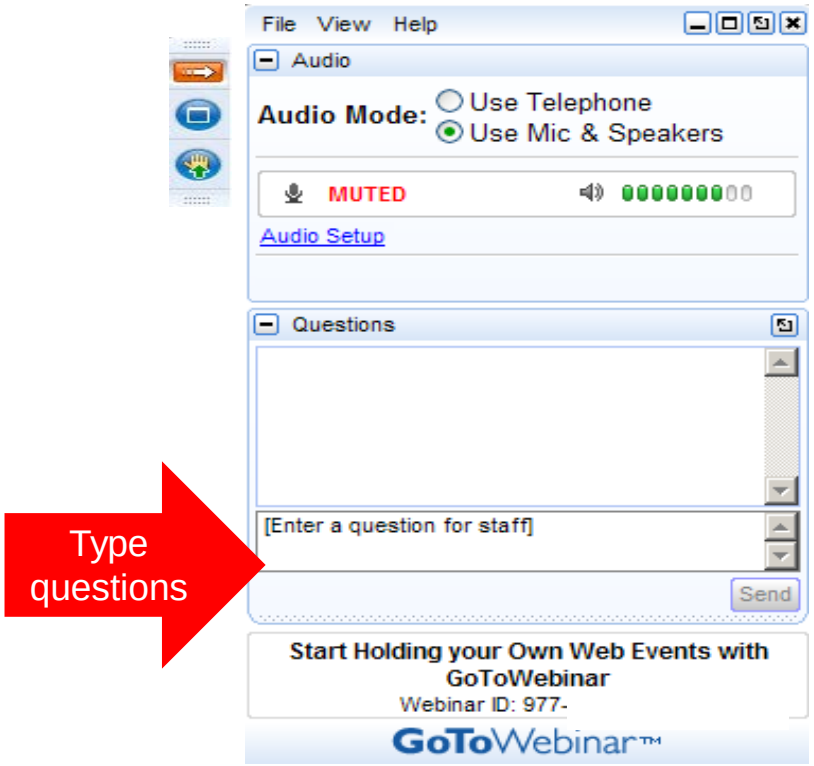
Rehabilitative Care Alliance

CIHI

Ontario

How to participate in today's webinar

1. Call in on your phone
2. Click the arrow to minimize the control panel
3. Type your comments or questions in the "Questions" box and any time during the webcast



Note that the webinar is being recorded

Agenda

12:05 – 12:10	Welcome and Introductions • Review meeting objectives • Overview of the Bundled Care Model	Charissa Levy Rehabilitative Care Alliance
12:10 - 12:35	Detailed walkthrough of data specifications, definitions, and FAQs	Rebecca Ho and Charissa Levy Rehabilitative Care Alliance
12:35 – 12:45	Overview of the NACRS Clinic Lite onboarding process	Anne Forsyth and Anne Cote CIHI
12:45 - 1:00	Q&A	Everyone
1:00 – 1:30	For those who wish to stay on the line - Demo of the NACRS Clinic Lite web-entry tool	Anne Forsyth and Anne Cote CIHI

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Context

- Participants who will most benefit from today's webinar:
  - Bundle Partners that provided outpatient rehabilitation services for primary unilateral hip and knee replacement surgery in 2018-19
  - Responsible for entering and/or submitting NACRS Clinic Lite data

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Objectives

- Provide a refresher on the 2018-2019 data reporting requirements for outpatient rehab in total joint replacement bundled funding pilot
- Review the bundled funding model and NACRS Clinic Lite on-boarding process
- Respond to questions regarding the bundled funding model and NACRS Clinic Lite data capture for outpatient rehab
- For those interested, provide a demo of the NACRS Clinic Lite web-entry data tool

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Ontario Local Health Integration Network

Reporting of outpatient rehab data for the H&K bundled funding pilot – NACRS Clinic Lite

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Developing a Process for NACRS Clinic Lite Data Reporting

What

- What data elements need to be collected?
- What data sources (application system, manual system) can be used to collect data elements?

Who

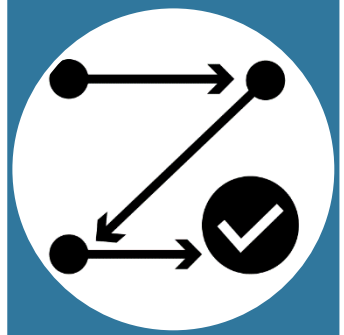
- Who will be responsible for the collection, retrieval, validation, and submission of data?
- Who are the data source departments to collaborate with?
- Who will coordinate operational activities?

When

- Timeline for data readiness for submission
- Timeline for closing visits (discharges) based on last treatment date
- Timeline for data validation and correction

Where

- Where is data stored before entry? Will it be accessible and secured?
- Where do you look for definitions, standards and education materials?



How

- How are patients identified as being in the Bundle of Care?
- Method of data collection (Electronic vs. Manual)
- How is data retrieved, validated and entered into NCL?

Data Quality Validation

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NACRS Clinic Lite Data Elements: CIHI Mandatory

Data element name	Data element name
Reporting Facility's Province/Territory	Gender
Reporting Facility's Ambulatory Care Number	Birth Date
Submission Fiscal Year	Birth Date Is Estimated
Submission Period	Visit MIS Functional Centre Account Code
Abstract Identification Number	Referral Source Prior to Ambulatory Care Visit
Submission Level Code	Institution From
Chart Number	Date ready for rehab/referral date
Health Care Number (HCN)	Mode of Visit/Contact
Province/Territory Issuing Health Care Number	Date of Registration/Visit
Postal Code	Visit Disposition

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NACRS Clinic Lite Data Elements: Special Project Fields

Data element name
Main Problem
Other Problem(s)
Other Problem Prefix
Date of First Visit
Reason for discharge
Surgical vs. Non-Surgical Status
Traumatic vs. Non-Traumatic Status

Data element name
Extremity Involvement
Hip Fracture Surgical Status
Knee or Hip Replacement - Primary vs. Revision
Burns - Percent Total Body Surface Area
Bilateral Upper Limb Amputation Levels
Bilateral Lower Limb Amputation Levels
Dementia in Neurological - Degenerative Disease

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NACRS Clinic Lite Data Elements

	Total # Attendances	Total # Minutes*
Physiotherapist	4 char field	5 char field
Physiotherapist Assistant		
Occupational Therapist		
Occupational Therapist Assistant		
Speech Language Pathologist		
Communication Disorders Assistant		
Social Worker		
Other		

	Total # Visits	Total # Minutes*
Registered Nurse	4 char field	5 char field
Registered Practical Nurse		

**Minutes = service recipient minutes*

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Other data

- Consider other key information your site may need to track:
  - Identify the patient
    - Location of surgery
    - Date of surgery
  - Collect registration information
    - Identify which patients are in a bundle of care
      - Unilateral, primary, hip and knee replacement surgery
  - Collect workload information to align with MIS standards
    - Is there an electronic system or does this have to be done manually?

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FAQ: Date of Admission and Discharge

- Date of registration/visit and Date of first visit
  - Date of visit for this abstract is the date of discharge
  - Date of first visit – the date when the patient first receives services - is a mandatory data element to capture the full length of the episode of care

*http://health.gov.on.ca/en/common/ministry/publications/reports/master_numsys/master_numsys.aspx

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FAQ: Referrals to and from OPR

- Institution from
  - Use the Facility number (refer to the Fiscal MOH facility list*) to indicate the institution that the patient is referred from
- Visit disposition

*http://health.gov.on.ca/en/common/ministry/publications/reports/master_numsys/master_numsys.aspx

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FAQ: Referral Date and Wait time

- Date ready for rehab/referral date
  - Date referral received when referral is not from a facility
  - If referral received prior to patient being discharged, the date ready for rehab = hospital discharge date
  - If two referrals were received, e.g. one from pre-op clinic and second from hospital or community, the most recent referral is used for date ready for rehab

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FAQ: Attendances and Minutes

- Attendances and Minutes
  - For allied health professionals, the MIS standards definition of attendances will be used to calculate total attendances along with total service recipient minutes to determine service utilization
- Visits and Minutes
  - For nursing professionals, the MIS standards definition for visits will be used to calculate total visits along with total service recipient minutes to determine service utilization

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FAQ: Definition of Attendance Days

- An attendance day(s) is the number of service delivery day(s) (count once per 24-hour calendar day) during which service recipient activities are provided face-to-face or by videoconference, on an individual or group basis to a service recipient and/or significant other(s) and are provided for longer than five minutes.
- Only one attendance is recorded regardless of the number of family members present.
- When a group session is held, an attendance is recorded for each individual.

Source: Ontario Healthcare Reporting Standards (OHRS) V10.2 – Chapter 8 – Hospitals (Health System Information Management & Investment Division - Health Data Branch, Data Standards Unit), MOHLTC, Pg.83-84, April 2018

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FAQ: Definition of Attendance Days

- Attendance days reflect the number of days that service was provided longer than 5 minutes. This is a 24-hour statistic for an individual functional centre.
  - Only one attendance day per patient may be reported for each functional centre per day.
  - If two therapists in the same functional centre provide care to an individual patient during the same 24-hour period, only ONE attendance day is recorded.
  - If two therapists from different functional centre provide care to an individual patient during the same 24-hour period, an attendance day is recorded in each functional centre.
  - If a therapist provides care to a patient on more than one occasion during a day, only one attendance days is reported

Source: Ontario Healthcare Reporting Standards (OHRS) V10.2 – Chapter 8 – Hospitals (Health System Information Management & Investment Division - Health Data Branch, Data Standards Unit), MOHLTC, Pg.83-84, April 2018

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FAQ: Definition of Visit

- Reported to the MOHLTC for nursing care only.
  A visit is recorded when a uniquely identified service recipient is present to receive service from an organization's employees as face-to-face or by videoconferencing on an individual basis. This includes service to the service recipient and/or significant other(s) in attendance on behalf of the service recipient. The service is documented according to the health care organization's policy and is provided for longer than five minutes.

Source: Ontario Healthcare Reporting Standards (OHRS) V10.2 – Chapter 8 – Hospitals (Health System Information Management & Investment Division - Health Data Branch, Data Standards Unit), MOHLTC, Pg.65-66 and 77-78, April 2018

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FAQ: Definition of Visit

- A visit is each occasion when a service recipient/significant other(s) is provided service in a functional center for longer than 5 minutes.
- When a service recipient is present to receive service more than once on the same calendar day in the same functional centre for the same need, purpose or condition/treatment, only 1 visit is reported.

Source: Ontario Healthcare Reporting Standards (OHRS) V10.2 – Chapter 8 – Hospitals (Health System Information Management & Investment Division - Health Data Branch, Data Standards Unit), MOHLTC, Pg.65-66 and 77-78, April 2018

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FAQ: NACRS Clinic Lite Service Duration

- In NACRS Clinic Lite Data Content Specs: “All service duration workload is recorded as **service recipient minutes** - showing the actual time spent on activities performed during worked hours. Worked hours may include hours that are worked outside regular working hours.”

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FAQ: Service Recipient Definition

- **Service Recipient:** A service recipient is the consumer of service activities of one or more functional centres of the health service organization. Service recipients include individuals (e.g., inpatients, residents, clients) and their significant others, and others as defined by the health service organization.

Source: MIS Standards 2016 (Standards for Management Information Systems in Canadian Health Service Organizations), 2016

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FAQ: Service Recipient Activities

Service Recipient Activities: Service Recipient Activities are those **assessment**/evaluative, therapeutic and consultation activities which are provided to or on behalf of a specific registered service recipient(s).

- Assessment
  - Assessment refers to a series of activities/interventions conducted for the purpose of:
    - evaluating the need for services
    - assessing an individual's physical, psycho-social, emotional and cognitive health status
    - identification of service recipient goals and expected outcomes
    - identification of diagnosis and consequences of health conditions and the extent of services required
  - Includes associated clinical documentation

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FAQ: Service Recipient Activities

Service Recipient Activities: Service Recipient Activities are those assessment/evaluative, **therapeutic** and consultation activities which are provided to or on behalf of a specific registered service recipient(s).

- Therapeutic Intervention
  - Therapeutic intervention refers to all activities carried out with a service recipient and/or significant other(s) that are aimed at health promotion and disease prevention, improving/maintaining health status, or minimizing the impact of deterioration on function and quality of life.
  - Therapeutic interventions are often individually designed and supervised by the service provider for a specific service recipient or group of service recipients.
  - Includes the associated clinical documentation

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FAQ: Service Recipient Activities

Service Recipient Activities: Service Recipient Activities are those assessment/evaluative, therapeutic and **consultation** activities which are provided to or on behalf of a specific registered service recipient(s).

- Collaboration / Consultation
  - Consultation/collaboration refers to contact with other service providers or other organizations, the community or other agencies for discussion regarding specific service recipients. The purpose of the consultation may be focused on the needs of a specific service recipient/family or on improving the effectiveness of a system/environment. Discussions may be formal or informal.
  - Includes clinical documentation in this category

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FAQ: Non-Service Recipient Activities

Non-service recipient activities are activities performed by unit-producing personnel that are integral to the service area's operations, but do not involve the delivery of services to service recipients and/or their significant others.

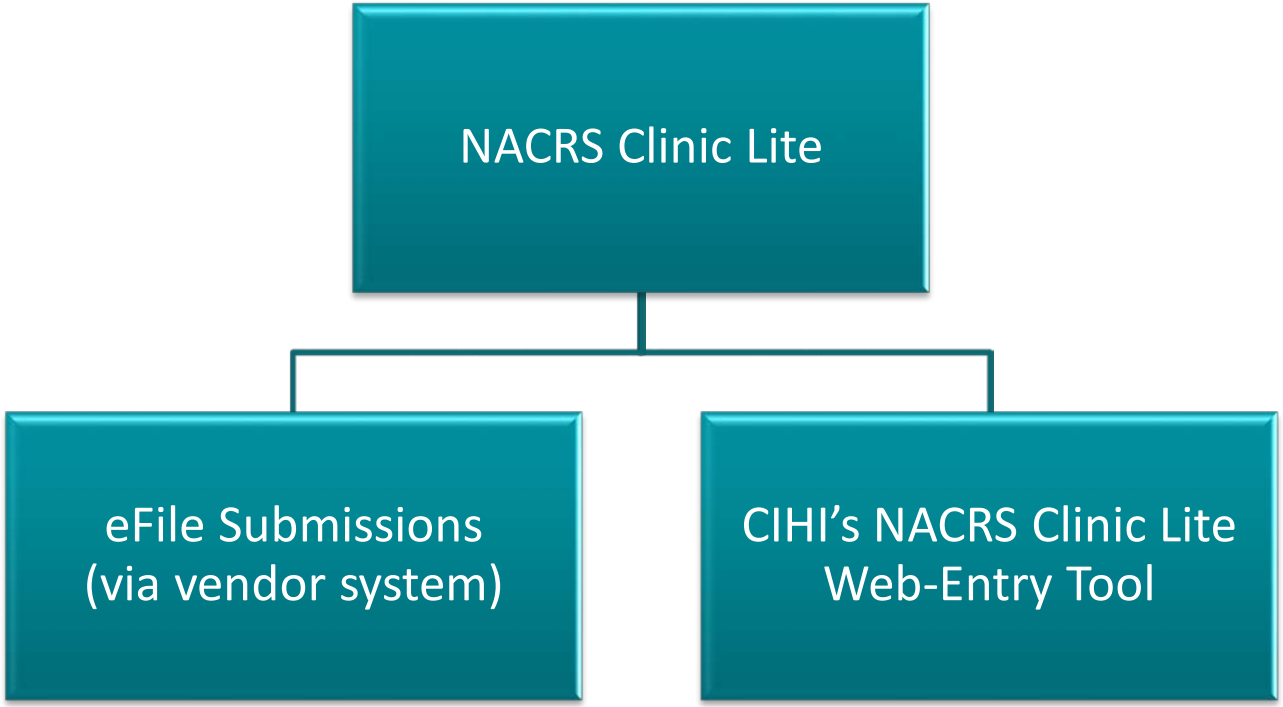
- Functional Centre (Department) Activities
  - Program management; Staff meetings; Caseload management; Maintenance of equipment
- Quality management
- Travel to/from where Service Recipient activities are provided
- Organization / Professional Activities
  - Committee meetings & functions; Program-related activities; Professional activities
- Teaching / In-Service
- Research

NACRS Clinic Lite Onboarding Process

Hip and Knee Bundled Funding: Outpatient Rehab

Canadian Institute for Health Information

NACRS Clinic Lite data submission methods



High-level process for submitting NCL data

Bundle holders will identify outpatient rehab sites in your bundles and communicate this information to MOHLTC

MOHLTC will assign ambulatory care numbers to each participating outpatient rehab site and communicate this information to CIHI and the rehab sites. MOHLTC will provide a copy of CIHI's Readiness Checklist to the rehab sites.

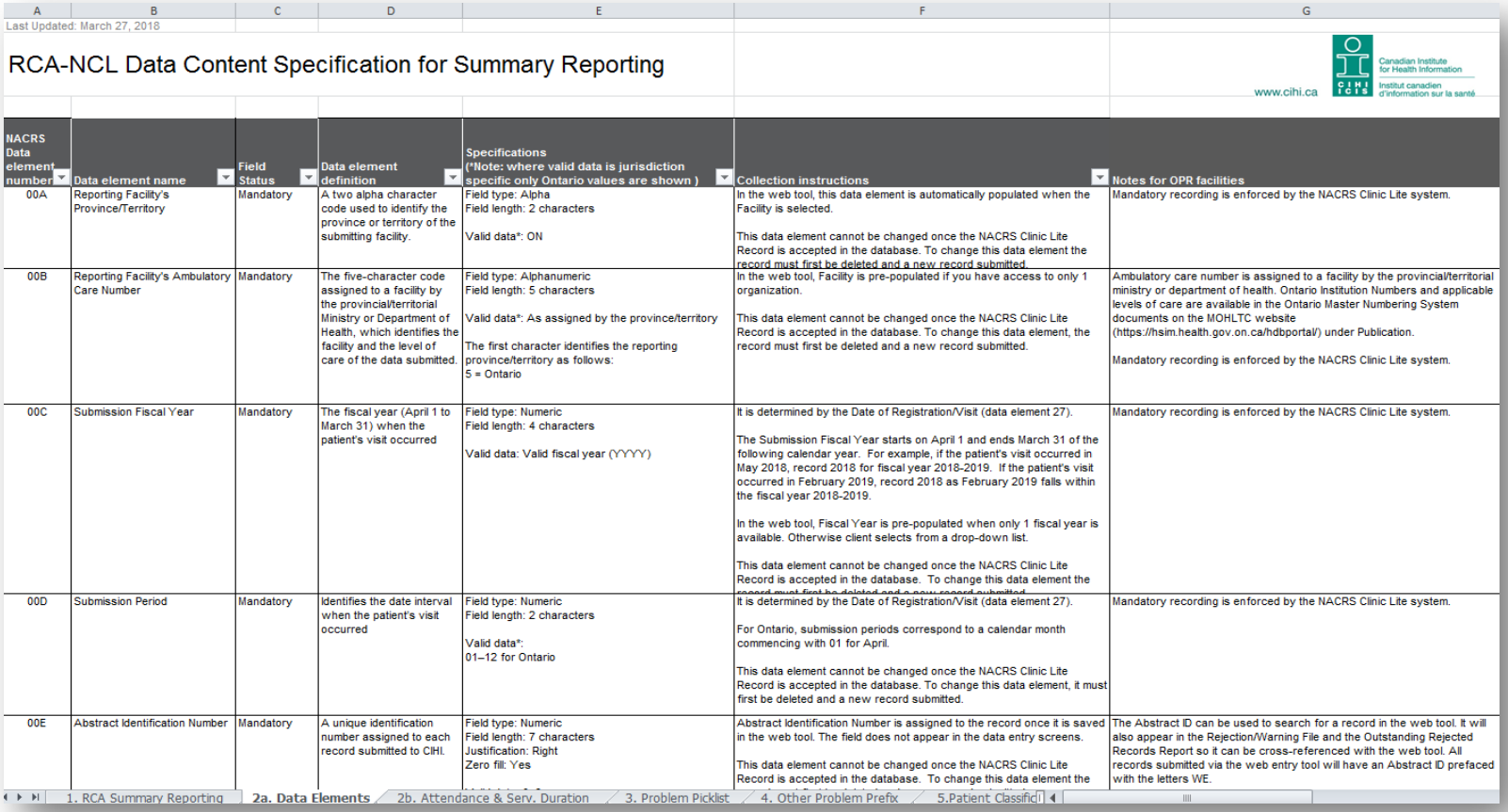
Outpatient rehab sites will complete CIHI's Readiness Checklist and submit it to cad@cihi.ca

CIHI will work with each outpatient rehab site to complete onboarding (i.e. set up client profile and access permissions for web-tool submitters; and ensure testing is complete for eFile submitters)

Outpatient rehab sites can begin data entry in the web-tool. Outpatient rehab site will contact CIHI and/or RCA as additional support is required

Supporting Materials

- **Readiness checklist**
- **Data specifications**
- **NCLWE user manual**
- **Onboarding support and demos**



Last Updated: March 27, 2018

RCA-NCL Data Content Specification for Summary Reporting

www.cihi.ca

NACRS Data element number	Data element name	Field Status	Data element definition	Specifications (*Note: where valid data is jurisdiction specific only Ontario values are shown)	Collection instructions	Notes for OPR facilities
00A	Reporting Facility's Province/Territory	Mandatory	A two alpha character code used to identify the province or territory of the submitting facility.	Field type: Alpha Field length: 2 characters Valid data*: ON	In the web tool, this data element is automatically populated when the Facility is selected. This data element cannot be changed once the NACRS Clinic Lite Record is accepted in the database. To change this data element the record must first be deleted and a new record submitted.	Mandatory recording is enforced by the NACRS Clinic Lite system.
00B	Reporting Facility's Ambulatory Care Number	Mandatory	The five-character code assigned to a facility by the provincial/territorial Ministry or Department of Health, which identifies the facility and the level of care of the data submitted.	Field type: Alphanumeric Field length: 5 characters Valid data*: As assigned by the province/territory The first character identifies the reporting province/territory as follows: 5 = Ontario	In the web tool, Facility is pre-populated if you have access to only 1 organization. This data element cannot be changed once the NACRS Clinic Lite Record is accepted in the database. To change this data element, the record must first be deleted and a new record submitted.	Ambulatory care number is assigned to a facility by the provincial/territorial ministry or department of health. Ontario Institution Numbers and applicable levels of care are available in the Ontario Master Numbering System documents on the MOHLTC website (https://hsim.health.gov.on.ca/hdbportal/) under Publication. Mandatory recording is enforced by the NACRS Clinic Lite system.
00C	Submission Fiscal Year	Mandatory	The fiscal year (April 1 to March 31) when the patient's visit occurred	Field type: Numeric Field length: 4 characters Valid data: Valid fiscal year (YYYY)	It is determined by the Date of Registration/Visit (data element 27). The Submission Fiscal Year starts on April 1 and ends March 31 of the following calendar year. For example, if the patient's visit occurred in May 2018, record 2018 for fiscal year 2018-2019. If the patient's visit occurred in February 2019, record 2018 as February 2019 falls within the fiscal year 2018-2019. In the web tool, Fiscal Year is pre-populated when only 1 fiscal year is available. Otherwise client selects from a drop-down list. This data element cannot be changed once the NACRS Clinic Lite Record is accepted in the database. To change this data element the	Mandatory recording is enforced by the NACRS Clinic Lite system.
00D	Submission Period	Mandatory	Identifies the date interval when the patient's visit occurred	Field type: Numeric Field length: 2 characters Valid data*: 01–12 for Ontario	It is determined by the Date of Registration/Visit (data element 27). For Ontario, submission periods correspond to a calendar month commencing with 01 for April. This data element cannot be changed once the NACRS Clinic Lite Record is accepted in the database. To change this data element, it must first be deleted and a new record submitted.	Mandatory recording is enforced by the NACRS Clinic Lite system.
00E	Abstract Identification Number	Mandatory	A unique identification number assigned to each record submitted to CIHI.	Field type: Numeric Field length: 7 characters Justification: Right Zero fill: Yes	Abstract Identification Number is assigned to the record once it is saved in the web tool. The field does not appear in the data entry screens. This data element cannot be changed once the NACRS Clinic Lite Record is accepted in the database. To change this data element the	The Abstract ID can be used to search for a record in the web tool. It will also appear in the Rejection/Warning File and the Outstanding Rejected Records Report so it can be cross-referenced with the web tool. All records submitted via the web entry tool will have an Abstract ID prefaced with the letters WE.

1. RCA Summary Reporting | 2a. Data Elements | 2b. Attendance & Serv. Duration | 3. Problem Picklist | 4. Other Problem Prefix | 5.Patient Classific

Common Errors

- **Invalid Main Problem**
  - Make sure Rehabilitation (Z509) is recorded as Main Problem.
  - Knee replacement (Z9661) or hip replacement (Z9660) must be recorded as Other Problem.

- **Date of Registration/Visit must be in the submission period**
  - Indicates a discrepancy between the Submission Period and Date of Registration/Visit.
  - Submission period information for fiscal 2018-19 is provided in tab 6 of the RCA Summary Record data content specifications.
  - Examples: September 1, 2018 corresponds to period 6; January 15, 2019 corresponds to period 10.

Help with Error Interpretation

- **Contact cad@cihi.ca**
- **Provide us with your facility number, the submission fiscal year and period as well as abstract ID number**
- **The CAD team has access to your operational reports**
- **Do not send patient identifiers like chart numbers, health care numbers, DOB**

Round Table Discussion / Q&A

Round Table Discussion / Q&A

- CIHI, RCA, and MOLHTC representatives available
- Sites who participated in the Provincial Proof of Concept are also available for questions
- Please enter questions into the webinar chat window function

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Questions/Contact

- CAD@cihi.ca
  - Email subject line should be ‘Hip and Knee’ to direct messages internally to the right person
- Rehab Care Alliance
  - info@rehabcarealliance.ca
- bundledcare@hqontario.ca
- Quorum - https://quorum.hqontario.ca

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NACRS Clinic Lite Web-Entry Tool Demo

Hip and Knee Bundled Funding: Outpatient Rehab

Canadian Institute for Health Information

Overview of NACRS Clinic Lite Web Entry Tool

- **Low cost/low burden submission option in NACRS that minimizes manual data capture and retrospective coding.**
- **It is an online tool that allows data providers to securely submit data over the internet to the NACRS database. The tool allows you to save and review partially completed records, submit records, and correct and delete processed records.**
- **Requires a web browser such as Google Chrome 42, Internet Explorer 11 or Firefox 40.**
- **Available 24 hours a day, 7 days a week except during scheduled maintenance and update periods.**
- **Validation rules are applied to NACRS clinic lite data. Operational reports provide feedback on errors received as well as help clients monitor data submissions.**

Demo of NACRS Clinic Lite Web-Entry tool

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Questions?