Version 3 CCRS Contact Information Submission Process

CIHI has required facilities to submit Contact Information (CI) every year prior to submitting Quarter 1 assessments.

How to Update the Facility Contact Information:

1. Go to CCRS > File > Go To > Contact Information:

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New	1	• 👌 🖸 😨 🛅		
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Go To		🗸 Chart		
Save	Ctrl+5	Templates		
Save As		Contact Informatio	20	
Log on as ano	ther user	Service tables		
Exit		Users		

2. Complete the facility and contact information. Highlighted areas are mandatory.

Internal Data Submission contact 1, RAI Coordinator 1 and **Administrator** contact information must be filled in and **Auto Notification** must be selected as **'Yes'**

Cor	ntact Information			×
	You must fill in the	contact information be	fore creating any patient re	ecords.
AF1		Facility name :	Mede-care	
AF2		Site name : I	Mede-care	
AA6		Facility number :		
Z2		rnal Data Submis		
		mission Contact 1 :		
	Internal Data Submission Con Internal Data Submission Co		(410)000-0092	
	Internal Data Submission Contac		internal@mede-care.co	m
	Internal Data Submission Contact 1	Auto-Notification :	1 yes	
Z3	Inte	rnal Data Submis	sion Contact 2	
		mission Contact 2 :		
	Internal Data Submission Con Internal Data Submission Co		() -	
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	Internal Data Submission Contact 2			
Z4	Exte	rnal Data Submis	ssion Contact 1	
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	External Data Submission Contact 1			
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		mission Contact 2 :		
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	External Data Submission Contact 2			
	External Data Submission			
Z6		RAI Coordin	ator 1	
		AI Coordinator 1 :		
		ator 1 Telephone : nator 1 Extension :	(416)686-8592	
			rai@mede-care.com	
		Auto-Notification :		
Z7		RAI Coordin	ator 2	
		AI Coordinator 2 :		
		ator 2 Telephone :	() -	
		hator 2 Extension :		
	RAI Coordinato RAI Coordinator 2	r 2 Email Address : Auto-Notification :		
 Z8		Administra	ator	
		Administrator :		
		strator Telephone :		
	Admini	strator Extension :		
	0 dministra			
		Auto-Notification :	admin@mede-care.com 1 ves	

3. Click on 'Save'								
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How to create facility Contact Information submission file:

4. Go to: Communication > Submission

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物 同	1 4	Submission							
Minimum Data Set		Import ADT Data							
Miniman Dac		Last Import Summary							

The submission window opens

5. Go to: Actions > Submit Contact Information

Submission - Healthcare Enterp	rise Manager	
Eile Actions View Reports		-
Select All	2 • 2013 •	
Cha Unselect All	ame Assessment Assessment AssessmentTypeDesc	RID
Submit		-
Submit Contact Information		
Unsubmit		
Undo Correction		
		-
1		F
Signed Assessments		0 records.
		01000103.

6. Click on 'Yes' to accept the message below and create the CI file

Submission	n - Healthcare E	nterprise Mar	nager			_ 🗆 >
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2 🚴 🗋	at 🗹 🗖	Quarter: 2	✓ 2013			
ChartNo	LastName	FirstName	Assessment	Assessment	AssessmentTypeDesc	RID
	Submit				×	
	Submit					
	2	Do you want	to create a facility	contact informat	ion submission file?	
		r	Yes	No		
igned Assessm						0 records.

Submission 🚱	- Healthcare Ei	nterprise Mana	ager			_ 🗆 ×
Eile Actions	/iew <u>R</u> eports					
🔁 😓 🗋	🧩 🗹 🔳 🕻)uarter: 2	2013 💌			
ChartNo	LastName	FirstName	Assessment	Assessment	AssessmentTypeD)esc RID
1		Submissio	n successful File successfully File name: CCR2	created. 0130255555001.	X byt	×
Signed Assessme	ents					0 records.

Note: The Contact Information file is created and submitted under the quarter when the file was created; i.e. if the CI file was created in July 2013, it appears under Q2-2013 and it will be uploaded under period 2 at CIHI.