



NACRS Clinic Lite Web Entry Tool — Visual Guide

This guide will help Ontario Bundled Care Project data submitters create client records in the NACRS Clinic Lite Web Entry Tool.ⁱ

Use this guide with the *NCL Bundled Care Data Requirements Document* previously sent to you by email by CIHI. The full requirements document holds more detailed information on creating records.

Please complete all fields outlined in **red**.

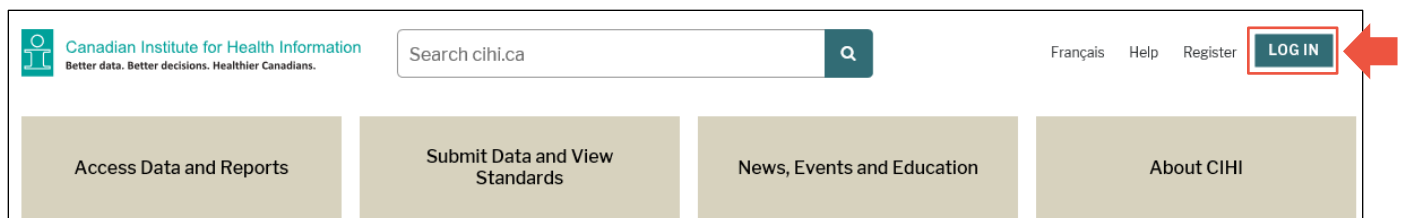
Important!

Enter personal health information **only when it is a required data element** (e.g., Health Care Number, Date of Birth). Do not insert client identifiers such as name, address, phone number or birth date in any other fields.

Submit a record only after the client's last visit to your facility. Each submission is a summary of all the client's visits — there should not be a submission for each individual visit.

Navigate to the NACRS Clinic Lite Web Entry Tool and open a new record

1. Go to [CIHI's home page](#).
2. Click **Log In**.



ⁱ NACRS: National Ambulatory Care Reporting System.



Job Aid

3. Enter your username and password, then click **Login**.

Login

Username

[Forgot username](#)

Password

[Forgot password](#)

By logging in, you agree to CIHI's website [Terms of use](#).

LOGIN [Register](#)

4. Click **I Agree** on the Terms and Conditions page.

Terms and Conditions of Access and Use

CIHI's Client Services System and Applications

CIHI's Client Services system (the "**System**") is used to access CIHI's restricted applications, services and products (the "**Applications**"). Use of the System is subject to CIHI's [Terms of Use](#) and CIHI's [Website User Privacy Notice](#), both of which are incorporated into the general terms below by reference. The CIHI profile you created to access the System entitles you to access specific Applications as approved by CIHI's Client Services. By clicking the "I Agree" button, you are indicating that you have read and understood and are agreeing to these terms, as well as to the specific terms for those Applications to which you are entitled access.

General terms

- You will not disclose, share or transfer your CIHI profile, username or password for the System.
- You will not use the CIHI profile, username or password of another client to access the System.

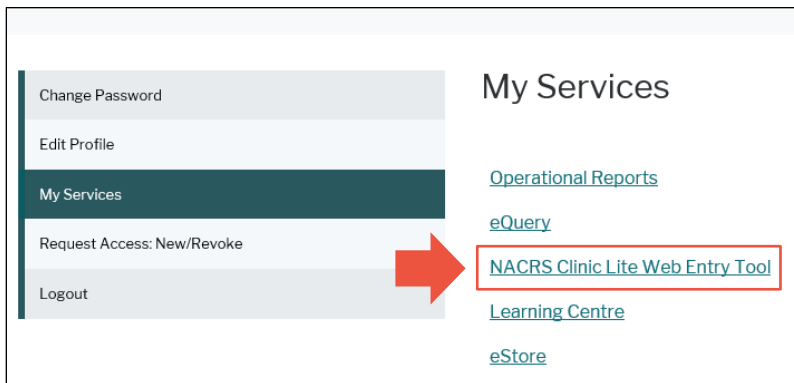
I understand and agree that clicking the "I Agree" button indicates that I have read, understood and accepted the above Terms of Agreement.

I AGREE [PRINTABLE FORMAT](#)

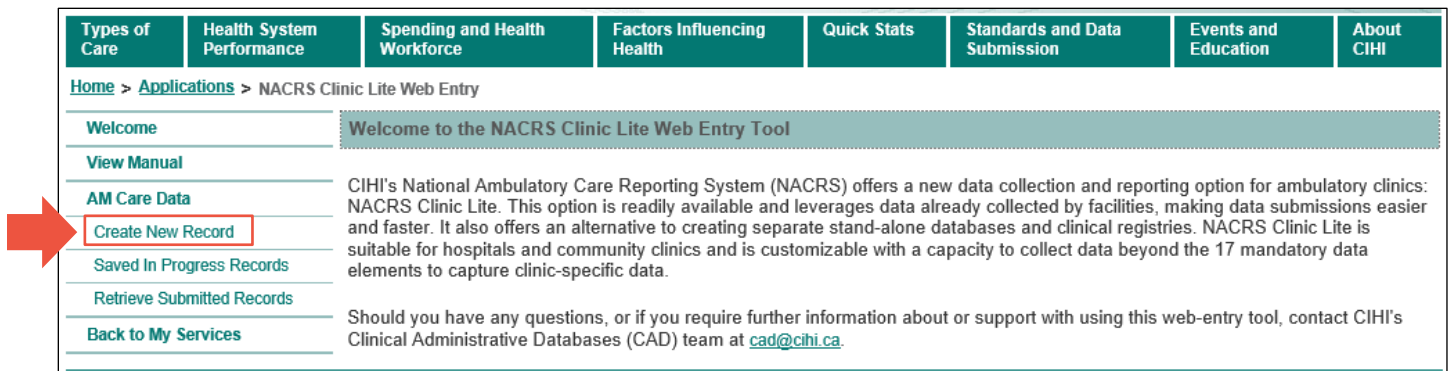


Job Aid

5. Click **NACRS Clinic Lite Web Entry Tool** on the My Services page.



6. Click **Create New Record**.





Create, save and submit a record

Section 0

Section 0: Submission Information (contains mandatory fields)

Fiscal Year: *
2019 - 2020 ▾
Period:

Facility: *
50001
Facility P/T:
ON
Registration Number:
[Text Box]
Registration Sequence:
[Text Box]

Coder Number:
[Text Box]

Select the current fiscal year (if not already auto-populated).

Note: The fiscal year runs from April 1 to March 31.

Select your facility from the drop-down list (if not already auto-populated).

Section 1

Enter your facility's internal number that is assigned to the client (e.g., chart number, invoice number).

Important!
Do **not** enter personal information about the client.

Section 1: Patient Information (contains mandatory fields)

Chart Number: *
[Text Box]

HCN: *
[Text Box]

HCN Issuer Province: *
[Dropdown]

Responsibility for Payment: *
[Dropdown]

Postal Code: *
[Text Box]

Residence Code:
[Text Box]

Recorded Sex or Gender Code: *
[Dropdown]

Birth Date: *
[Text Box]

Birth Date Estimated:

Highest Education:
[Dropdown]

Indigenous Identity:
[Dropdown]

Racialized Groups:
[Dropdown]

Access to Primary Health Care:
[Dropdown]

Enter the client's health card number.

Note: For special cases, see the *NCL Bundled Care Data Requirements Document*.

Select the province/territory that issued the client's health card.

Note: For special cases, see the *NCL Bundled Care Data Requirements Document*.

Enter the client's postal code (A#A#A#).

M = Male
F = Female
O = Other/unknown

Select the client's date of birth (YYYYMMDD).



Section 2

The 5-character institution number of the referring hospital

If you do not know the institution number, you can download the [Master Numbering System Codes](#), which is updated frequently on the Ministry of Health's website.

The facilities listed in the above document may have multiple master numbers assigned to them. Please select the facility number that matches facility type **AT** or **AP**. Once you have selected the appropriate master number/institution number, add **5** to the beginning of the institution number (e.g., 1234 becomes 51234).

Section 2: Arrival & Visit Information

Mode of Visit/Contact:*

MIS Functional Center Visit:*

Add MIS Functional Center

Institution From:

Date of Registration/Visit:*

Admit Via Ambulance:

Referral Source Prior to Ambulatory Care Visit:

Registration/Visit Time:

Referral Date:

Most common options (if more than one mode of contact was used, choose the one used most often):

- 1 = Visit (in-person)
- 2 = Email contact
- 3 = Telephone contact
- 4 = Videoconference
- 5 = Messaging
- 6 = Other

Note: For additional information, see the *NCL Bundled Care Data Requirements Document*.

713508545 = Orthopedic Rehab Specialty Clinic, for facilities providing interprofessional post-acute rehab for orthopedic conditions

714500000 = Physiotherapy, for facilities providing physio services for post-acute rehab for any condition. Any community-based physio clinic should use this code.

Note: For further details, see the *NCL Bundled Care Data Requirements Document*.

Date the client completed therapy, or client's last visit date at your facility.

- Most common options:
- 02 = Inpatient Service
 - 04 = Private Practice

Note: For additional information, see the *NCL Bundled Care Data Requirements Document*.

The date the client was ready for outpatient rehab. This could be the date your facility received the referral.

Note: For additional information, see the *NCL Bundled Care Data Requirements Document*.

Section 3

Section 3: Separation Information (contains mandatory fields)

Visit Disposition:*

Disposition Date:

Disposition Time:

Referred to After Visit:

Institution To:

Is Record Complete:

Where the client will be located/living after finishing their treatment at your facility

Most common choices:

- 16 = Home **with** community support or referral for support
- 17 = Home **without** community support or referral for support

Note: For additional information, see the *NCL Bundled Care Data Requirements Document*.



Section 4

Not required

Section 5

Choose only **Outpatient or Ambulatory Rehab.**

Choose only **(Main Problem) Rehabilitation.**

The reason the client was referred for rehab. You must choose 1 option from the list.

Section 5: Problem

Care Domain: Outpatient or Ambulatory Rehab ▾

Main Problem

Prefix: Code: Cluster:

▾ (Main Problem) Rehabilitation ▾ ▾

Other Problem

Prefix: Code: Cluster:

a:	▾	Ortho - Shoulder Replacement	▾	▾	delete
b:	▾	Ortho - Knee Replacement	▾	▾	delete
c:	▾	Ortho - Hip Replacement	▾	▾	delete

[Add Problem](#)

If choosing 1 of the following 3 "Ortho" options for Other Problem, choose 1 of the following prefixes (U, B, D or K):

- Ortho — Hip Replacement: **U** (unilateral) or **B** (bilateral)
- Ortho — Knee Replacement: **U** or **B**
- Ortho — Shoulder Replacement: **D** (total/partial arthroplasty) or **K** (reverse arthroplasty)

New for FY 2024/2025: It is mandatory to enter a Main Problem (Rehabilitation Z50.9). If there is no Main Problem entered, an error will prevent saving the record. This must be corrected to save and submit.

Sections 6 to 8

Not required



Section 9

The total (aggregate) number of service delivery days at your facility

Note: See the *NCL Bundled Care Data Requirements Document*.

Choose **Project 960** and **Projects 962–967** if the client attended any sessions.

Treatment complete

1 = Goals achieved or plateaued

Treatment incomplete

2 = Change in medical status

3 = Transferred to another program

4 = Client choice

5 = Unknown/Other (did not attend after 1 visit)

9 = Unknown or unavailable

Section 9: Special Project Fields

Special Project a: [delete](#)
Project: Project 960

Date of First Visit:

Reason for Discharge:

Mode of Service Delivery:

Special Project a: [delete](#)
Project: Projects 962-967

1 = Group
2 = Individual

Project 960: Select the date of the client's first visit with a health professional (YYYYMMDD).

The total (aggregate) number of minutes the client received care from each discipline
Note: See the *NCL Bundled Care Data Requirements Document*.

Total Attendances: Service Duration (minutes):

Note: Leave these fields blank when the discipline did not provide service to the client.

Project	Discipline	Total Attendances	Service Duration (minutes)
Project 962	Registered Nurse:	<input type="text"/>	<input type="text"/>
	Registered Practical Nurse:	<input type="text"/>	<input type="text"/>
Project 963	Occupational Therapist:	<input type="text"/>	<input type="text"/>
	Occupational Therapy Assistant (OTA):	<input type="text"/>	<input type="text"/>
Project 964	Physiotherapist:	<input type="text"/>	<input type="text"/>
	Physiotherapy Assistant (PTA):	<input type="text"/>	<input type="text"/>
Project 965	Speech-Language Pathologist (SLP):	<input type="text"/>	<input type="text"/>
	Communication Disorders Assistant (CDA):	<input type="text"/>	<input type="text"/>
Project 966	Social Worker (SW):	<input type="text"/>	<input type="text"/>
	Other:	<input type="text"/>	<input type="text"/>
Project 967	Kinesiologist:	<input type="text"/>	<input type="text"/>

[Add Project](#)

[Validate & Save](#) [Submit](#)

Click **Validate & Save** and then **Submit** to finish.

For more information on service duration, attendances and visits, including examples, see the *NCL Bundled Care Data Requirements Document* or email bundledcare@hqontario.ca or info@rehabcarealliance.ca.

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