



Continuing Care Reporting System Data Submission User Manual, 2017–2018



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for Health Information

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For permission or information, please contact CIHI:

Canadian Institute for Health Information
495 Richmond Road, Suite 600
Ottawa, Ontario K2A 4H6

Phone: 613-241-7860

Fax: 613-241-8120

www.cihi.ca

copyright@cihi.ca

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About CIHI

The Canadian Institute for Health Information (CIHI) collects and analyzes information on health and health care in Canada and makes it publicly available.

Canada's federal, provincial and territorial governments created CIHI as a not-for-profit, independent organization dedicated to forging a common approach to Canadian health information. CIHI's goal: to provide timely, accurate and comparable information. CIHI's data and reports inform health policies, support the effective delivery of health services and raise awareness among Canadians of the factors that contribute to good health.

For more information, visit our website at www.cihi.ca.

CIHI's Privacy Program

CIHI has a comprehensive privacy program in place to protect the confidentiality and security of our data holdings. A cornerstone of this program is a set of strict principles and policies that govern how CIHI collects, stores, analyzes and disseminates data. These are outlined in the documents *Privacy Policy on the Collection, Use, Disclosure and Retention of Personal Health Information and De-Identified Data, 2010* and *Policy on Health Facility Identifiable Information*, which are available at www.cihi.ca. These policies have been reviewed to ensure that they are aligned with Schedule 1 of the federal *Personal Information Protection and Electronic Documents Act* (PIPEDA).

CIHI's Privacy Program also includes

- A Privacy Secretariat committed to developing a culture of privacy at CIHI;
- An active Privacy, Confidentiality and Security team that includes representation from across the organization;
- A chief privacy advisor, who provides advice and counsel on privacy matters;
- The Privacy and Data Protection Committee — a subcommittee of CIHI's Board of Directors;
- Mandatory staff training to keep health information protection matters front and centre; and
- Outreach activities to keep stakeholders advised.

Manual summary

The Continuing Care Reporting System (CCRS) contains clinical and demographic data (information) on residents who receive a range of facility-based continuing care services across Canada. These services include hospital-based continuing care (e.g., hospitals with extended, chronic or complex care beds) and residential care providing 24-hour nursing services (e.g., long-term care, nursing or personal care homes).

Data for CCRS is collected using the Resident Assessment Instrument — Minimum Data Set (RAI-MDS 2.0)© assessment developed by interRAI and revised by CIHI for Canadian use.

This data then flows to CIHI by submission organizations (facilities) and undergoes validation to ensure that it meets CIHI's specifications. Once accepted, this information becomes available to clinicians, managers and policy-makers for use in system-wide planning and quality improvement.

Intended audience

This user manual is intended for individuals involved in data submission to CCRS, including

- Facility or organization personnel involved in the day-to-day preparation of CCRS data submission files.
 - Examples of individuals who may hold this role are facility or organization personnel involved in the data collection and/or submission process (e.g., nursing staff, IT personnel).
 - These individuals are referred to in this manual as data submission contacts.
- Vendors, or organizations acting as vendors, involved in extracting continuing care information from existing databases or building new continuing care databases and data capture software.

Others who might find this manual useful as a reference document include business analysts or those who require an understanding of the CCRS data submission process.

Contents

This user manual contains 2 parts:

- Part 1: Data submission fundamentals
- Part 2: Data submission process

How to use this manual

This manual should be used as a resource for individuals responsible for data submission of RAI-MDS 2.0 data to CCRS, referred to as data submission contacts.

Data submission contacts should

- Become familiar with the contents of this manual, starting with Part 1: Data submission fundamentals.
 - Part 1 provides an overview of the process, including a visual depiction of how data moves through the system from collection to submission.
 - There may be occasions when the format and/or justification information provided in the RAI-MDS 2.0 manual does not match the CCRS data submission specifications provided to vendors. In these cases, the CCRS data submission specifications should be followed.
- Review the contents of Part 2: Data submission process.
 - Part 2 describes important information about the submission process and includes a number of examples and quick reference tables.
- Consider the roles that the vendor and CIHI play in the data submission process.
 - CIHI provides the specifications to vendors to build the software for data submission purposes.
 - Any issues within the software should be addressed with the vendor.



This symbol is used in the manual to suggest topics for discussion with the vendor regarding software details.

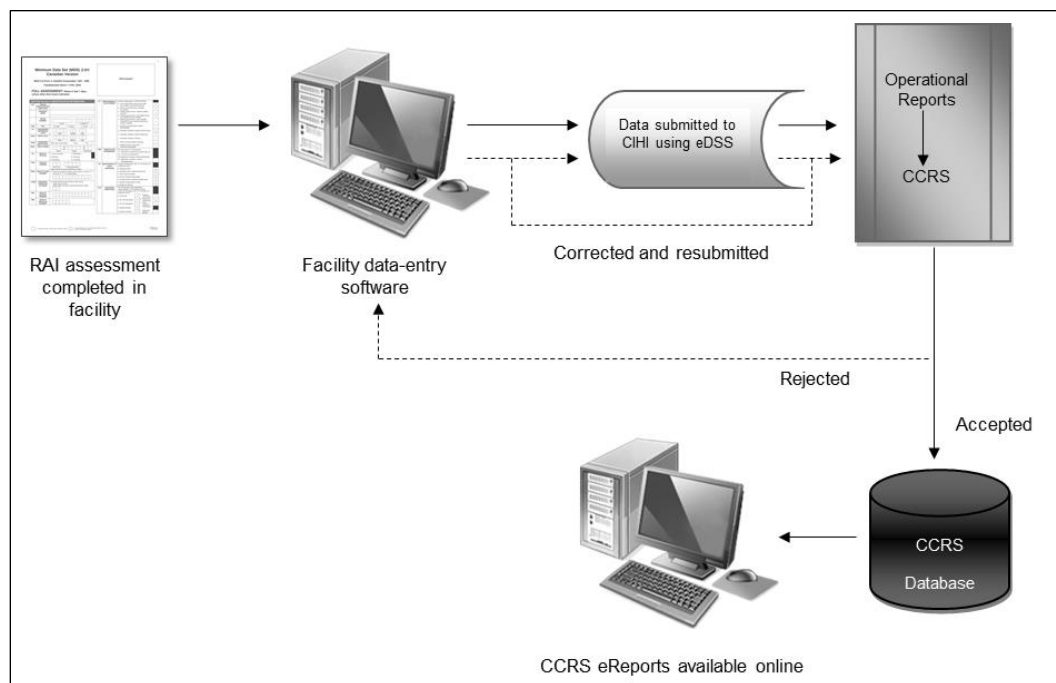
Part 1: Data submission fundamentals

Chapter 1 — Overview of data submission process

This chapter provides a high-level overview of the data submission process.

Data is collected electronically by front-line clinicians using the RAI-MDS 2.0 assessment and is stored in a vendor software system. This data is then compiled into submission files and submitted to CIHI using the electronic Data Submission Services (eDSS) application. Once the data files have been submitted, CIHI processes the data and produces submission reports for a facility. These submission reports should be used to identify the necessary corrections to data. Corrected records should then be resubmitted to CIHI. Records that have been accepted by the final submission deadline are then included in quarterly reports, known as CCRS eReports. Facilities can then use these records to support clinical, management and funding decisions.

The figure below illustrates the process.

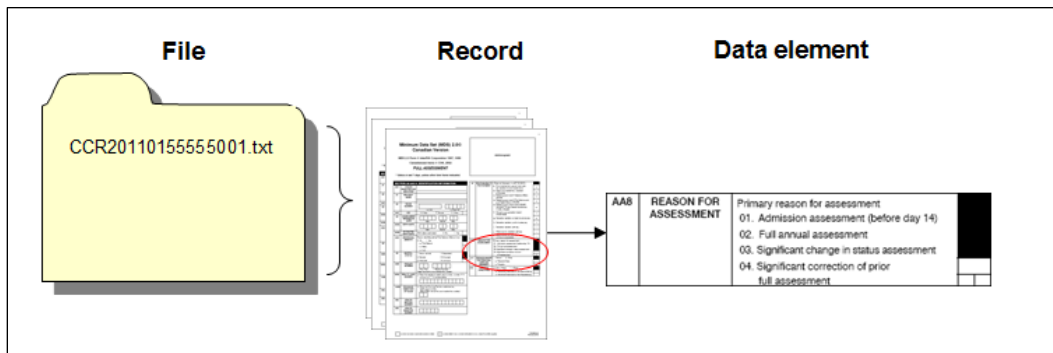


Chapter 2 — What makes up a submission file?

This chapter provides a general description of the information found in a submission file for CCRS.

After the RAI-MDS 2.0 data has been collected, the data submission contact must compile the data into data submission files using a vendor software system. A file can contain several types of records. Each of these records comprises data elements that have specific rules as to how they should be coded.

The figure below illustrates the breakdown of information contained in a file.



File

A submission file must be standardized to facilitate the receipt and processing of CCRS data. The data contained in the file must be submitted in 1 of 2 formats:

- ASCII file
- XML file

Regardless of the data submission file type (ASCII or XML), all records contain the same data elements and valid values. The CCRS validation rules apply to both ASCII and XML files.



Your vendor software system will determine which format you will use. For further information regarding file formatting, please see Part 2, Chapter 6. For more information, contact your vendor.

Record

A file can be made up of several records. CCRS includes 2 broad categories of records:

- Records containing resident-specific information
- Records containing non-resident information

Each category allows for specific record types as identified in tables 1 and 2.

Table 1

Resident-specific record type
Admission/Re-entry (AD)
Update (UP)
RAI-MDS 2.0 Full Assessment (FA)
RAI-MDS 2.0 Quarterly Assessment (QA)
Medication (MD)
Discharge (DC)
Special Project (SP)

Table 2

Non-resident-specific record type
Control Record (CR)
Contact Information (CI)

For more information on each of these record types, see Part 2, Chapter 1.

Resident-specific records can be submitted to CCRS in 3 different forms, referred to as record submission types:

- New records
- Correction records
- Deletion records

For more information on these record submission types, see Part 2, Chapter 1.

Data element

Record types are made up of specific data elements. There are 4 types of data elements:

- Administrative, CIHI record processing data elements
 - For example, Unique Record ID (Y1), Record Type (Y2), Submission Type (Y3)
- Administrative, non-resident-level data elements
 - For example, Submission Organization Identifier (Z1b)
- Administrative, resident-level data elements
 - For example, Unique Registration Identifier (AA1), Admission/Re-entry Date (AB1), Health Record Number (A6a)
- Clinical data elements
 - For example, Memory (B2), Hearing (C1)

The appendix provides more details, including coding instructions for the CIHI record processing data elements and the non-resident and resident-level data elements.

For more information on the clinical data elements, please refer to the *Resident Assessment Instrument (RAI) RAI-MDS 2.0 User's Manual, Canadian Version, February 2012*.

Part 2: Data submission process

Chapter 1 — How to prepare a submission file

This chapter provides information on how to prepare a file for submission to CCRS.

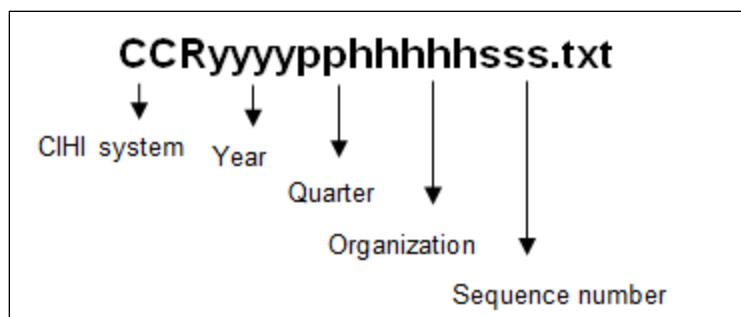
The vendor software will create the file to be submitted to CCRS based on CIHI's specifications. However, the data submission contact needs to consider the following when preparing a submission file:

- File-naming conventions
- Invalid file names
- Record types
- Record submission types
- Record event dates
- Record processing order
- Linking resident records

File-naming conventions

CIHI requires standardized file names to facilitate the receipt and processing of CCRS data.

The file name must use the following format:



All files must be zipped in order to be submitted to CIHI through the eDSS application (see Part 2, Chapter 2). The zip file must use the same file name as the text/XML file.

Note: If XML is being used, the extension will be “.xml” (not “.txt”).



Your vendor will have incorporated these requirements into your data submission software. For further questions regarding these requirements, contact your vendor.

Example

When facility 55555 submits a file to CCRS containing data from the first quarter of 2012, the file name appears as follows:

CCR20120155555001.zip

↓
Zipped file

CCR stands for Continuing Care Reporting.

2012 is the fiscal year.

01 is the quarter (01 to 04 for each fiscal quarter, or 06 when submitting a batch of Admission/Re-entry [AD] records [see Part 2, Chapter 2]).

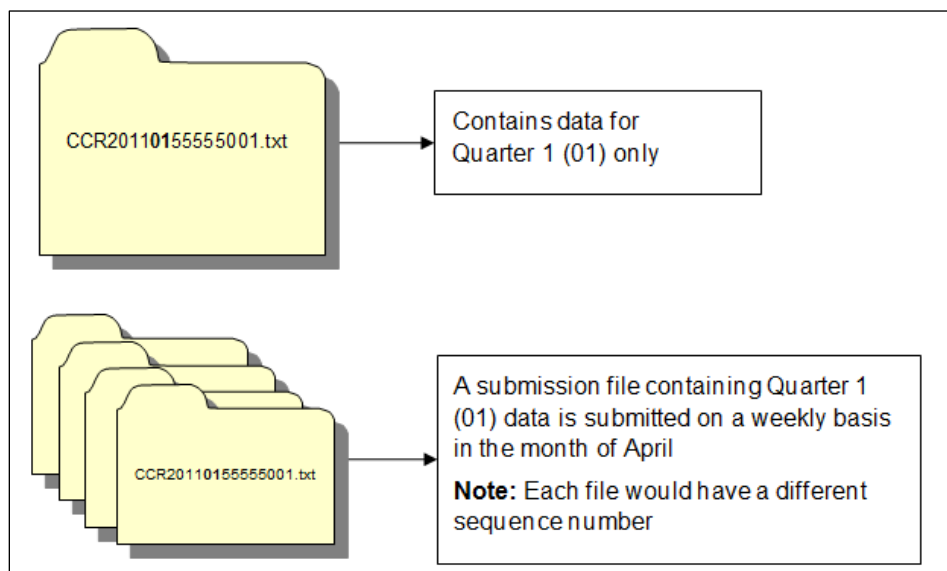
55555 is the Submission Organization Identifier.

001 is the sequence number (001, 002, etc.). The sequence number must be unique within the quarter. For example, if 2 files are submitted in the same quarter (01), they must have 2 different sequence numbers (001, 002).

zip confirms that the file has been zipped.

Note: A submission file can contain records for a single quarter only (with the exception of a Quarter 6 file), although data for a particular quarter may be submitted in 1 or more submission files. For example, a facility may submit files for Quarter 1 (01) on a daily, weekly or quarterly basis.

Example



Invalid file names

If the file is named incorrectly or if the name of the zip file does not match the name of the text/XML file inside, the organization will receive an email from ccrs@cihi.ca with instructions to resubmit the file using a file name that adheres to CCRS naming conventions.

If a file is submitted with the same file name as one that has already been submitted (i.e., the sequence number is not unique within the quarter), CCRS will reject the file and the error will be present on the submission report. The facility will then have to resubmit the file with a unique sequence number for the quarter.

Record types

The 2 categories of record types — records containing resident-specific information and records containing non-resident information — were introduced in Part 1, Chapter 2.

Tables 3 and 4 provide a brief description of each record type, as well as rules regarding the completion of the assessment, including the corresponding data element where relevant. The data element that represents the record type is **Record Type (Y2)**.

Table 3 Records containing resident-specific information

Table 3A Record type: Admission/Re-entry (AD)

Description	Completion rules
Complete on admission or re-entry	Complete for all admissions, even if resident is discharged or dies within 14 days.
Admission Type (AA7) = 1 (<i>admission</i>)	<p>Complete for all admissions, even if resident is discharged or dies within 14 days.</p> <p>Submit with the admission RAI-MDS 2.0 Full Assessment (FA), if one has been completed.</p> <p>If admission happens at the end of a quarter but the FA takes place within the first 14 days of the next quarter, both records can be submitted in the quarterly file with the AD record. Alternatively, the FA can be submitted in its quarter.</p>
Admission Type (AA7) = 9 (<i>re-entry</i>)	Complete when a resident is discharged from a facility and returns to the same facility and has not missed a scheduled assessment while outside the facility.

Table 3B Record type: Update (UP)

Description	Completion rules
<p>Complete to provide more current information for data elements contained in the Admission/ Re-entry record (e.g., Bed Type [AD2]).</p> <p>Note: Corrections to previously submitted and accepted information should be submitted as a correction (see Part 2, Chapter 4).</p>	<p>Changes to multiple data elements on the same day: submit a single UP.</p> <p>Changes to multiple data elements on different dates: submit a separate UP for each date.</p> <p>Only the data element to be updated should be coded. All other data elements must remain blank.</p>

Table 3C Record type: RAI-MDS 2.0 Full Assessment (FA)

Description	Completion rules
<p>Admission</p> <p>Reason for Assessment (AA8) = 1</p>	Complete by 14th day of resident's stay.
<p>Annual</p> <p>Reason for Assessment (AA8) = 2</p>	Complete within 366 days of the Assessment Reference Date (A3) of the last full assessment.
<p>Significant change in status</p> <p>Reason for Assessment (AA8) = 3</p>	Complete following the determination that a significant change in the resident's status has occurred.
<p>Significant correction of prior full assessment</p> <p>Reason for Assessment (AA8) = 4</p>	Complete following the determination that a significant correction is required to a full assessment.

Table 3D Record type: RAI-MDS 2.0 Quarterly Assessment (QA)

Description	Completion rules
<p>Every quarter between FA</p> <p>Reason for Assessment (AA8) = 5</p>	Complete every quarter between full assessments within a maximum of 92 days following the last full or quarterly assessment.*, †
<p>Significant correction of prior QA</p> <p>Reason for Assessment (AA8) = 10</p>	Complete following the determination that a significant correction is required to a quarterly assessment.

Table 3E Record type: Medication (MD)

Description	Completion rules
Medication information associated with an FA or QA Optional, depending on province-/territory-specific use	If submitting, a separate record is required for each medication.

Table 3F Record type: Discharge (DC)

Description	Completion rules
Includes death of a resident Discharge Type (AA9) = 6, 7 or 8	Complete when the resident is discharged from the facility.

Table 3G Record type: Special Project (SP)

Description	Completion rules
CIHI provides specific instructions regarding the collection and submission of information for special projects as they arise.	To be completed when collecting information about a special project. The Special Project (SP) record should be submitted as a separate file, after the clinical records have been submitted and accepted in a previous file. Contact CIHI (ccrs@cihi.ca) to initiate submission of Special Project records.

Notes

* Some organizations choose to submit full assessments on a quarterly basis.

† The assessment may have to be completed before 92 days in order to not miss a quarter.

Table 4 Records containing non-resident information**Table 4A** Record type: Control Record (CR)

Description	Completion rules
Defines the fiscal year and other file statistics used to verify the contents of the submission	It is the first record of any submission file.

Table 4B Record type: Contact Information (CI)

Description	Completion rules
Provides information about facility contacts	<p>Complete and submit at the start of each fiscal year prior to submitting any resident information.</p> <p>Also submit a CI record any time there is a change in facility contacts and/or contact details.</p>

Record submission types

3 record submission types can be submitted to CCRS: new, correction and deletion. The data element that represents the data submission type is **Submission Type (Y3)**. Table 5 provides a brief description of each record type and the associated submission rules within a file.

Table 5

Record submission type	Submission rules within the file
New (N)	Used for submission of all new records not previously submitted and for records previously submitted but rejected.
Correction (C)	<p>Submitted to correct errors in previously submitted and accepted records.</p> <p>Example: A wrong birthdate or incorrectly coded diagnosis</p>
Deletion (D)	<p>Used to delete previously submitted and accepted records from CIHI's system.</p> <p>Must be made in reverse order of the event dates of the records to be deleted.</p> <p>Example: All of a resident's assessment and discharge records must be deleted before his or her Admission/Re-entry record, starting with the most recent record event date.</p>

Record event dates

When preparing a file, it is important to note that specific data elements in several record types determine the reporting quarter for which that record should be submitted to CCRS. The quarter is noted in the file name.

Example: CCR20120155555001.zip — 01 refers to Quarter 1.

Table 6 outlines which data element determines the reporting quarter for a specific record type.

Table 6

Record type	Data element
Admission/Re-entry (AD)	Admission/Re-entry Date (AB1)
Update (UP)	Element Effective Date (Z12)
Full Assessment (FA)	Assessment Reference Date (A3)
Quarterly Assessment (QA)	Assessment Reference Date (A3)
Medication (MD)	Assessment Reference Date (A3)
Discharge (DC)	Discharge Date (R4)

For example,

- If a resident's Admission/Re-entry (AD) form indicates **April 1, 2012**, as the Admission/Re-entry Date (AB1), the record should be submitted in a file that indicates **Quarter 1** (April 1 to June 30).
- If a resident's Quarterly Assessment (QA) form indicates **July 15, 2012**, as the Assessment Reference Date (A3), the record should be submitted in a file that indicates **Quarter 2** (July 1 to September 30).

Record processing order

The file will contain the record types described for submission to CCRS. These records should be completed and organized within the file according to a logical processing order, with the exception of the Contact Information (CI) record. That order is typically defined by the

- Unique Registration Identifier (URI);
- Event date; and
- Record type.

The vendor software will prepare the submission file accordingly and ensure that when 2 events occur on the same date, the record types for the events are presented in logical order.

For the deletions, the logical order will be the reverse order of the event dates of the records to be deleted.

Table 7 demonstrates record types presented in a logical order.

Table 7

URI	Event date	Record type
12345200005082345678	2008/01/10	Admission/Re-entry (AD)
12345200005082345678	2008/02/10	Discharge (DC)
12345200101014567891	2008/01/01	Admission/Re-entry (AD)
12345200101014567891	2008/01/15	RAI-MDS 2.0 Full Assessment (FA)
12345200101014567891	2008/02/27	Discharge (DC)
12345200101014567891	2008/02/27	Admission/Re-entry (AD)
12345200101014567891	2008/02/27	Discharge (DC)

The records in the above table are organized

- First by Unique Registration Identifier:
 - 12345200005082345678 **comes before** 12345200101014567891.
- Second by event date:
 - 2008/01/10 **comes before** 2008/02/10.
- Third by record type:
 - Admission/Re-entry (AD) is **completed before** Discharge (DC).

The last 3 records in the table are for the same URI and the same record event date. However, the 3 corresponding record types need to be sorted in a logical order as to when the events occurred.

For example, for this individual, perhaps he or she

- Was sent to hospital February 27, 2008 — Discharge (DC) completed;
- Came back to the facility the same day — Admission/Re-entry (AD) completed; and
- Had to be sent back to hospital that evening — Discharge (DC) completed.

Note: The first record of any ASCII submission file must be the Control Record (CR). The vendor software will do this. This ensures that CIHI receives a full transmission. Partial submissions, where the record count does not match the total count on the Control Record (CR), will be rejected in their entirety without any further validation.



Contact your vendor if files are rejected on submission because of how the file has been set up.

Linking resident records

CCRS tracks information about residents throughout their stay in a facility. This tracking is critical to the system's ability to report accurate information to drive quality and planning. To do this tracking, it is critical that CCRS be able to link resident records together as they are submitted.

This linkage is accomplished using the following 3 data elements:

- Unique Registration Identifier (AA1)
- Health Record Number (A6a)
- Admission/Re-entry Date (AB1)

These data elements are included on each resident record to facilitate this linking. Therefore, it is important that this information be correct and consistent across all records for a client.

For more information on these 3 data elements, refer to the appendix.

Chapter 2 — How to submit a file

This chapter provides information on when and how to submit files to CCRS.

The vendor has created the file to be submitted to CCRS based on CIHI's specifications. However, the data submission contact must consider certain information when submitting the file to CCRS:

- Data submission and reporting timelines
- Submission organizations
- eDSS
- Vendor testing
- Organization (facility) testing
- Initial submissions
- Ongoing submissions

Data submission and reporting timelines

Data should be submitted to CCRS within fixed time periods so that reports can be generated and published in a timely fashion.

Table 8 describes the dates by which CCRS data must be submitted to CIHI each quarter (the early and final submission deadlines).

Table 8

Reporting period	Early submission deadline*	Final submission deadline	eReports updated†
Quarter 1 April 1 to June 30	August 15	August 31	Available 1 to 3 weeks after the final submission deadline
Quarter 2 July 1 to September 30	November 15	November 30	Available 1 to 3 weeks after the final submission deadline
Quarter 3 October 1 to December 31	February 14	February 28	Available 1 to 3 weeks after the final submission deadline
Quarter 4 January 1 to March 31	May 15	May 31	Available 1 to 3 weeks after the final submission deadline

Notes

* The early submission deadline is when the Data Quality Audit reports are produced. These reports flag missing or late records, which allows time to correct errors and to submit missing/late records prior to the final deadline.

† CCRS eReports provide authorized users with secure and timely access to key clinical and administrative information from CCRS. These reports are based on data accepted by the final submission deadline.

The submission deadline dates are for facilities submitting directly to CIHI via eDSS. Facilities submitting to their jurisdiction need to contact their jurisdictional representative for their data submission deadline.

- CIHI accepts data until midnight ET for both the CCRS early submission deadline and the CCRS final submission deadline.
- Records received after midnight ET will be excluded from the CCRS eReports for that quarter.
- It is recommended that all data for a quarter be submitted prior to the **early submission deadline** to allow 2 weeks for error correction.
- However, new and correction records can be submitted up to the **final submission deadline**.
- CIHI accepts data outside of these scheduled dates; however, late records will be included in subsequent quarterly releases of CCRS eReports only.

Note: Submission organizations (provincial or territorial governments, regional health authorities or corporations) may need to set up an internal business process/deadline to collect the data from facilities to successfully meet CIHI's submission timelines. See below for more information on submission organizations.

Submission organizations

There are 2 ways data can be submitted to CCRS.

Facility submits own data

In some jurisdictions, facilities submit their own data to CIHI.

In this scenario, each facility creates and submits a single file containing its data.

Facilities submitting their own data must follow these steps:

1. Contact CIHI, at ccrs@cihi.ca, to ensure that the facility information is set up in the CCRS system.
2. Ensure that the Submission Organization Identifier (Z1b) in the file name and Control Record (CR) are the same as the Facility Identifier (AA6) on all resident-level records contained in the file.
3. If someone external to the facility is involved in submitting data to CIHI, ensure that this person is listed as an external data submission contact on the Contact Information (CI) record.

Third-party data submitters

In some jurisdictions, a facility's files are created and submitted by another organization, such as a provincial health ministry, regional health authority or corporation. These organizations can be referred to as **submission organizations**.

Submission organizations can submit a single file to CCRS containing data from 1 or multiple facilities. Organizations submitting data on behalf of a facility must follow these steps:

1. Contact CIHI, at ccrs@cihi.ca, to ensure that the submission organization's information is set up in the CCRS system, as well as the information for all facilities whose data will be submitted by this submission organization.
2. Use the Submission Organization Identifier (Z1b) in the file name and Control Record (CR) when submitting.
 - Each resident-level record must contain the appropriate Facility Identifier (AA6).
3. Ensure that a contact in the organization is included as the external data submission contact on each facility's Contact Information (CI) record.

Organizations that submit data on behalf of facilities are provided with specialized submission reports to help them manage the volume of information generated when submitting data for a large number of facilities.

Note: Facility Identifier (AA6) is referred to as Facility Number (AA6) on CCRS assessments and records.

electronic Data Submission Services

In compliance with national, provincial and territorial privacy legislation, CIHI offers a single method for transmission of electronic CCRS files via the internet.

eDSS is used to submit both **test** and **live** data to CCRS. If you are submitting data and you do not already have access to eDSS, please contact us at ccrs@cihi.ca.

Vendor testing

Vendors are required to complete annual vendor testing before facility data can be submitted to CCRS. If an organization has multiple vendors, each vendor must successfully complete CIHI testing before it initiates live submission to CCRS.

For more information on vendor testing, refer to the *Vendor Test Process* (requests for this document can be sent to help@cihi.ca).

Vendors can direct all technical queries during the test phase to their vendor support representative at help@cihi.ca.

Organization (facility) testing

CIHI accepts only pre-edited, error-free data.

Organizations submitting CCRS data for the first time must also successfully complete the CIHI testing process.

In this case, the data submission contact should

- Submit test files to the Facility Test site through eDSS (not the Facility Production site).
- Include a few examples of each record type to ensure that submission is successful.
- Notify CIHI at ccrs@cihi.ca when testing is complete and has been successful.
 - Testing is considered successful when all records are accepted into the system.
 - At this time, permission will be given to submit live data.

Initial submissions

The first time an organization (facility) submits data to CIHI, it will need to submit historical Admission/Re-entry (AD) records to establish the unique client identifiers — that is, Unique Registration Identifier (AA1) and Health Record Number (A6a). These are required to link subsequent resident records to form an episode of care.

Historical Admission/Re-entry (AD) records can be submitted in a Quarter 6 (Q6) file.

The Q6 file

- Allows the submission of Admission/Re-entry (AD) records, with an admission type (AA7) = 1 (admission) to CCRS in a single file.
- May have a file name indicating the current fiscal year and include Admission/Re-entry (AD) records from multiple fiscal quarters and fiscal years.
- May include Admission/Re-entry (AD) records from multiple facilities.
- Contains only the Admission/Re-entry (AD) records when Admission Type (AA7) = 1 (*admission*) for historical residents.
- Must be the first file that is submitted to CCRS following successful submission of the Contact Information (CI) record(s).

Once a facility has successfully submitted a Q6 file containing Admission/Re-entry (AD) records (AA7 = 1 [*admission*]), the next step is to submit client records — RAI-MDS 2.0 Full Assessment (FA), RAI-MDS 2.0 Quarterly Assessment (QA), etc.

There can be a significant time gap between the date on the first Admission/Re-entry record (AA7 = 1 [*admission*]) submitted in the Q6 file and the first assessment that the facility chooses to submit to CIHI. As well, facilities may have additional records (discharges, admissions/re-entries and assessments) in their RAI software that have been created but not selected for submission to CIHI.

These additional records that have dates between the Q6 admission and the first assessment or discharge submitted to CIHI can be marked as inactive or suspended in the vendor software. This will allow the software to pull the Admission/Re-entry Date (AB1) corresponding to the Q6 admission onto the first assessment/discharge to be submitted to CCRS. If the Admission/Re-entry Date (AB1) on this record does not match that on the Admission/Re-entry record (AA7 = 1 [*admission*]) submitted in a Q6 file, the record will be rejected.

Facilities can submit, in a Q6 file, a correction or deletion to Admission/Re-entry records submitted previously in a Q6 file. For more information on correcting and deleting a record, please see Part 2, Chapter 4.

If a facility has historical assessment records that it wishes to submit, it can submit those records to CIHI in quarterly submission files.

Example

Facility 55555 submitted an Admission/Re-entry record (AA7 = 1 [*admission*]) with an event date of January 1, 2008, in a Q6 file. The file name would appear as follows:

CCR20150655555001.txt

If facility 55555 starts submitting on April 1, 2015, and has assessment records from July 2011 that it wishes to submit, it would send quarterly files containing those records. The Admission/Re-entry Date (AB1) should show January 1, 2008, to correspond with the event date of the Admission/Re-entry records submitted in the Q6 file. The file name would appear as follows:

CCR**2011**0255555001.txt

This Quarter 2 file should contain records with record event dates between July 1 and September 30, 2011.

Note: The Contact Information (CI) record must be submitted before any resident-level records will be accepted by CIHI.

Ongoing submissions

Organizations (facilities) submit data to CIHI in quarterly files according to the record event dates:

- Assessment Reference Date (A3)
- Admission/Re-entry Date (AB1)
- Discharge Date (R4)
- Element Effective Date (Z12)

Example

If facility 55555 wants to submit its Quarter 1 data for 2012, the file name would appear as follows:

CCR**2012**0155555001.txt.

This file must contain only records with record event dates between April 1, 2012, and June 30, 2012.

For more information, refer to Table 6 in Part 2, Chapter 1.

Note: Prior to submitting data for a given fiscal year, the Contact Information (CI) record must be submitted. The CI record can be submitted in a separate file or before any resident-level records in a larger submission file. New facilities are encouraged to submit a CI record in a file with the current fiscal year. This will ensure the contact information is reflected in CCRS for the current year of data as well as for all prior years.

Chapter 3 — How to access reports

This chapter provides a brief overview of submission reports and how to access them.

Submission reports

CIHI provides submission reports to all submitting facilities and/or organizations that summarize the processing results of their submitted data file(s).

Submission reports provide

- Information regarding files and/or records that do not pass CIHI's edits and validations.
- Details of which specific file, record and data element has been flagged or rejected.
- Details of why a specific data element has failed validation checks, leading to the flagging or rejection of a record and/or file.

For more specific details regarding how to use submission reports, please refer to the *CCRS Submission Reports User Guide*, available on CIHI's website (www.cihi.ca). Go to Applications, select Operational Reports and then click CCRS Reports.

Access

Submission reports are available on CIHI's website for all live and test files submitted to the CCRS database.

Access to the submission reports is provided to only registered, authorized users of CCRS Operational Reports. To access them,

- Select Applications on CIHI's website.
- Click Operational Reports.
- Enter your Client Services login information.
- Click CCRS Reports.

If you do not have access, contact CIHI by email at ccrs@cihi.ca.

CIHI will send an email notification to all contacts listed on the Contact Information (CI) record who have selected to receive submission notifications when a data submission report is made available.

Chapter 4 — How to process corrections and deletions

This chapter provides information on how to process corrections and deletions.

By processing corrections and deletions, an organization/facility is addressing the flagged and/or rejected records noted in the submission reports it received following the submission of data to CCRS.

In order to process corrections and deletions, an understanding of the following is required:

- Conditions for processing
- Restrictions on processing
- Processing corrections and deletions for Medication (MD) records
- Processing corrections and deletions for Update (UP) and Special Project (SP) records
- Data elements required to delete records

Conditions for processing

2 data elements are used to identify the specific record that requires a correction or deletion:

- Unique Record ID (Y1)
- Record Type (Y2)

Table 9 outlines conditions that must be met for CCRS to correct or delete a record.

Table 9

Event	Condition
To process a correction or deletion	Unique Record ID (Y1) and Record Type (Y2) must match an existing record in CCRS.
Submission of a new, correction and/or deletion record for a specific Unique Record ID (Y1) and Record Type (Y2)	Can submit within the same submission file; however, records will be processed in the order in which they are presented. Thus a new record must be processed before any corrections and/or deletions of that record can occur.
Deletion of records	Must occur in the reverse order of the event dates of the records to be deleted. For example, to delete a resident's Admission/Re-entry (AD) record, you must first delete all subsequent assessment and discharge records, starting with the most recent event date.
Use of Unique Record ID (Y1)	If a record is deleted from CCRS, the Unique Record ID (Y1) value that was assigned to that record cannot be used on subsequent submissions.

Restrictions on processing

In addition to the conditions listed above, there are several restrictions per record type when processing correction and deletion records.

Table 10 outlines these restrictions.

Table 10

Record type	Restrictions
All records	<p>The following data elements cannot be corrected:</p> <ul style="list-style-type: none"> • Unique Record ID (Y1) • Record Type (Y2) • Submission Type (Y3) • Facility Identifier (AA6) • Submission Organization Identifier (Z1b) • Health Record Number (A6a) • Unique Registration Identifier (AA1)* • Admission/Re-entry Date (AB1)[†] <p>If an error is made involving any of these data elements, the record must be deleted from CCRS and a new record submitted.</p>
Admission/Re-entry (AD)	<p>The following data element cannot be corrected:</p> <ul style="list-style-type: none"> • Admission Type (AA7) <p>If an error is made involving this data element, the record must be deleted from CCRS and a new record submitted.</p>
Medication (MD)	<p>The following data element cannot be corrected:</p> <ul style="list-style-type: none"> • Assessment Reference Date (A3) <p>If an error is made involving this data element, the record must be deleted from CCRS and a new record submitted.</p>
Discharge (DC)	<p>A Discharge record can be deleted only if a subsequent Admission/Re-entry (AD) record for a resident does not exist in the system.</p>
Contact Information (CI)	<p>A Contact Information record cannot be corrected or deleted.</p> <p>For information on how to change contact information, refer to Part 2, Chapter 5.</p>

Notes

* The Unique Registration Identifier (AA1) can be corrected on an Admission/Re-entry (AD) (Admission Type [AA7] = 1 [admission]) record only when there are no other subsequent records on file. If there are subsequent records submitted after the admission, they must be deleted before the Unique Registration Identifier (AA1) can be corrected.

† The Admission/Re-entry Date (AB1) can be corrected on an Admission/Re-entry (AD) (Admission Type [AA7] = 1 [admission] or 9 [re-entry]) record only when there are no other subsequent records on file. If there are subsequent records submitted after the admission, they must be deleted before the Admission/Re-entry Date (AB1) can be corrected.

In addition to the conditions and restrictions for processing corrections and deletions for specific records, there are some additional notes regarding Medication (MD) records.

Processing corrections and deletions for Medication (MD) records

- If the Assessment Reference Date (A3) is corrected on a Full Assessment (FA) or Quarterly Assessment (QA) record, CCRS will automatically correct the Assessment Reference Date (A3) on all Medication (MD) records associated with that assessment.
- If a Full Assessment (FA) or Quarterly Assessment (QA) is deleted, CCRS will automatically delete all associated Medication (MD) records for that assessment.
- Medication (MD) records can be deleted individually.

Processing corrections and deletions for Update (UP) and Special Project (SP) records

- Update (UP) and Special Project (SP) records can be corrected and deleted.

Processing deletions to Admission/Re-entry (AD) records

- If an Admission/Re-entry (AD) record is deleted, CCRS will automatically delete all associated Update (UP) records with the same Admission/Re-entry Date (AB1).
- Update (UP) records can be deleted individually.

Data elements required to delete records

The data elements listed below must be submitted to process a deletion.

- Unique Record ID (Y1)
- Record Type (Y2)
- Submission Type (Y3)
- Health Record Number (A6a)
- Unique Registration Identifier (AA1)
- Admission/Re-entry Date (AB1)
- Facility Identifier (AA6)

Example

The first time an organization/facility submits a new Admission/Re-entry (AD) record to CIHI:

- Unique Record ID (Y1) = 10001 (This is given as an example only; this number will be a record identifier that is created by the organization's software system.)
- Record Type (Y2) = Admission/Re-entry (AD)
- Submission Type (Y3) = **New (N)**

If in the future the organization/facility wanted to **correct** this Admission/Re-entry (AD) record in CCRS, it would submit an Admission/Re-entry (AD) record containing the corrected information:

- Unique Record ID (Y1) = 10001
- Record Type (Y2) = Admission/Re-entry (AD)
- Submission Type (Y3) = **Correction (C)**

Note: CCRS finds the organization's original record in the system using the Unique Record ID (Y1) and Record Type (Y2). It then corrects the record's values.

However, if in the future the organization/facility wanted to **delete** this Admission/Re-entry (AD) record from CCRS, it would submit an Admission/Re-entry (AD) record containing the following information:

- Unique Record ID (Y1) = 10001
- Record Type (Y2) = Admission/Re-entry (AD)
- Submission Type (Y3) = **Deletion (D)**

This example is for a new admission.

Note: If the record being submitted for correction is for a full or quarterly assessment, the same process applies. In addition, the vendor has 3 options for submitting the value Reason for Assessment (AA8):

1. If the initial Reason for Assessment (AA8) submitted was incorrect (applies to full assessment records), submit the corrected value for AA8.
2. Submit the value 4 *significant correction of prior full assessment* if the correction is of a full assessment record or 10 *significant correction of prior quarterly assessment* if the correction relates to a quarterly assessment record.
3. Submit the original value coded for Reason for Assessment (AA8).

All 3 options will be accepted by CIHI.

Note: If a record is rejected with errors, it is not stored at CIHI. A list of any rejected or flagged records and a description of their errors will appear in the submission reports. These reports can be accessed on CIHI's website (www.cihi.ca). Go to Applications, select Operational Reports and then click CCRS.



Contact your vendor for more information about how the correction and deletion process has been incorporated into your software system.

Chapter 5 — How to address changes in facility and vendor software

This chapter provides information on how to change information for a facility, including

- Changes to facility information;
- Changes to contact information;
- Submission guidelines for Contact Information records;
- Reorganizations (mergers/splits/closures); and
- Changes to vendor software and their impact on CCRS data submissions.

Changes to facility information

CIHI sets up all facility information. Please notify CIHI by email (ccrs@cihi.ca) if there are any changes to the following information:

- Facility name
- Address
- Vendor
- Number of beds

Changes to contact information

It is the facility's responsibility to provide accurate contact information to CIHI.

Without current and accurate contact information, a facility and/or submission organization may not receive

- Relevant reports;
- Updated coding information;
- Product release notifications, etc.

Changes to contacts within facilities and their submission organizations are done using the Contact Information (CI) record.

Submission guidelines for Contact Information records

Submission guidelines for Contact Information (CI) records are as follows:

- A new Contact Information (CI) record must be submitted
 - At the start of data submission for every fiscal year before any other records are submitted to CCRS for that year.
 - Whenever a change in contacts has occurred. Changes to a facility's contact information will be saved in CCRS for all fiscal years only if the CI record is submitted in a file with the current fiscal year. CI records that are submitted in a file with a fiscal year earlier than the current fiscal year will be processed, but the changes will not be saved in the CCRS system.
- Submit changes within 7 days of identifying the required change or error.
- At least 1 internal or external data submission contact must receive submission notifications.
- The Contact Information record can be submitted in any quarterly file.

Reorganizations (mergers/splits/closures)

A facility may undergo full or partial restructuring. Examples include 2 facilities merging or a single facility splitting into 2 separate facilities.

Restructuring can result in beds from a facility getting transferred to another existing or new facility. In these cases, the records for the transferring residents who continue to receive continuing care services during the restructuring process must be carried forward to the new Facility Number.

Table 11 provides 2 options to manage these scenarios.

Table 11

Option 1	Option 2
<ul style="list-style-type: none"> • Electronically transfer records for active residents to the new Facility Number in CCRS • Transferred records are tagged with the original facility information in CCRS • Continuity of information is maintained for data quality and analysis purposes • Following transfer of records to the new Facility Number, the resident's assessment cycle continues 	<ul style="list-style-type: none"> • Complete a Discharge (DC) record with the original Facility Number • Complete an Admission/Re-entry (AD) record with the new Facility Number • Complete a Full Assessment (FA) for a new admission (Reason for Assessment [AA8] = 1) <i>within 14 days</i> <p>Note: This option may be resource-intensive but necessary due to software limitations.</p>

To determine which approach best reflects what is happening at the facilities involved, contact the CCRS team at ccrs@cihi.ca for assistance to help ensure that subsequent reporting is accurate.

To proceed with option 1, the CCRS team will also need the following resident information for all facilities involved to manage a smooth transfer:

- Health Record Number (A6a)
- Unique Registration Identifier (AA1)
- Admission/Re-entry Date (AB1)

For more information, contact the CCRS team by email at ccrs@cihi.ca.

Note: Facilities undergoing restructuring should forward any new information about Organization/ Facility Name and Number to CIHI at ccrs@cihi.ca in advance so that it can be set up in CCRS.

Changes to vendor software: Impact on CCRS data submissions

If your facility is actively submitting data to CCRS at CIHI and is switching to different vendor software, it is critical that unique identifiers for existing residents and records remain the same to avoid any impact on data submissions to CIHI.

The following 3 data elements are used to link resident records throughout the resident's stay in a facility:

- Unique Registration Identifier (AA1)
- Health Record Number (A6a)
- Admission/Re-entry Date (AB1)

These data elements are included on each resident record. Data that does not match the values previously submitted to CIHI will cause records to be rejected. Therefore, it is important that this information be consistent across all records for a resident even after switching vendor software.

Chapter 6 — Additional notes on file formatting

Vendors require the following additional notes to complete their software development:

- General ASCII file formatting rules
- General XML file formatting rules
- XML file formatting specifications

General ASCII file formatting rules

- Data elements must be in the correct sequence.
- The Control Record must be the first record in the file.
- The record type sequence order must be correct.

General XML file formatting rules

- Data elements must be in the correct sequence.
- The XML file must be valid in such a way that it
 - Contains valid characters, and special characters are escaped.
 - Is well-formed.
 - Follows the structure or grammar defined by the schema.
- CCRS rejects XML files if they fail to meet the requirements of the XML specifications.

The record type sequence order for XML file data is optional, but it is recommended that the same record processing order be used as required for ASCII files. For more information, refer to the section “Record processing order” in Part 2, Chapter 1.

XML file format specifications

- XML validity

XML submissions must be valid according to the CCRSXML Schema files (cdssb-bt_vx.x.xsd, cdssb-bc_vx.x.xsd, ccrs_vx.x.xsd). CIHI cannot process invalid XML submissions. They must be corrected and resubmitted using a new submission sequence number.

The sample XML file (ccrs-annotated-sample-xxx-xxxx.xml) is an example of a well-formed and valid XML file according to the CCRS Submission XML Schema, including many comments on individual elements.

- File validity

In addition to general XML validity, the XML Schema files include some of the basic submission requirements, such as the following:

- Must provide a valid <versionCode> element for the e-Specification Version (Y18).
- Must provide a valid <recordCount> element for the Number of Records in a File (Z6).
- Must provide a valid <sender> element for the Submission Organization Identifier (Z1b) and the Data Submission Vendor Code (Y10y).
- Contact Information (CI) records must provide valid organization identifier information.

Appendix — Administrative data elements

This appendix provides details on how to properly complete the administrative data elements for the CCRS submission to CIHI.

To facilitate completion of the RAI-MDS 2.0 and associated administrative data elements required for CCRS data submission and to ensure consistent interpretation of items, the information is presented in the following way:

Intent

Reason(s) for including the item (or set of items), including discussions of how clinical and/or technical staff can use the information

Definition

Explanation of the specified element

Process

Sources of information and methods for determining the response for an item

Coding

The proper format of the value for each item, with definitions of the available response options

The 3 sections of this appendix are

- Section A: CIHI record processing data elements
- Section B: Non-resident record data elements
- Section C: Resident record data elements

Section A: CIHI record processing data elements

Y1 — Unique Record ID

Intent

To identify an individual record throughout its submission and processing life cycle, particularly for records that require correction or deletion and when CIHI must report errors to submission organizations.

Definition

A tracking number that uniquely identifies each record of a given type (see Y2 Record Type) submitted for an organization.

Process

Vendor software should automatically generate the Unique Record ID. Once the Unique Record ID has been assigned to a record, it must remain unchanged.

The Unique Record ID must uniquely identify an individual record of a given type (as specified by the data element Y2 Record Type) from a given facility (as specified by AA6 Facility Identifier).

Note: The Control Record and Contact Information record do not require a Unique Record ID.

CIHI provides submission reports that identify records using the Unique Record ID. Subsequent resubmissions of these records, including corrections and deletions, must contain the same Unique Record ID. When corrections or deletions are submitted, Y1 is used to identify the correct record in the CIHI database to which the correction or deletion is to be applied. CIHI uses Y1 for data quality purposes to monitor whether or not rejected records have been resubmitted successfully.

Coding

Enter the Unique Record ID assigned to the record. The unique identifier is case-sensitive and can be any alphanumeric value with a length of between 1 and 20 characters.

Y2 — Record Type

Intent

To identify the type of record being submitted.

Definition

A code that identifies the type of record being submitted.

Process

There are 9 different record types: 2 for the submission of non-resident data (CR, CI) and 7 for the submission of resident-specific data (AD, FA, QA, MD, DC, UP, SP).

Coding

Code per the table below:

Record	Code
Admission/Re-entry	AD
Update	UP
RAI-MDS 2.0 Full Assessment	FA
RAI-MDS 2.0 Quarterly Assessment	QA
Medication	MD
Discharge	DC
Special Project	SP
Control Record	CR
Contact Information	CI

Y3 — Submission Type

Intent

To ensure appropriate processing of records by identifying the action to take for each record. It maintains an audit trail of corrections and deletions to the database.

Definition

A code that identifies how to process the record.

Process

There are 3 different submission types (coded as N, C and D). The appropriate type needs to be coded to reflect the desired action for each record.

The Control Record (CR) and Contact Information (CI) record do not require Submission Type.

Coding

Enter the appropriate code for each record:

Code	Label	Coding description
N	New	Code a record N if it constitutes a new record in CIHI's database. If the record was originally rejected and is being resubmitted, ensure that both Y1 (Unique Record ID) and Y3 (Submission Type) values remain the same when resubmitting the record.
C	Correction	Code a record C if it has already been accepted in CIHI's database but the information in the database needs to be corrected .
D	Deletion	Code a record D if it has already been accepted in CIHI's database but the record in the database needs to be removed .

Section B: Non-resident record data elements

Y10y — Data Submission Vendor Code

Intent

To identify the software system responsible for creating the submission file, ensuring that only licensed vendors submit data to CIHI.

Definition

The vendor code assigned to the system that is responsible for creating the data submission file.

Process

CIHI assigns vendor codes. Independent vendor software systems and organizations' in-house systems must have vendor codes.

Coding

Enter the vendor code assigned by CIHI in the Control Record (CR).

Y18 — e-Specification Version

Intent

To identify which version of the data submission specifications the vendor system used to prepare the data file. The CCRS system uses this element to apply the appropriate edit and validation rules when processing the records.

Definition

A value that identifies the version of the data submission specifications used to prepare the data file.

Process

CIHI will provide an e-Specification Version value with each release of the CCRS specification.

Coding

Enter the value of the data submission specifications used to prepare the data file for submission to CIHI in the Control Record (CR).

Z2 — Date of Submission**Intent**

To record when the data is ready to submit to CIHI for processing.

Definition

The creation date of the submission file.

Coding

Enter the year, month and day (YYYYMMDD) that corresponds to the submission file creation date. For example, if the creation date was November 2, 2010, you would use the value “20101102.”

Z1b — Submission Organization Identifier**Intent**

To identify an organization that is submitting data.

Definition

The Submission Organization Identifier is used to identify an organization that is submitting data to CIHI. The submission organization could be the facility itself or an organization submitting data on behalf of other facilities.

Process

The ministry of health assigns each organization a unique identifier according to CIHI's specifications.

Where organizations submit their own data, submissions use the same identifier for Facility Identifier (AA6) and Submission Organization Identifier (Z1b).

Using the organization identifiers allows designated organizations to submit records on behalf of other organizations and to submit data for multiple organizations within a single file. It also allows CIHI to appropriately process and report on the data submitted.

Coding

Enter the unique identifier for the organization, as assigned by the provincial/territorial ministry of health or CIHI.

You must enter the Submission Organization Identifier (Z1b) on the Control Record (CR).

Z4 — Fiscal Year of Submission

Intent

To identify the fiscal year for data submissions, allowing for appropriate data processing and reporting.

Definition

The fiscal year for the data submission. That is, the fiscal year to which the data submission relates.

Process

With the exception of historical Admission/Re-entry (AD) records, each submission file should contain data from 1 fiscal year. The fiscal year to which each record is assigned depends on specific event dates in each record.

Coding

Enter the fiscal year (YYYY) that corresponds to the data contained in the submission file.

Fiscal years run from April 1 to March 31. Enter the year that corresponds to the first part of the fiscal year (April 1 to December 31). For example, enter 2005 for fiscal year 2005–2006.

Z5 — Fiscal Quarter of Submission

Intent

To identify the fiscal quarter for data submissions, allowing for appropriate data processing and reporting.

Definition

The fiscal quarter for the data submission. That is, the fiscal quarter to which the data submission relates.

Process

With the exception of historical Admission/Re-entry (AD) records, each submission file should contain data from 1 fiscal quarter. The fiscal quarter to which each record is assigned depends on specific event dates in each record. The Contact Information record and Special Project records can be submitted in any file.

Coding

Enter the code for the appropriate reporting fiscal quarter in the Control Record (CR) according to the following table:

Code	Fiscal quarter	Event date ranges
1	Quarter 1	April 1 to June 30
2	Quarter 2	July 1 to September 30
3	Quarter 3	October 1 to December 31
4	Quarter 4	January 1 to March 31
6	Quarter 6	Code this when submitting historical Admission/Re-entry (AD) records (AA7 = 1 [admission]). This option is used by facilities new to CCRS that are submitting for the first time.

Z6 — Number of Records in File

Intent

To ensure that the file complies with limits set by CIHI and that all submitted records are received.

Definition

Records the number of data records within a submission file, excluding the Control Record (CR).

Coding

Enter the number of records (1 to 6,000) in the Control Record (CR).

Z20 — Internal Data Submission Contact 1

Z30 — Internal Data Submission Contact 2

Intent

To identify the name of the internal data submission contact within the facility.

Definition

The internal data submission contact is the individual within the facility primarily responsible for the submission of CCRS data. This person is likely also responsible for interpreting submission reports and submitting corrections and is the contact person for all matters relating to CCRS data submission and error correction. He or she should receive notification of any CCRS report release.

Process

In some cases, the RAI coordinator (see Z60 RAI Coordinator 1) and the data submission contact are the same individual.

Coding

Enter the first name followed by the last name of the internal data submission contact within the facility on the Contact Information (CI) record.

Z21 — Internal Data Submission Contact 1 Telephone

Z31 — Internal Data Submission Contact 2 Telephone

Intent

To identify the phone number used to contact the internal data submission contact.

Definition

The phone number of the internal data submission contact within the facility.

Process

In some cases, the RAI coordinator (see Z60 RAI Coordinator 1) and the data submission contact are the same individual.

Coding

Enter the telephone number of the internal data submission contact, including the 3-digit area code, in the Contact Information (CI) record. Format must be as follows: NNNNNNNNNN.

Do not include any spaces or hyphens within the telephone number.

Z22 — Internal Data Submission Contact 1 Extension

Z32 — Internal Data Submission Contact 2 Extension

Intent

To identify the phone number used to contact the internal data submission contact.

Definition

The extension for the phone number of the internal data submission contact within the facility.

Process

In some cases, the RAI coordinator (see Z60 RAI Coordinator 1) and the data submission contact are the same individual.

Coding

If applicable, enter the extension number in the Contact Information (CI) record. Leave blank if the contact does not have a separate extension number.

Z23 — Internal Data Submission Contact 1 Email Address

Z33 — Internal Data Submission Contact 2 Email Address

Intent

To identify the email address used as the primary means of contacting the internal data submission contact.

Definition

The email address of the internal data submission contact within the facility.

Process

The email address should be a business email account assigned by the organization, not a personal account (such as Hotmail or Yahoo).

Coding

Enter the valid email address of the internal data submission contact in the Contact Information (CI) record. The email address submitted must have a valid structure. For example,

- It must contain 1, and only 1, @ symbol.
- The last 3 characters must be a period followed by 2 alpha characters (e.g., “.ca”) or the last 4 characters must be a period followed by 3 alpha characters (e.g., “.com”).
- It cannot contain consecutive dots (“..” or “...”).

Z24 — Internal Data Submission Contact 1 Auto-Notification

Z34 — Internal Data Submission Contact 2 Auto-Notification

Intent

To identify whether the internal data submission contact wants to receive auto-notifications of available submission reports.

Definition

Automated emails are sent to contacts notifying them that submission reports are available for viewing. These reports can be accessed on CIHI’s website (www.cihi.ca). Go to Applications, select Operational Reports and then click CCRS.

Process

It is mandatory for at least 1 data submission contact (internal or external) to receive auto-notifications.

Coding

Select whether or not the internal data submission contact wants to receive auto-notifications for submission reports in the Contact Information (CI) record.

Z40 — External Data Submission Contact 1

Z50 — External Data Submission Contact 2

Intent

To identify the name of the external data submission contact outside of the facility who submits CCRS data.

Definition

The external data submission contact is the individual outside of the facility who is primarily responsible for CCRS data submission.

Process

If the data is submitted to CCRS directly from your facility and there is no external data submission contact, leave this field blank.

Coding

Enter the name of the external data submission contact on the Contact Information (CI) record.

Z41 — External Data Submission Contact 1 Telephone**Z51 — External Data Submission Contact 2 Telephone****Intent**

To identify the phone number used to contact the external data submission contact.

Definition

The phone number of the external data submission contact outside of the facility.

Process

If the data is submitted to CCRS directly from your facility and there is no external data submission contact, leave this field blank.

Coding

Enter the telephone number, including the 3-digit area code, of the external data submission contact in the Contact Information (CI) record. Format must be as follows: NNNNNNNNNN. Do not include any spaces or hyphens within the telephone number.

Z42 — External Data Submission Contact 1 Extension**Z52 — External Data Submission Contact 2 Extension****Intent**

To identify the phone number used to contact the external data submission contact.

Definition

The extension for the phone number of the external data submission contact outside of the facility.

Process

If the data is submitted to CCRS directly from your facility and there is no external data submission contact, leave this field blank.

Coding

If applicable, enter the extension number in the Contact Information (CI) record. Leave blank if the contact does not have a separate extension number.

Z43 — External Data Submission Contact 1 Email Address

Z53 — External Data Submission Contact 2 Email Address

Intent

To identify the email address used as the primary means of contacting the external data submission contact.

Definition

The email address of the external data submission contact outside of the facility.

Process

The email address should be a business email account assigned by the organization, not a personal account (such as Hotmail or Yahoo).

Coding

Enter the valid email address of the external data submission contact in the Contact Information (CI) record. The email address submitted must have a valid structure. For example,

- It must contain 1, and only 1, @ symbol.
- The last 3 characters must be a period followed by 2 alpha characters (e.g., “.ca”) or the last 4 characters must be a period followed by 3 alpha characters (e.g., “.com”).
- It cannot contain consecutive dots (“..” or “...”).

Z44 — External Data Submission Contact 1 Auto-Notification

Z54 — External Data Submission Contact 2 Auto-Notification

Intent

To identify whether the external data submission contact wants to receive auto-notifications of available submission reports.

Definition

Automated emails are sent to contacts notifying them that submission reports are available for viewing. These reports can be accessed on CIHI's website (www.cihi.ca). Go to Applications, select Operational Reports and then click CCRS.

Process

It is mandatory for at least 1 data submission contact (internal or external) to receive auto-notifications.

Coding

Select whether or not the external data submission contact wants to receive auto-notifications for submission reports in the Contact Information (CI) record.

Z1d — External Data Submission Contact 1 Organization Identifier

Z1e — External Data Submission Contact 2 Organization Identifier

Intent

To identify the organization associated with the external data submission contact.

Definition

A code that uniquely identifies the organization associated with the external data submission contact.

Process

The ministry of health assigns each organization a unique identifier according to CIHI's specifications.

Coding

Enter the unique identifier for the organization on the Contact Information (CI) record.

Z60 — RAI Coordinator 1

Z70 — RAI Coordinator 2

Intent

To identify the name of the RAI coordinator within the organization (facility).

Definition

The RAI coordinator is the individual primarily responsible for CCRS training, education and clinical coding matters. He or she could also be the person responsible for the coordination of CCRS data collection and day-to-day administrative functions relating to CCRS. This individual may also be responsible for accessing and interpreting quarterly data reports. The RAI coordinator will be the contact person for all matters relating to CCRS training, education and clinical coding matters.

Process

In some cases, the RAI coordinator and 1 of the data submission contacts may be the same individual.

Coding

Enter the name of the RAI coordinator within the organization (facility) on the Contact Information (CI) record.

Z61 — RAI Coordinator 1 Telephone

Z71 — RAI Coordinator 2 Telephone

Intent

To identify the phone number used to contact the RAI coordinator.

Definition

The phone number of the RAI coordinator within the organization (facility).

Process

In some cases, the RAI coordinator and 1 of the data submission contacts may be the same individual.

Coding

Enter the telephone number of the RAI coordinator, including the 3-digit area code, in the Contact Information (CI) record. Format must be as follows: NNNNNNNNNN. Do not include any spaces or hyphens within the telephone number.

Z62 — RAI Coordinator 1 Extension

Z72 — RAI Coordinator 2 Extension

Intent

To identify the phone number used to contact the RAI coordinator.

Definition

The extension for the phone number of the RAI coordinator within the organization (facility).

Process

In some cases, the RAI coordinator and 1 of the data submission contacts may be the same individual.

Coding

If applicable, enter the extension number in the Contact Information (CI) record. Leave blank if the contact does not have a separate extension number.

Z63 — RAI Coordinator 1 Email Address

Z73 — RAI Coordinator 2 Email Address

Intent

To identify the email address used as the primary means of contacting the RAI coordinator.

Definition

The email address of the RAI coordinator within the organization (facility).

Process

The email address should be a business email account assigned by the organization, not a personal account (such as Hotmail or Yahoo).

Coding

Enter the valid email address of the RAI coordinator in the Contact Information (CI) record.

The email address submitted must have a valid structure. For example,

- It must contain 1, and only 1, @ symbol.
- The last 3 characters must be a period followed by 2 alpha characters (e.g., “.ca”) or the last 4 characters must be a period followed by 3 alpha characters (e.g., “.com”).
- It cannot contain consecutive dots (“..” or “...”).

Z64 — RAI Coordinator 1 Auto-Notification

Z74 — RAI Coordinator 2 Auto-Notification

Intent

To identify whether the RAI coordinator wants to receive auto-notifications of available submission reports.

Definition

Automated emails are sent to contacts notifying them that submission reports are available for viewing. These reports can be accessed on CIHI’s website (www.cihi.ca). Go to Applications, select Operational Reports and then click CCRS.

Process

Auto-notifications sent to the RAI coordinator are in addition to notifications sent to the data submission contacts (internal or external).

Coding

Select whether or not the RAI coordinator wants to receive auto-notifications for submission reports in the Contact Information (CI) record.

Z80 — Administrator

Intent

To identify the name of the administrator of an organization (facility).

Definition

The administrator is the head of the facility or organization (e.g., CEO, president). This individual is the designated signing authority for any service agreements or letters of understanding between CIHI and the organization in matters relating to CCRS. He or she is not the primary contact for day-to-day administrative functions relating to CCRS.

Process

For an organization that is 1 of many sites in a corporation, or that has several individuals who might fill this role, select the most appropriate senior management person.

Coding

Enter the name of the administrator on the Contact Information (CI) record.

Z81 — Administrator Telephone

Intent

To identify the phone number used to contact the administrator.

Definition

The phone number of the administrator within an organization (facility).

Process

For an organization that is 1 of many sites in a corporation, or that has several individuals who might fill this role, select the most appropriate senior management person.

Coding

Enter the telephone number of the administrator, including the 3-digit area code, in the Contact Information (CI) record. Format must be as follows: NNNNNNNNNN. Do not include any spaces or hyphens within the telephone number.

Z82 — Administrator Extension

Intent

To identify the phone number used to contact the administrator.

Definition

The extension for the phone number of the administrator within an organization (facility).

Process

For an organization that is 1 of many sites in a corporation, or that has several individuals who might fill this role, select the most appropriate senior management person.

Coding

If applicable, enter the extension number in the Contact Information (CI) record. Leave blank if the contact does not have a separate extension number.

Z83 — Administrator Email Address

Intent

To identify the email address used as the primary means of contacting the administrator.

Definition

The email address of the administrator within an organization (facility).

Process

The email address should be a business email account assigned by the organization, not a personal account (such as Hotmail or Yahoo).

Coding

Enter the valid email address of the administrator in the Contact Information (CI) record.

The email address submitted must have a valid structure. For example,

- It must contain 1, and only 1, @ symbol.
- The last 3 characters must be a period followed by 2 alpha characters (e.g., “.ca”) or the last 4 characters must be a period followed by 3 alpha characters (e.g., “.com”).
- It cannot contain consecutive dots (“..” or “...”).

Z84 — Administrator Auto-Notification

Intent

To identify whether the administrator wants to receive auto-notifications of available submission reports.

Definition

Automated emails are sent to contacts notifying them that submission reports are available for viewing. These reports can be accessed on CIHI’s website (www.cihi.ca). Go to Applications, select Operational Reports and then click CCRS.

Process

Auto-notifications sent to the administrator are in addition to notifications sent to the data submission contacts (internal or external).

Coding

Select whether or not the administrator wants to receive auto-notifications for submission reports in the Contact Information (CI) record.

Section C: Resident record data elements

Part 1: CIHI resident record data elements

AD1 — Private Pay Resident Flag

Intent

To differentiate residents for whom the per diem cost for their stay is covered solely by private means from residents for whom the per diem rate is covered in whole or in part by public funds.

Definition

Identifies the resident as responsible for paying the full per diem rate for his or her stay at the facility.

Process

The Private Pay Resident Flag is collected on admission (on the Admission/Re-entry [AD] record) but may change during the resident's stay. If the payment status changes, updated information can be submitted using the Update record.

Coding

The following coding options are available:

- Use code 0 if all or part of the resident's per diem for his or her stay at the facility is covered through public payment: provincial or territorial governments, federal government departments (e.g., Veterans Affairs Canada, First Nations and Inuit Health Branch of Health Canada) or other public bodies (e.g., workers' compensation boards).
- Use code 1 if the resident is responsible for paying the full per diem rate for his or her stay at the facility.
- Leave the Private Pay Resident Flag blank if the information is not available.

AD2 — Bed Type

Intent

To enable reporting on the different bed types that residents may be placed in within an organization (facility).

Definition

Types of beds within a facility as defined by the region or province/territory. Examples include specialized beds, such as respite, convalescent or palliative care beds, in addition to general residential long-term care beds.

Process

The valid values for Bed Type will be based on the organizational structures of the facilities within a jurisdiction and will be defined by the appropriate provincial ministry of health or regional health authority.

The resident's Bed Type is collected on admission (on the Admission/Re-entry [AD] record) but may change during the resident's stay. If the resident is moved to another type of bed during his or her stay at the same facility, updated information can be submitted in an Update (UP) record.

Coding

Enter a valid Bed Type value as defined by your jurisdiction. Leave this field blank if the information is not available.

AD3 — Unit — MIS Functional Centre Account Code

Intent

To identify the MIS functional centre related to the unit in which the resident is placed.

Definition

The Unit — MIS Functional Centre Account Code is coded as the account number used for statistical and financial reporting related to the unit in which the resident is placed at an organization (facility).

Process

The resident's MIS functional centre is collected on admission (on the Admission/Re-entry [AD] record) but may change during the resident's stay if the resident is moved to another unit that has a different MIS functional centre. If the resident's MIS functional centre changes during his or her stay at the same facility, updated information can be submitted in an Update (UP) record.

Coding

Enter a valid national MIS Functional Centre Account Code, as listed in the 2017 MIS Standards (*Standards for Management Information Systems in Canadian Health Service Organizations*) provided by CIHI. The format must be as follows: NNNNNNNNN. Do not include spaces within the code. Some codes that are relevant to hospital-based and residential continuing care facilities are listed below.

MIS functional centres relevant to hospital-based units

Code	Description
71 2 90	Palliative Nursing Unit
71 2 92 20	Chronic Long-Term Care Nursing Unit

MIS functional centres relevant to residential care facilities

Code	Description
71 5 70	Community Mental Health Services
71 5 90	Community Hospice Unit
71 5 92	Residential Care Unit
71 5 92 10	Intermediate Care Unit
71 5 92 30	Supervisory/Limited Personal Care Unit
71 5 92 40	Respite Care Unit

The minimum level of reporting is 3 (represented by 5 digits; e.g., 71 5 92); the maximum level of reporting is 5 (represented by 9 digits; e.g., 71 5 92 10 20).

Note: This list is not exhaustive. There may be other applicable functional centres for specific units within a facility.

If a facility submits an invalid MIS functional centre code, the record will be accepted with a flag; however, the invalid MIS code will not be saved in the CCRS system.

Leave the MIS Functional Centre Account Code blank if the information is not available.

For more details on coding MIS functional centres, see the MIS Standards on CIHI's website (www.cihi.ca).

AD4 — Program Type

Intent

To allow an organization (facility) to analyze its data based on administrative structure.

Definition

A user-defined code that identifies an administrative division within an organization (facility), such as a program or unit number (nursing/care unit number).

Process

This data element is defined by an organization or facility. Consult within your organization to determine values appropriate for use.

Coding

Enter the 5-digit alphanumeric code assigned by the source organization (facility) or its respective region or provincial/territorial ministry.

SP1 — Special Project Code

Intent

To identify a special project for which an organization wants to submit supplemental data.

Definition

The Special Project Code identifies a specific project defined by CIHI, a jurisdiction, interRAI or an organization (facility) for which supplemental resident-level data not included in the CCRS data standard needs to be collected to meet the needs of the project.

Process

Each project must be identified by a unique Special Project Code. CIHI defines codes when a project is established.

Coding

Enter the CIHI-assigned 1- to 6-digit project code on the Special Project (SP) record.

SP2 — Special Project Data

Intent

To capture the special project data associated with a Special Project Code.

Definition

The Special Project Data is the supplemental data associated with a Special Project Code.

Process

Depending on the structure of the project, the length of the data submitted in this field may vary from 1 to 200 characters.

Coding

Enter the Special Project Data on the Special Project (SP) record.

The Special Project Data (SP2) must not contain the resident's health card number, name, partial name, date of birth or sex.

Z12 — Element Effective Date

Intent

To identify the date when the new values submitted in the Update (UP) record became effective.

Definition

The date the elements included in the Update record were changed or when the change came into effect.

Process

Several administrative data elements can change during the resident's stay. The following elements can be updated using the Update record:

Code	Name
AD1	Private Pay Resident Flag
AD2	Bed Type
AD3	Unit — MIS Functional Centre Account Code
AD4	Program Type
AA5a	Health Card Number
AA5b	Province/Territory Issuing Health Card Number

If changes to multiple data elements occurred on the same day, a single Update record can be submitted with the new values for each specific data element.

However, if changes to multiple data elements occurred on different dates (i.e., with different Element Effective Dates), a separate Update record must be submitted for each effective date.

Health Card Number (AA5a) should be submitted on an Update Record only if there is a change in the resident's health card number. For example,

- When a resident enters a facility with an out-of-province health card number and later receives a new provincial health card number.

Coding

Enter the date on which the change came into effect.

Z13 — Project Information Effective Date

Intent

To capture the date associated with the data within the Special Project (SP) record.

Definition

The effective date of the information in the Special Project (SP) record.

Process

The Project Information Effective Date does not determine the quarter in which the record can be submitted. A Special Project (SP) record can be submitted in any quarter.

Coding

Enter the date on which the data contained in the record came into effect.

Part 2: RAI resident record data elements

The data elements in this section are part of the RAI-MDS 2.0 coding standard but also play a critical role in the processing of CCRS data.

Specific coding instructions for each data element can be found in the *Resident Assessment Instrument (RAI) RAI-MDS 2.0 User's Manual, Canadian Version, February 2012*.

The following information is provided to give the reader an overview of each of these important data elements and how they affect submission to CCRS.

AA1 — Unique Registration Identifier

About this data element

The URI uniquely identifies a resident admission, beginning with the admission full assessment.

If a resident is discharged from the facility and re-enters prior to his or her next scheduled assessment, the URI remains unchanged.

If a quarterly or full annual assessment was missed when the resident was outside the facility, his or her return to the facility is considered a new admission. A new URI must be assigned and an admission full assessment completed.

Key points for data submission

- The Unique Registration Identifier must not contain the resident's health card number, name, partial name, date of birth or sex.
- This data element is case-sensitive.

AA6 — Facility Identifier (Facility Number in the RAI-MDS 2.0 User's Manual)

About this data element

A code that uniquely identifies the facility associated with the record.

Key points for data submission

- The facility number is assigned by the provincial/territorial government.
- CIHI assigns the first character of the facility identifier; it is a letter or number identifying the province/territory in which the organization is located.
- The CIHI-assigned province/territory codes are as follows:

Code	Province/territory
0	Newfoundland and Labrador
1	Prince Edward Island
2	Nova Scotia
3	New Brunswick
4	Quebec
5	Ontario
6	Manitoba

Code	Province/territory
7	Saskatchewan
8	Alberta
9	British Columbia
N	Northwest Territories
Y	Yukon
V	Nunavut

A3 — Assessment Reference Date

About this data element

The Assessment Reference Date is the last day of the RAI-MDS 2.0 observation period. This date refers to a specific end point in the RAI-MDS 2.0 assessment process. Almost all RAI-MDS 2.0 items refer to the resident's status over a designated time period, most frequently the 7-day period ending on this date.

The date sets the designated end point of the common observation period, and all RAI-MDS 2.0 items refer back in time from this point. Some cover the 14 days ending on this date, some the 30 days ending on this date, and so forth.

Key point for data submission

- See *CCRS Validation Rules* to ensure that the Assessment Reference Date submitted is consistent with all required rules.

A6a — Health Record Number

About this data element

The Health Record Number (HRN) is a primary resident identifier within CCRS. It links records for a given resident, across multiple discharges and admissions, within the same organization.

The HRN is the resident's unique identifier assigned by the facility for the life of the resident.

Key points for data submission

- The HRN may be a chart number or any other unique person identifier that would meet CIHI's specifications. It may be obtained from the facility's admissions office, business office or medical records department.
- The HRN *cannot be the person's provincial/territorial health card number* and must not contain the person's name, partial name, date of birth or sex.

- Organizations (facilities) that do not have an HRN system in place should request assistance from their vendor to generate HRNs that meet CIHI's specifications.
- For a person with multiple admissions, re-entries and discharges from a single facility, as defined by Facility Identifier (AA6), the HRN must remain unchanged.
- The HRN is checked against other personal identifiers (health card number, birthdate and sex) on each record to ensure the longitudinal integrity of the database.
- The HRN is case-sensitive.

AB1 — Admission/Re-entry Date

About this data element

The Admission/Re-entry Date captures the date a person is admitted to or re-enters a facility. Each time an admission or re-entry occurs, a new episode is started. For the purposes of data submission, the Admission/Re-entry Date identifies an episode.

Key points for data submission

- All resident-level records submitted for a client must have an Admission/Re-entry Date to identify the episode.
- All records for a single episode must have the same Admission/Re-entry Date.

Example:

Resident is admitted to a facility on June 10, 2011:

- AB1 date on all records up to and including discharge: June 10, 2011

Resident goes to the hospital and returns to the facility on March 5, 2012:

- AB1 date on all records following the March 5, 2012, re-entry up to and including discharge: March 5, 2012

AB2a — Admission/Re-entry From Facility/Level of Care

About this data element

The Admission/Re-entry From Facility/Level of Care identifies the level of care from which the person was admitted to the facility on the Admission/Re-entry Date (AB1) provided.

Key point for data submission

- For a list of facility/level of care settings or for more information, refer to the *Resident Assessment Instrument (RAI) RAI-MDS 2.0 User's Manual, Canadian Version, February 2012*.

AB2b — Admission/Re-entry From Facility Number

About this data element

The Admission/Re-entry From Facility Number identifies the number of the facility from which the resident was admitted.

Key points for data submission

- Residents are not always admitted from a facility. See the *Resident Assessment Instrument (RAI) RAI-MDS 2.0 User's Manual, Canadian Version, February 2012* to determine the conditions under which AB2b must be provided. These conditions are also enforced as rules in the CCRS system.
- CIHI assigns the first character of the facility identifier; it is a letter or number identifying the province/territory in which the organization is located.
- The facility number is assigned by the provincial/territorial government.
- The CIHI-assigned province/territory codes are as follows:

Code	Province/territory
0	Newfoundland and Labrador
1	Prince Edward Island
2	Nova Scotia
3	New Brunswick
4	Quebec
5	Ontario
6	Manitoba
7	Saskatchewan
8	Alberta
9	British Columbia
N	Northwest Territories
Y	Yukon
V	Nunavut

- When the Admitted From Facility Number is not available, CIHI has created the generic facility code ZZZZ. This code should be preceded by a valid province/territory prefix, representing the location of the facility.

- If the resident is admitted from the United States or another country, the following prefixes should be used with the code ZZZZ:
 - United States: U
 - Other Country: Z

R3a — Discharge to Facility/Level of Care

About this data element

The Discharge to Facility/Level of Care data element identifies the level of care to which the resident is discharged or that the discharge is due to death.

Key point for data submission

- For a list of facility/level of care settings or for more information, refer to the Resident Assessment Instrument (RAI) RAI-MDS 2.0 User's Manual, Canadian Version, February 2012.

R3b — Discharged to Facility Number

About this data element

The Discharged to Facility Number identifies the facility number to which the resident is discharged.

Key points for data submission

- Residents are not always discharged to a facility. See the *Resident Assessment Instrument (RAI) RAI-MDS 2.0 User's Manual, Canadian Version, February 2012* to determine the conditions under which R3b must be provided. These conditions are also enforced as rules in the CCRS system.
- CIHI assigns the first character of the facility identifier; it is a letter or number identifying the province/territory in which the organization is located.
- The facility number is assigned by the provincial/territorial government.
- The CIHI-assigned province/territory codes are as follows:

Code	Province/territory
0	Newfoundland and Labrador
1	Prince Edward Island
2	Nova Scotia
3	New Brunswick
4	Quebec

Code	Province/territory
5	Ontario
6	Manitoba
7	Saskatchewan
8	Alberta
9	British Columbia
N	Northwest Territories
Y	Yukon
V	Nunavut

- When the Discharged to Facility Number is not available, CIHI has created the generic facility code **ZZZZ**. This code should be preceded by a valid province/territory prefix, representing the location of the facility.
- If the resident is discharged to the United States or another country, the following prefixes should be used with the code **ZZZZ**:
 - United States: **U**
 - Other Country: **Z**



CIHI Ottawa

495 Richmond Road
Suite 600
Ottawa, Ont.
K2A 4H6
613-241-7860

CIHI Toronto

4110 Yonge Street
Suite 300
Toronto, Ont.
M2P 2B7
416-481-2002

CIHI Victoria

880 Douglas Street
Suite 600
Victoria, B.C.
V8W 2B7
250-220-4100

CIHI Montréal

1010 Sherbrooke Street West
Suite 602
Montréal, Que.
H3A 2R7
514-842-2226

cihi.ca

13917-1116

