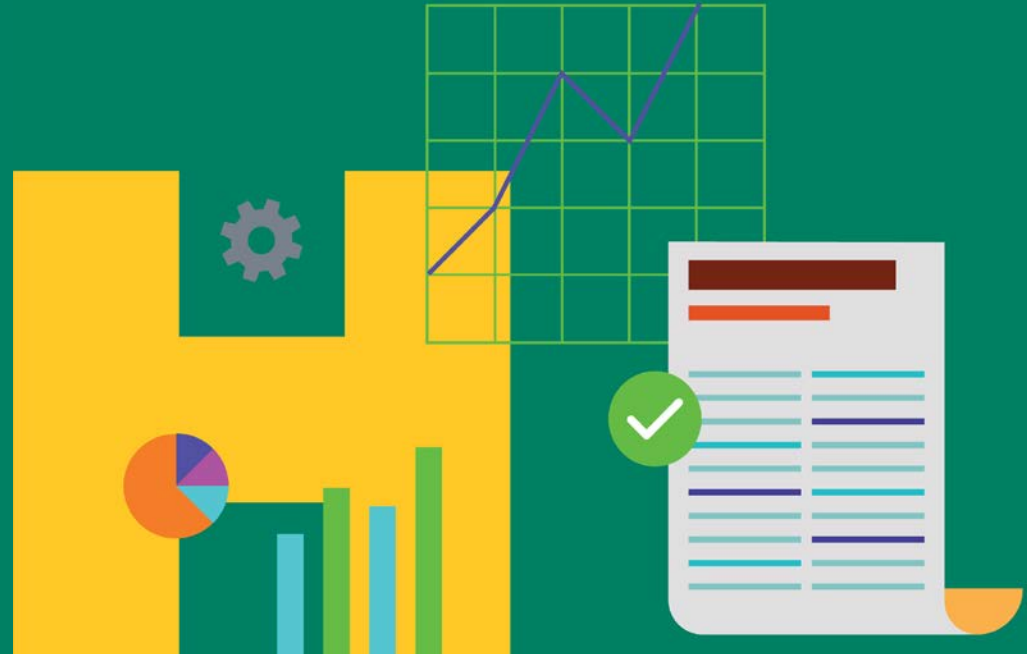


# Ontario Healthcare Reporting Standards (OHRS)

## SESSION 3

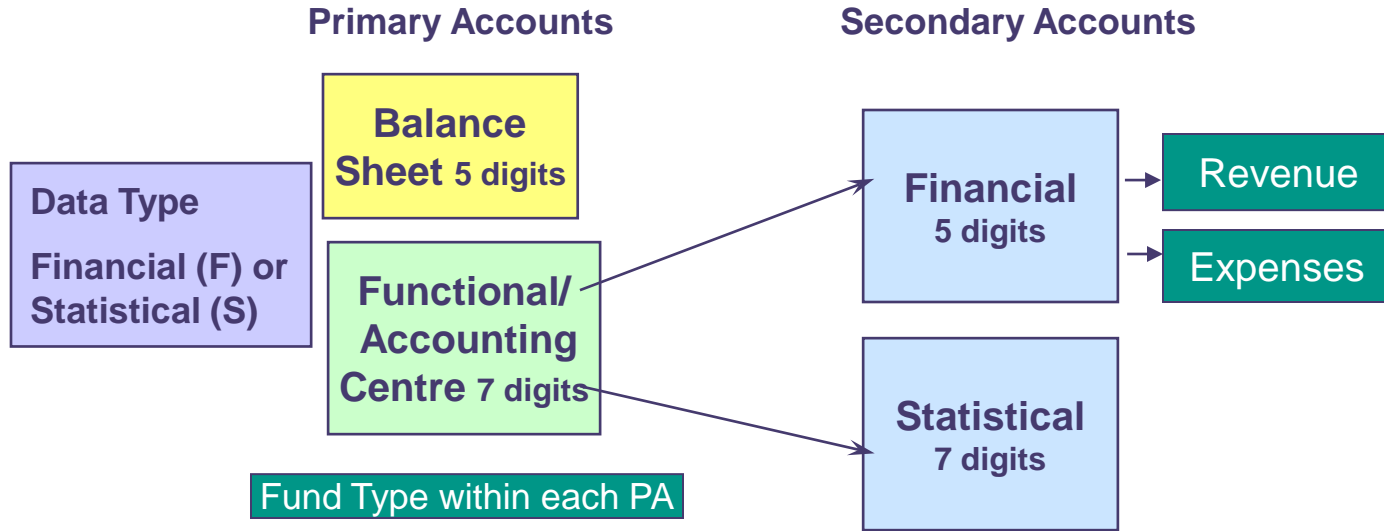


# Agenda - Day 3



1. Key Concepts & Business Rules<sup>2</sup>
  - Secondary Statistical Accounts
  - Service Recipient Reporting
2. Overview
  - MIS Trial Balance
  - Clinical Reporting , OHRS & OCDM

# OHRIS Framework - Account Structure



Secondary accounts are only linked to a functional or accounting centres

# Secondary Statistical Accounts



# Statistical Accounts Framework

1. Workload
2. Staff Activity
3. Earned Hours
4. Service Recipient Activities
5. Client Profile
6. Personnel Profile
7. Functional Centre Profile
8. Health Service Organization Profile

Level 1

Level 2

Level 3

Level 4

Broad Group  
Frameworks

# Key Concepts & Rules – Frameworks 1 (workload) & 3 (earned hours)

- Earned hours must be reported in the same FC where the salary expense is reported
- Earned hours must be reported as either worked and benefit or purchased service – 3\*\*1000, 3\*\*3000, 3\*\*9000
- Workload must be reported in the same FC where the earned hours are reported
  - Workload is only reported for **UPP** worked time
  - Workload is broken down between SR and Non SR time
  - The SR code must match the service provided
- Workload is **mandatory** for framework 4 Diagnostic & Therapy FCS

# Key Concept – Framework 1 Workload – SR vs. Non SR

- It is important to accurately classify workload as service recipient or non-service recipient
- SR workload
  - Time spent by UPP performing service recipient activities
- Non-SR workload
  - Not directly related to SRs but supports the activity of the FC, the hospital or the community
  - Includes travel & activities related to education or research
- Refer to the CIHI MIS Standards Conceptual Models by discipline, for a list of SR & Non SR activities

# WLM Conceptual Model – Social Work

Workload categories	SERVICE RECIPIENT ACTIVITIES			NON-SERVICE RECIPIENT ACTIVITIES			
Activity categories	Assessment	Therapeutic Intervention	Consultation/ Collaboration	Functional Centre Activities	Organization/ Professional Activities	Teaching/ In-Service	Research
Component activities	Screening/Case Finding  Psychosocial Assessment  Social Assessment  Clinical Documentation	Adjustment Counseling  Crisis Intervention  Individual Psychotherapy  Resource Counseling  Family/Couples Therapy  Advocacy – SR Specific  Locate/Arrange Resources  Discharge Planning  SR Education  Clinical Documentation	Professional Consultation  Case Conferences  Team Meetings  Service Rounds  Clinical Documentation	FC Management  Employee Meetings  Caseload Management  Maintenance  Quality Management  Travel for FC Activities  Travel to & from the place where SR activities are provided	Board/ Committee Functions  Program Management  Public Relations  Professional Activities  Travel	Students  Professionals  Academic  In-Service Education  Travel	Project 1 Project 2 Travel



# WLM Conceptual Model – Medical Imaging

**WORKLOAD CATEGORIES**

**SERVICE RECIPIENT ACTIVITIES**

**NON-SERVICE RECIPIENT ACTIVITIES**

**ACTIVITY CATEGORIES**

Diagnostic/Therapeutic Intervention	<u>Functional Centre Activities</u>	<u>Organizational/ Professional Activities</u>	<u>Teaching/ In-Service</u>	<u>Research</u>
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**COMPONENT ACTIVITIES**

**EXAMPLES**

<p>Initial Handling/Set-Up</p> <p>Service Recipient Preparation/Instructions</p> <p>Diagnostic/Therapeutic Activities</p> <ul style="list-style-type: none"> <li>• Assessment (Pre &amp; Post Exam Monitoring)</li> <li>• Administration of Radiopharmaceuticals, Contrast Media and Medications</li> <li>• Service Recipient Care Activities</li> <li>• MRSA/VRE/Latex Activities</li> <li>• Catheterization</li> <li>• Image Acquisition</li> <li>• Image Processing/ Post Processing</li> </ul> <p>Image Quality Assessment</p> <p>Service Recipient Assistance</p> <p>Clean Up</p> <p>Clinical Documentation</p>	<p>Functional Centre Management (includes program management)</p> <p>Employee Meetings</p> <p>Caseload Management</p> <p>Maintenance</p> <p>Quality Management</p> <p>Travel for Functional Centre Activities</p> <p>Travel to and from the place where service recipient activities are provided*</p>	<p>Board/Committee Functions</p> <p>Public Relations</p> <p>Professional Activities</p> <p>Advocacy - Professional</p> <p>Program Management</p> <p>Travel</p>	<p>Students</p> <p>Professionals</p> <p>Academic</p> <p>In-service Education</p> <p>Travel</p>	<p>Project 1</p> <p>Project 2</p> <p>Travel</p>
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# Key Concepts – Framework 6 Personnel Profile

**Head Count 6 1 \* \*\* \*\*      Earned Hrs Detail 6 3 \* \*\* \*\***  
**New Hires 6 4 \* \*\* \*\*      Layoff Counts 6 5 \* \*\* \*\***  
**Separations 6 6 \* \*\* \*\***

- 3<sup>rd</sup> digit is BOG – MOS, UPP, NP, MED (1,5,8,9)
- 4<sup>th</sup> and 5<sup>th</sup> digit is Occupational Class Code
  - The occupational class is based on the employee's individual qualifications and not the work being performed
  - To be classified in any professional occupational class category the employee must maintain a current professional license

# Occupational Class Codes

4th & 5th digits Occupational Class	
11 RN	54 Psychometrist
12 RPN	55 Genetic Counselor
13 Nurse Manager	56 Recreation Therapist
14 Clinical Nurse Specialist	57 Child Life Worker
15 Nurse Educator	58 Kinesiologist
16 Nurse Practitioner	59 Youth Worker
17 Infection Prevention and Control Professionals (ICPs) RN	60 Other Therapist
21 Technologist	61 Other Therapy Assistant
22 Technician	62 Gerontologist
23 Diagnostic (Dx) Assistant	63 Paramedic
24 Infection Prevention & Control Professionals (ICPs) Other	71 Professional not uniquely identified
30 RAI Coordinator (LTCH only)	72 Regulated not uniquely identified
41 Respiratory Therapist	73 Unregulated not uniquely identified
42 Pharmacist	74 Students (paid)
43 Pharmacy Technician	75 Personal Support Worker (PSW)
44 Dietitian/Clinical Nutritionist	80 Chiropracist
45 Physiotherapist	81 Naturopath
46 Physiotherapist Assistant	82 Massage Therapist
47 Occupational Therapist	83 Dental Hygienist
48 Occupational Therapist Assistant	84 Midwife
49 Audiologist	91 Physician
50 Speech Language Pathologist	92 Psychiatrist
51 Social Worker	93 Physician Assistant
52 Addiction Counselor	94 Dentist
53 Psychologist	

# Key Concepts – Framework 6 Personnel Profile (cont'd)

6<sup>th</sup> and 7<sup>th</sup> digits give further detail

## Reported in Functional Centre

- Head Count 6 1 \* \*\* \*\* Employment Status (FT, PT, Casual)
- Earned Hours Detail 6 3 \* \*\* \*\* Employment Status  
Type of Hr ( OT, Sick etc)

## Reported in Accounting Centre

- New Hires 6 4 \* \*\* \*\* Employment Status  
Nursing Graduate Status & Other
- Layoff Counts 6 5 \* \*\* \*\* Employment Status  
Nursing only Layoff Status (Planned, Issued, Actual)
- Separations 6 6 \* \*\* \*\* Employment Status

## Question – Framework 6 Personnel Profile

What statistics would be reported for a fulltime Registered Nurse working regular days in Nursing Admin?

- FC? Compensation Hours? Personnel Profile?

# Rules – Framework 6 Personnel Profile

- S 63 \* earned hours detail must reconcile with the S 3\*\* for each functional centre – must equal by BOG
  - S 310\* must equal S 631\*
  - S 350\* must equal S 635\*
  - S 380\* must equal S 638\*
  - S 390\* must equal S 639\*
- S 61 \* head count must equal S 820 Employees by Union Affiliation

# Key Concepts & Rules – Frameworks 4 & 5 Patient Activity

- **Patient Activity must have costs**
- Patient activity is “based” on the patient and not the number of service providers
- Patient activity must be reported by SR category based on the service being provided
- Each “type” of SR activity has a unique stat account for reporting that activity
- Hospital patient activity is reported in SSA 4 framework with the exception of detailed clinic visits in SSA 5

# SR Activity by FC Framework -Nursing

	71 2*	71 3*
401 Admissions	x	x Emerg/PACU
403 Patient Days	x	x Emerg/PACU
404 Leave Days	x	
405 Isolation Days	x	
410 Discharges	x	x Emerg/PACU
411 Deaths	x	x Emerg/PACU
412 Transfers	x	x Emerg/PACU
422 Dead on Arrival		x Emerg
425 IP Admitted thru Emergency		x Emerg
427 Waiting Time - Admission		x Emerg
437 Surgical Cases	x OR/PARR	x OR/PARR
438 Medical Cases	x PARR	x PARR
439 Post Anesthetic Recovery Room Visit	x PARR	x PARR
442 Mothers Delivered	x OBS	
447 Visits Face to Face MD/PA/NP Only		x
450 Visits Face to Face & Virtual	x	x
451 Visits Non Face to Face	x	x
5** Visit Face to face		x



# Inpatient Statistics

## **Inpatient Admissions 401 \*\* \*0**

- The official acceptance into the hospital of an adult/child/newborn, who requires medical and/or health services on a time limited basis

## **Discharges Inpatient 410 \*\* \*0**

- The official departure of live inpatients from the hospital

## **Deaths 411 \*\* \*0**

- The official separation of inpatients deemed deceased

## **Transfers 412 \*\* \*\***

- This is the transfer of inpatients within the hospital from the care and responsibility of one FC to that of another FC after admission and prior to discharge

# Inpatient Statistics (cont'd)

## **Inpatient Day 403\*\* \*0**

- The days, during which services are provided to an inpatient, between the census taking hours (midnight) on successive days

## **Patient Leave Days 404 \*\* \*\***

- Short-term leaves and any leaves for which the IP bed is being held and is not available for admission by another patient and the patient is absent at census taking time

## **Patient Isolation Days 405 \*\* \*\***

- The number of days patients are in isolation

Leave and Isolation days are a **subset of, and included in,** Patient Days

# Inpatient Statistic Rules

- IP statistics can only be reported with inpatient SR codes
- IP statistics are reported by each inpatient FC
- SR code is based on the clinical service of the admit order and not location or bed/type designation
- The SR code of all the IP stats for each patient admission match for the entire admission

# Inpatient Statistic Rules – Patient Days

- There is at least one patient day for every admission
- The day of admission is counted as an inpatient day but the day of separation is not counted
- When the service recipient is admitted and separated (discharge or death) on the same day, one inpatient day is counted
- IP days may exceed the bed capacity for an inpatient FC, i.e. patients held in the hallway, as the IP days must reflect the actual number of IP in that location at the time the census is taken

# Inpatient Statistic Rules – Discharges & Deaths

- A discharge is recorded based on physician order and the hospital is no longer responsible for care
- A discharge is recorded when the patient is moved from one bed service type to another type for clinical need based on physician order within one hospital corporation.
  - Discharge from acute bed and admitted to CCC bed
- When an IP is moved between bed service types for bed utilization, a discharge would not apply - no change to the clinical reporting
- Inpatient deaths are reported in the inpatient unit where they were last receiving services

# Inpatient Statistic Rules – ER & PACU

- Admissions & Patient Days must be reported in the ER or PACU when the clinical decision to admit has been made and the inpatient is kept in either FC due to bed shortages.
  - The inpatient is still in Emerg or PACU at census taking
  - The SR code must also be used based on the bed type/service the patient is waiting for (acute, mental health, CCC or rehab) and matches the clinical abstract or assessment
- The decision to admit an emergency patient as an inpatient is based on the clinical need for hospital services and not a designated time period
- Deaths for IPs in the ER & PACU are reported in the FC

# Inpatient Statistics Rules – Transfers In & Out

- Transferred-In and Transferred-Out are used to record the movement **between FCs** for the entire patient admission
- The transfer can be between beds of the same service type and also between different service types when patients are moved for bed utilization and **not** clinical need
- The SR code is based on the admission and required service, and not the FC location

# Scenario 1

- Acute stable adult patient is moved from an inpatient medical floor to a bed on the CCC unit and after 3 days is transferred back to a combined medical/surgical inpatient floor. The patient was moved for bed utilization to “free up” the bed and no physician orders were given for the movement.
- What inpatient statistics would be reported in the 3 IP nursing FCs?



# Answer to Scenario 1

# Operating Room Statistics & Rules

## **Surgical Cases 437 \*\* \*1**

- Surgical cases are reported for the SRs who had a surgical intervention in the main and day surgery ORs
- All cases must be reported as either acute inpatient (SR11) or day surgery (SR22)
- Cancelled interventions where the patient does not enter the operating room are not included.

## **Case Minutes – Operating Room 297 \*\* 00**

- The duration of all cases performed in the main and day surgery operating rooms reported by either SR11 or SR22 code

# Recovery Room Statistics & Rules – Medical Cases

## Medical Cases 438 \*\* \*1

- Patient activities occurring in the **recovery room** that are **not related to the surgical interventions or cases** (cardioversions, ECT's)
- Acute medical cases are reported using SR 11 and 23
- ECTs for mental health inpatients and outpatients are reported with SR 23

**Provision of medical cases is not the main function of the RR**

# Recovery Room Statistics & Rules – RR Visit

## **Post Anesthetic Recovery Room Visit 439 \*\* \*1**

- The occasion during which a SR received post-anesthetic recovery services after an intervention (surgical case) in the OR or in a NACRS mandated FC
- The recovery of medical cases performed within the recovery room would also be reported
- If a patient returns to the RR for further services during the same calendar day, this episode will be counted as another visit.
- Post anesthetic RR visits can only be reported in the combined OR/PARR and PARR functional centres

**This is the main FC statistic**

# Recovery Room Statistics & Rules - Visits

## Visits Face to Face 450 \*\* \*0

- Reported when the service recipient is recovering from a non-surgical intervention or a medical procedure that occurred outside of the recovery room.
  - For example, when a service recipient receives sedation for a diagnostic procedure and uses the recovery room services.
  - **Use SR 11 and 24.**
- Visits are only reported for recovery room activity and are not reported in the operating room.

## Scenario 2

An acute patient who was admitted to the ICU from the operating room is moved to the surgical floor when in stable condition

- What statistics would be reported in this scenario for the OR, ICU and IP unit?

# Answer to Scenario 2

# Ambulatory Visit Statistics

## **Visits Face to Face In Person 450 \*\* \*0**

## **Visits Face to Face Virtual 450 \*\* \*1**

- For each occasion (each registration) during which SR activities are provided in ambulatory care FCs to individuals who are uniquely identified
- there is documentation of the interaction and services are provided for longer than five minutes

## **Visits Non Face to Face 451 \*\* \*0**

- do not require registration, but individual is uniquely identified, there is documentation and service provided for longer than five minutes
- includes telephone and email contact



# Emergency Room Statistics & Rules

- Emergency Visits 450 21 \*0 are recorded for patients using the emergent services of the department
- When an emergency patient becomes an IP, the ER visit is retained
- A patient can have multiple ER visits per day
- If in a small hospital, clinic activities are provided in the Emergency these visits are recorded as clinic visits 450 24 \*0
- Inpatients who receive care in the ER are counted as an ER visit

## Scenario 3

Order is given to admit an adult patient with a mental health diagnosis from emergency, and patient is placed in an acute medical bed as a mental health bed was not available. The patient is transferred to a mental health (MH) bed after 14 days and remains in. (Facility has MH master number & MH beds)

- What statistics are reported in Emergency, Medical IP unit and the Mental Health IP unit?

# Answer to Scenario 3

# Clinic Statistics & Rules

- Clinic Visits 450 **24** \*0 are recorded for patients using the resources and services of the clinic
- Usually one clinic visit per FC per day for each patient
- If the significant other(s) of a patient accompanies the patient, only one visit is recorded.
- If the significant other(s) comes to the clinic, without the patient, to receive a service related to the patient, one visit is recorded under the patient's identification.
- Inpatients who receive care in ambulatory care FCs are counted as a clinic visit

# Clinic Statistics & Rules – Detailed Clinic Accounts

- **Combined** clinic FCs 35017\* MUST report the detailed clinic visit accounts.
- The detailed clinic accounts are 5\*\* \*\* \*
- Provide information regarding the services that are being provided in the combined FC
- Definition and reporting rules of S45024\*0 also apply to these detailed clinic visits
- Reporting the detailed clinic accounts is optional for other clinic functional centres

# SR Activity by FC Framework – Diagnostic & Therapy

	7* 4
422 Dead on Arrival	x Anatomical Pathology
457 In House Exams Diagnostic	x
459 In House Procedures Therapeutic	x
460 Contracted Out Diagnostic Exams	x
462 Contracted Out Therapeutic Procedures	x
463 Clinical Lab IH Interventions	x
464 Lab Contracted Out Interventions	x
483 Attendance Days Face to Face & Virtual	x
484 Attendance Days Non Face to Face	x
489 New Referrals	x
490 Active Carryovers	x

# Diagnostic & Therapy Statistics & Rules

- The workload and patient activity statistic must be reported using the same SR code
- Inpatient and outpatient workload and activity must be reported using the appropriate SR codes

## Diagnostic FCs

- Refer to the CIHI MIS Standards for conceptual models, exam, procedure and intervention definitions, mapping of tasks to activity accounts and collection rules

## Therapy FCs

- Refer to the CIHI workload conceptual models

# Therapy Statistics & Rules

## Attendance Days Face to Face & Virtual 483\*

- The number of days (1 per 24 hr calendar day) that service and activities are provided face-to-face, by videoconference, on an individual or group basis to a SR and /or significant other(s)
- These services are documented according to hospital policy and are provided for longer than five minutes
- Only one attendance day is recorded regardless of the number of family members present
- Only one attendance day per patient is reported for each FC per day



# Therapy Statistics & Rules (cont'd)

- When a group session is held and the participants are IPs or OPs one attendance day face to face is recorded for each individual
- If two therapists in the same FC provide care to an individual patient during the same 24 hours period, only ONE attendance day is recorded

## **Attendance Day Non Face to Face 484\***

- Services are documented and are provided for longer than five minutes
- Cannot be recorded on the same day as Attendance Day Face to Face

## Scenario 4

Overweight patient is seen in the orthopedic clinic – consults with Nurse and Ortho physician, is sent to Radiology for a CT of the knee and then back to clinic to consult with the nurse, a physiotherapist and a dietician.

- What statistics by FC would be reported?

# Answer to Scenario 4

# Framework 7 FC Profile Statistical Accounts

## Specific information about the capacity of a FC

712 ** 00	Capacity Service Recipient - Physical - Inpatient Beds	
713 ** 00	Capacity Service Recipient - Budget & Planned - Inpatient Beds	
714 ** 00	Capacity Service Recipient - Physical - Neonatal/Nursery Bassinets	
715 ** 00	Capacity Service Recipient - Budget & Planned Neonatal/Nursery Bassinets	
720 ** 00	Capacity Service Recipient - Beds <b>Days</b> Available for Admission	
721 ** 00	Capacity Service Recipient - Neonatal/Nursery Bassinet <b>Days</b> Available for Admission	
722 00 00	Capacity OP - Emergency Stretchers	
723 86	CAPACITY OP - DIALYSIS STATIONS	
723 86 10	Capacity OP - Dialysis Stations – Operating	
723 86 20	Capacity OP - Dialysis Stations – Training	
723 86 30	Capacity OP - Dialysis Stations – Acute	
723 86 40	Capacity OP - Dialysis Stations – Back-Up	
723 86 50	Capacity OP - Dialysis Stations – Home	
724 46	MRI MACHINES	
724 46 10	MRI Machines - MOHLTC Funded	
724 46 12	MRI Machines - Research	
724 46 14	MRI Machines – Other	
725	OPERATING ROOM SUITES	
725 00 00	Operating Room Suites - Number of Suites	
725 00 10	Operating Room Suites - Physical Capacity	
734	OPERATING DAYS	Required for 7*3, 7*4* FCs
734 00 10	Operating Days 1 - 4 hr	
734 00 20	Operating Days 5 - 8 hr	
734 00 30	Operating Days 9 - 12 hr	
734 00 40	Operating Days 13 - 16 hr	
734 00 50	Operating Days > 16 hr	

# Key Concepts – Framework 7 FC Profile

## S712\* & S714\* Physical Bed & Bassinet Capacity

- Actual number of beds/cribs and bassinets that are physically available or in place at the beginning of the fiscal year.
- This number would not change during a fiscal year unless major redevelopment occurred.

## S713\* & S715\* Budgeted & Planned Bed & Bassinet

- Number of beds/cribs and bassinets which are planned or budgeted to be operational for a fiscal year as submitted and approved via the LHIN and Hospital Accountability Agreements

A bed is counted if the bed configuration meets the requirements for the basic services of the bed type

# Key Concepts – Framework 7 FC Profile (cont'd)

## S720\* & S721\* Bed Days Available for Admission

- The cumulative calendar days that beds/cribs and bassinets were available to provide services to inpatients during the reporting period
- The total beds/cribs and bassinets available each day of the month are added
- The total S720\* & S721\* divided by 365 calendar days, produces the average beds/cribs & bassinets available for admission for the fiscal year
- Occupancy rate =  $\text{Actual Patient Days} / \text{Beds Days Available}$

# Rules – Framework 7 FC Profile

- Inpatient FCs must report Physical Bed Capacity, Budgeted & Planned Beds and Bed Days Available for Admission
- Main & Day Surgery Operating Rooms must report physical number of O/R suites & the number normally in use
- ER must report Emergency Stretchers
- Ambulatory, D & T FCs must report Operating Days
- Dialysis must report numbers of Stations
- MRI must report number of machines

# Framework 8 Health Service Organization Profile

Provides information at the facility level

820 20 **	Employees By Union/ Non Union Affiliation	Report in AC 8* 9 90.
830 10 00	Violent Incident Occurrences	
861 ** 00	Total Days Stay	Report in AC 8* 9 90
870 10 20	Plant Heating Utilities Purchased Steam - Mega Kilograms	Report in FC 7* 1 55 Plant Operations
870 20 30	Plant Heating Utilities Fuel Oil - Litres	
870 30 40	Plant Heating Utilities Natural Gas - Cubic Metres	
870 40 60	Plant Heating Utilities Electricity - KWH	
871 00 00	Water Consumption – Megalitres	.
898 00 00	Calendar Days in Reporting Period	Report in AC 8* 9 90

Rules: Employees by Union and Calendar Days must be submitted in the MIS Trial Balance



# OHS Review Exercise

You have been given the task to review your hospital's Intensive Care Unit (ICU) costs.

- What FC(s) would you look at ?
- What financial secondary accounts would you expect to see?
  - Which FSAs would be of particular interest?
- What statistical secondary accounts would you expect to see?
  - Which SSAs would be of particular interest?

Use the roll-up feature

# OHS Review Exercise - Answers

# OHRS Review Exercise – Answers (cont'd)

# OHS Review Exercise – Answers (cont'd)



**Key Concepts**  
**Business Rules**  
**Data Quality**  
**Matching Principle**

# Data Quality & OHRS

- Everyone should be concerned about DATA QUALITY
  - Is there a Data Quality Culture within your organization?
- Easier to do it right the first time!
- Follow the OHRS key concepts and business rules
- Understand the OHRS key concepts and business rules
  - Do not be afraid to ask “why”

# Data Quality & OHRIS – Success Factors

- Support from the top and key stakeholders
- Requires ongoing communication between all stakeholders – OHRIS working group
- Be open to change
- Keep up to date on OHRIS changes and the rationale behind them
- Understand how your data is being used internally & externally and the link to clinical data

# OHRS KEY Concepts – Data Quality

## Data Quality

Relevancy / Accurate

Comprehensiveness / Timely

Consistency

Conciseness

Sensitivity

Adaptability / Useable



# Matching Principle

## Matching Principle Improves Data Quality

- Expenses must be recorded in the year they are incurred to generate services and Revenues must be recorded in the same year as the expenses they fund
  - Basic accrual and public service accounting rules
- The financial resources that are required to provide a service must be recorded in the same FC as the associated SR activity
  - Matching costs with the activity

# Matching Principle - Compensation

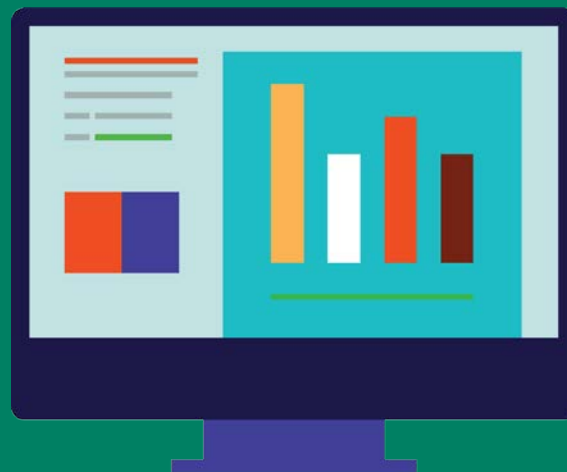
- Earned salary expenses must match with the earned hours which generate the expense
  - Worked, Benefit & Purchased Service
- Unit Producing Personnel (UPP) must be reported in the same FC as their associated workload
  - Compensation \$ and Hours
- Management and Operational Support (MOS) must be reported in the same FC as the UPP that they support

# Matching Principle - Stats

- Workload must be reported in the same FC as the SR activity that generated the workload
- SR Codes for workload and SR activity must match within the same FC
- **Reporting of SR activities within OHRS must match to Clinical Reporting**

# ON MIS Trial Balance

[Hsim.health.gov.on.ca](https://Hsim.health.gov.on.ca)



# Ontario MIS Trial Balance Submission

- Consists of your complete financial general ledger and required statistics in **OHRIS account structure**
- Submit electronic file to MOH each quarter starting with Q2
  - Secure process as each hospital is assigned unique IDs & passwords
  - Specific data and record formats
    - Org Number, Sector Code, Year, Period, Submission Sequence
    - Valid financial and statistical accounts
- File must pass 3 stages of edit rules for successful submission
- Documentation for submission is on Health Data Website, under Index for MIS Trial Balance

# Edit Rules

You may hate them ... and there are many, but they are meant to help you!

Enforce the OHRS business rules and key concepts

- Cannot move on until the mandatory errors are corrected
- TB file must be resubmitted
- Each stage gets more complicated

Don't wait until the last day of submission – start early

Do not ignore the Optional Errors

# MIS TB – Edit Rules – Stage 1 & 2 Account Structure

## Stage 1 – Basics

- Valid record formats, correct org #, valid data values

## Stage 2 – Content

- Valid Balance Sheet Accounts at MOHLTC level only
- Valid ACs and FCs at MOHLTC Level or **lower**
  - No multi-level reporting within a FC family
- Valid Financial Secondary Accounts at MOHLTC level only
- Valid Statistical Secondary Accounts at MOHLTC level only

# MIS TB – Edit Rules – Stage 2 Business Rules

## Stage 2 – Content

- Allow only valid primary and secondary account combinations
  - Plant Operations Expenses only in Plant Operation FC
  - Xray exams only in Radiology FC
  - Attendance Days only in Therapy FCs
  
- SR type with defined values for statistical accounts
  - Inpatient Stats – Admissions, Separations & Transfers only with the IP SR codes
  - Surgical Cases in Operating Rooms only with acute (11) or day surgery (22)



# MIS TB – Edit Rules – Stage 3 – Completeness & Consistency

## Stage 3AB – Financial Business Rules (examples)

- Trial Balance must balance
- Assets and expenses must be reported as a debit & liabilities and revenues must be reported as a credit

## Stage 3AB Statistical Business Rules (examples)

- The sum of EH - MOS Worked Hrs must be equal to the sum of MOS EH Details Worked Hrs within the same FC
- In Nursing IP FC, if patient days are submitted then must submit bed days and bed capacity, physical and budgeted

## Next Step – Verification (VF) Reports

Feedback reports for you - to make sure what you thought you submitted is what you submitted

- Confirm your data is correct – financial & statistical
- If not resubmit the MIS TB
- Review the VF reports while waiting for the OCDM file

Financial and Statistical VF reports are organized by the OHRS Frameworks

- Reports 1 to 49 are reserved for financial reports
- Reports 50 & forward are reserved for statistical reports

Located: [healthinfo@ontario.ca](mailto:healthinfo@ontario.ca)

# Financial VF Reports

1. Statement Of Operations .
  - 1a. Marketed Services And Other Revenue
  - 1b. Service Recipient Revenue & Other Payment Source
  - 1c. Differential And Copayment Revenue
2. Statement Of Financial Position
  - 3a. MOS & UPP Compensation
  - 3b. Nurse Practitioner Remuneration
  - 3c. Medical Staff Remuneration
4. Medical Surgical Supplies
5. Drugs & Medical Gases
6. Bad Debts
7. Equipment Expense
8. Contracted Out Service
9. Buildings & Ground Expense
10. Supplies And Other Expenses
11. Interdepartmental Recoveries & Expenses
12. Intrafacility Recoveries & Expenses
13. Functional Centre Activity By Total Secondary Financial Account

•Two Important Reports are:

- Statement of Operations
- Statement of Financial Position



Surplus/Deficit should be the same number on both

# Statistical VF Reports

50 A,B,C Earned Hours By BOG

51 A,B,C Inpatient Nursing Unit Workload By SR

52 A,B,C,D Inpatient Nursing Unit Activity

53 A,B,C Ambulatory Nursing Unit Workload By SR

54 A Ambulatory Nursing Unit Activity 54 B Surgical Cases

55 A,B,C Diagnostic and Therapeutic Workload By SR

56 A,B,C Diagnostic and Therapeutic Activity

57 A,B,C Diagnostic and Therapeutic Activity For Contracted Out

58 A,B Community Health & Social Services Wait Times and LTC Placement

58 C Specialized and Regional Program Statistics

63 A,B,C,D,E Summary Head Count By BOG - By Occupational Class - By Employment Status

64 Head Count By Nursing Occupational Class Code

65 A,B Earned Hours - Details - Worked and Benefit

66 A,B Percentage Of Ft Nurses and % RN Vs RPN FT

67 Percentage EH By Employment Status

68 A,B Nursing Hires and Layoffs.

# VF Reports & External Reporting

- Use Statements of Operations & Financial Position to ensure your external reporting matches to your internal statements
- Use various financial and statistical VF reports to complete the quarterly SRI reporting
  - Or use as a double check
- Total patient days and patient days by FC should be accurate
- Remember your TB data is sent to CIHI & OHA, basis for indicators and the source for your OCDCM file

# Matching Principle OCDDM Ontario Cost Distribution Methodology



# OCDM – General Summary

The OCDM is a costing tool

- Used to determine the cost of your hospital activity
  - Inpatient, Emergency, Surgery & Various Outpatient

Used to allocate funding

- Transitional funding in the late 1990's
- Starting from 2000/2001, the OCDM costs were used in the calculation of the rate component of the Integrated Population Based Allocation (IPBA) funding formula
- Effective 2008/2009, the cost information was used in the Health Based Allocation Model (HBAM)
- The OCDM costs are currently being used in the Growth & Efficiency Model (GEM)

# OCDM – General Summary (cont'd)

## Funding Models use the cost/activity

- Each hospital's data for their actual total cost for each patient activity
  - Costs are used to determine actual costs/clinical weighted activity
- All hospitals' data is used for the provincial expected costs/activity

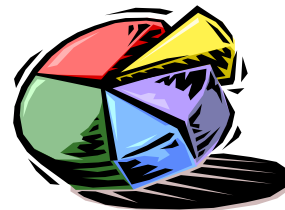
## The costing information comes from your MIS trial balance submission

- Costs and activity accurately reported using OHRS



# OCDDM - Key Mandate

- To achieve the **Matching** between costs and associated service recipient (SR) or each main patient activity
  - Through cost allocation methods
    - By workload by SR
    - By main patient activity by SR
- and the **Matching** between these costs and associated clinical weights for the different SR categories

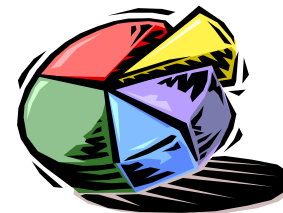


# OCDM Cost Allocation Structure

## Two major steps

1. Allocate costs in each of patient care FCs to get **direct costs by SR category**
  - First using workload by **SR**
  - Then by main patient activity by **SR**
2. Allocate costs in non patient care FCs (admin and support) based on Step #1 results to get overhead costs by SR category

(each SR as percentage of the total direct costs)



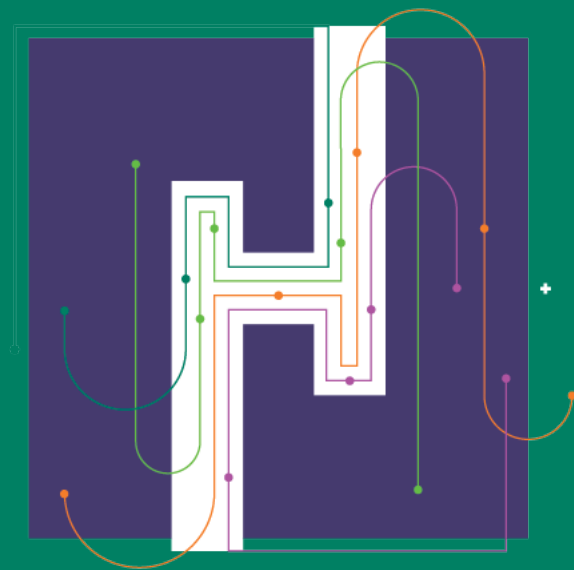
# OCDM Summary Sheet

	Net Expense Distributed	By Patient / Service Recipient Type ...	By Patient / Service Recipient Type ...	Total Net Expense	Main Patient Service
TOTAL NURSING INPATIENT SERVICES (EXCLUDING O.R. AND P.A.R.R.)					Acute and Newborn
TOTAL AMBULATORY CARE SERVICES (excluding selected day surgery)					Day Surgery
TOTAL INPATIENT SURGERY AND SELECTED DAY SURGERY ACTIVITY					Rehab
<b>TOTAL DIRECT NURSING (INPATIENT &amp; AMBULATORY)</b>					CCC & Respite
					ELDCAP
TOTAL NURSING ADMINISTRATION					Mental Health IP
<b>TOTAL NURSING COSTS (Direct plus Nursing Admin)</b>					Mental Health OP
					NACRS Mandated FCs
TOTAL DIAGNOSTIC AND THERAPEUTIC SERVICES					ER Outpatients
TOTAL COMMUNITY SERVICES					Hospital Outpatients
TOTAL FOOD SERVICES					Dialysis
<b>TOTAL DIRECT COSTS (Nursing, D &amp; T and Food services)</b>					Oncology
					Community Outpatients
TOTAL EDUCATION					
TOTAL ADMINISTRATION AND SUPPORT					
TOTAL RESEARCH					
TOTAL UNDISTRIBUTED FUNCTIONAL CENTRES					
<b>TOTAL OVERHEAD COSTS (Res.; Ed'n; Admin &amp; supp.; Undist. etc)</b>					
<b>TOTAL DIRECT &amp; OVERHEAD COSTS</b>					
ADJUSTMENTS					
PATIENT ACTIVITY TYPE ADJUSTMENTS					
NET DIRECT COSTS					
NET OVERHEAD COSTS					
<b>NET DIRECT &amp; OVERHEAD COSTS</b>					
PATIENT DAYS/VISITS/DAY SURGERY CASES					
TOTAL PER DIEM COST					
DIRECT COST PER DIEM					
OVERHEAD PER DIEM					

# OCDM – Data Quality - Matching

- It is important to report the correct SR code in patient activity stats and workload
- It is important to accurately classify workload as SR or non-SR
- Inpatient Days 403\*\* \*0
  - The SR code is based on the admission and required service, and not the FC location

# Healthcare Data in Ontario

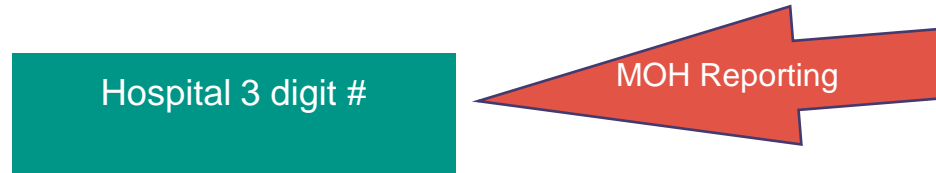


# Healthcare Data in Ontario

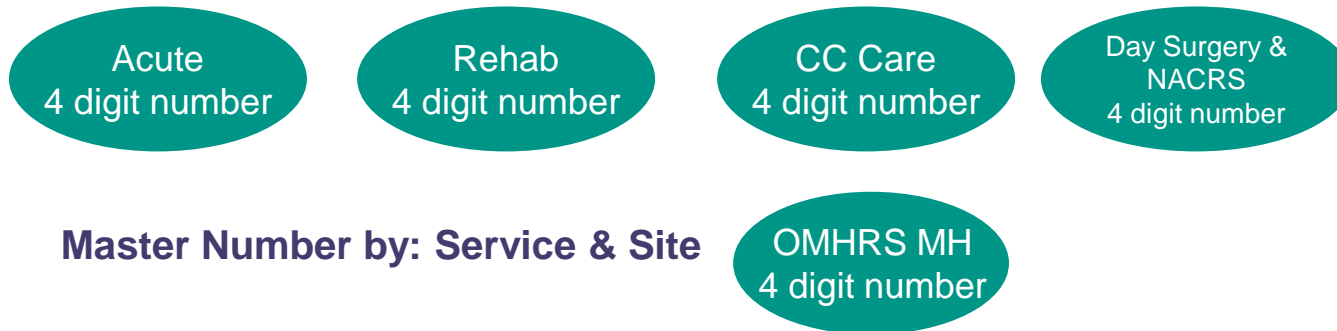
- OHRS reporting to MOH is organized by
  - Reporting Organization Number
  - Provincial Sector Code
  - Fund Type
  - Account Structure
  
- Clinical Reporting to CIHI is organized by
  - Hospital Site
  - Master Number for each main patient service provided at the hospital
  - Clinical data elements or assessments

# Reporting Organizational Number

## MOH Financial & Statistical reporting by: Corporation



## CIHI Hospital Clinical reporting



# Reporting the Clinical Data

- **Discharge Abstract Database (DAD)**– Acute I/P
- **National Ambulatory Care Reporting System (NACRS)** –  
Specified Acute O/P - mandated
  - 1 Clinical record completed for each I/P discharge
  - 1 Clinical record completed for each mandated O/P visit
  - Data elements completed by Health Records staff
  - Data elements are based on diagnosis, clinical interventions, procedures and exams
  - Health Records staff use the patient chart or record to complete the required data elements



## Reporting the Clinical Data (cont'd)

- **National Rehabilitation System (NRS)** – Rehab I/P
- **Ontario Mental Health Reporting System (OMHRS)** –  
Adult Mental Health I/P
- **Continuing Care Reporting System (CCRS)** –  
Complex Continuing Care I/P
  - Records are based on clinical assessments of the I/Ps
  - Created upon admission, significant change in patient condition, quarterly, & upon discharge
  - Assessments are completed by clinical staff

# Key Concepts & Rules – Patient Activity

- **Patient Activity must have costs**
- SR Activity Linkage to Clinical Data is by SR code
- Patient activity must be reported by SR category based on the service being provided
- The clinical abstract or assessment tool used is also based on the required service

# DQ – Matching OHRS & Clinical Reporting

Reporting of SR activities within OHRS must match to Clinical Reporting

- Clinical Record (DAD, OMHRS, CCC, NRS) for every Inpatient
  - Patient Days reconcile
- Outpatient activity reported in the mandated FCs reconciles to the number of NACRS abstracts submitted to CIHI
  - Matching FC number reported on NACRS abstract

Only specific outpatient activity is mandated or require a NACRS abstract

# Hospital Service Recipient Types

	INPATIENTS		OUTPATIENTS
11	Inpatient – Acute	21	Client/OP - Emergency
12	Inpatient – Rehabilitation	22	Client/OP - Mandated Abstracted Day Surgery
14	Inpatient – Mental Health Forensic	23	Client/OP - Mandated Medical (exclude Dialysis and Oncology)
15	Inpatient - Mental Health	24	Client/OP - Clinics
16	Inpatient – Complex Continuing Care (CCC)	25	Client/ OP - Mental Health & Addictions
17	Inpatient – ELDCAP	26	Client/OP – Mental Health Forensic
		27	Client/OP - Dialysis
		28	Client/OP - Oncology
		29	Client/OP - Non Hospital Location
		30	Referred In - With Recovery

# SR Activity Linkage to Clinical Data

SERVICE RECIPIENT CATEGORY	CLINICAL REPORTING SYSTEM
<b>1* INPATIENT SERVICE RECIPIENT</b>	
11 Inpatient -Acute	Discharge Abstract Database (DAD)
12 Inpatient -Rehabilitation	National Rehabilitation System (NRS)
14 Inpatient –Mental Health Forensic	Ontario Mental Health Reporting System (OMHRS)
15 Inpatient -Mental Health	Ontario Mental Health Reporting System (OMHRS) <b>Adults</b>
16 Inpatient -Complex Continuing Care	Continuing Care Reporting System (CCRS)
17 Inpatient -ELDCAP	Continuing Care Reporting System (CCRS)
<b>2* AMBULATORY CARE SERVICE RECIPIENT</b>	
21 OP -Emergency	National Ambulatory Care Reporting System (NACRS)
22 OP – Mandated Abstracted Day Surgery	NACRS
23 OP – Mandated Medical	NACRS (specific FCs)
24 Client/OP - Clinics	Not applicable
25, 26 Mental Health Client/OP	Not applicable
27 Client/OP - Dialysis	NACRS (Treatment FCs)
28 Client/OP - Oncology	NACRS (Treatment FCs)

DAD & NACRS  
– acute data elements  
NRS, OMHRS, CCRS  
- assessments

SR & Clinical reporting are both based on service based on clinician admit order

# OCDM Main Patient Services – Link to Funding

OCDM Patient Service Categories	Clinical Reporting & Funding
Acute Inpatient and Newborn SR 11	DAD – GEM & QBP
Rehabilitation Inpatient SR 12	NRS – GEM
Complex Continuing Care & Respite Care Inpatient SR 16	CCRS - GEM
ELDCAP Inpatient SR 16	CCRS - Federal Gvt.
Mental Health & MH Forensic Inpatient SR 15, 14	OMHRS – GEM
NACRS Mandated FCs (O/R, Endoscopy & Cath Lab) SR 22, 23	NACRS – GEM & QBP
Mental Health & MH Forensic Outpatient SR 25, 26	None – Non-modelled
Emergency Outpatient SR 21	NACRS - GEM
Hospital Outpatient SR 24	None – Non-modelled
Dialysis Outpatient SR 27	NACRS – CCO & ORN
Oncology Outpatient SR 28	NACRS – CCO
Community or Other Outpatient SR 24, 25,26	None – Non-modelled

# Internally OHRS & MIS Trial Balance

## SR Reporting



# SR Reporting – INTERNALLY

Patients should be identified by SR category during the registration process

- Facilitates the clear identification of the patient by SR category for all of the direct care providers
  - D & T services to acute and non-acute IPs must be recorded using the appropriate IP SR code
  - D & T services for emergency, day surgery, mandated medical, oncology and dialysis OPs must also use the matching SR category
  - Emergency, day surgery, mandated medical, oncology, and dialysis OP services must be reported using their specific SR category



# Edit Rules – SR Reporting - Aligning D & T

- If day surgery cases are reported in the main and day surgery operating room FCs, then day surgery workload or contracted-out day surgery interventions must be reported in the **lab** FCs
- If emergency visits are reported, then emergency workload or contracted-out emergency interventions must be reported in the **lab** FCs
- If emergency visits are reported, then emergency workload must be reported in the **radiography** FCs

# Matching Issue

Sometimes the **patient services provided** to a patient does not match or align with

- the main patient type or the SR assigned at registration or admission
- the clinical documentation of the patient

## SR Reporting – Matching Rules - TB & OCDM and Clinical Reporting

When a **non-acute inpatient** requires the services of surgery, emergency, cardiac catheterization, dialysis or oncology, the patient is deemed to be **outpatient**

- MH, Rehab and CCC clinical tools are not designed to capture these acute activities and are not part of the assessment

The procedure must be abstracted using the **NACRS**

- The matching **OP** SR code (22, 21, 23, 27, 28) must be reported in the patient activity and workload for **trial balance** reporting

## SR Reporting – Matching Rules TB & OCDM and Clinical Reporting(cont'd)

All **inpatient** (including acute) visit activity occurring in **non-mandated clinic and day/night care** FCs must be reported as OP SR code **24** for trial balance reporting

- There is no clinical record submitted for this activity
- Therefore the costs must align with the activity and remain in the ambulatory FCs

# Aligning the TB, OCDM & Clinical Reporting

- To align the OCDM and clinical reporting, the reporting of SR codes in patient activity statistics will be restricted by **valid account combinations** for trial balance submission
  - Only IP SR codes allowed in Inpatient Statistics
  - Restricted codes in O/R's, ER, Amb Care & Mandated Services
- Remember that for all D & T FCs, all SR codes, all inpatient types and outpatient types must still be tracked and reported

# Allowable SR Codes for TB Reporting

Functional Centre	Allowable SR Codes
Main Operating Room 71 260*	11, 22
Combined OR/PARR 71 262	11, 22, 23, 24
Post Anesthetic Recovery Room 71 265*	11, 22, 23, 24
Emergency 71 310* - VISITS	11, 21, 22, 24
Non-Mandated Day/Night Care 71 340*	24, 25, 26
Endoscopy 71 34055	11, 22
Oncology 71 34066*, 71 35066*	11, 28
Dialysis 71 34086*, 71 3501086	11, 27
Ambulatory Clinics 71 350*	24, 25, 26
Day Surgery Operating Room 71 360	11, 22
Combined Day Surgery Operating Room 71 362	11, 22, 23, 24
Day Surgery Recovery Room 71 365	11, 22, 23, 24
Day Surgery Pre & Post Care 71 367	11, 22, 23, 24
Day Surgery Combined OR, PARR & Pre/Post 71 369	11, 22, 23, 24
Cardiac Catheterization Lab 71 41544*	11, 23
Radiation Oncology 71 466*	11, 28

# RECOMMENDATIONS – SR Reporting

Recommend that the SR code identified in registration processes be maintained for internal reporting

- **Map** for TB submission

For hospitals submitting nursing workload, ensure the SR codes in the nursing workload statistics match the SR codes allowed for patient activity statistics

- There are no edit rules or valid account combinations to enforce

# Scenario Discussion

- CCC inpatient experiences heart pain
- Taken to Emerg for examination
- Then taken to the Cath Lab – determined an urgent procedure is required
- Has exam/procedure & recovers
- Returns to the CCC unit
- Next Day receives follow-up care in Cardiac Clinic

How would the activity be reported internally, in OHRS and clinically?

By department or FC – statistic and SR codes



# Scenario Reporting

# Touch Point

- Everyone clear regarding the reporting of SR codes ?
  - SR codes in workload or main patient activity reported by FC drives the OCDM



# Review and Discussion

