Data Submissions Guide Version 3

Procedures and Help Manual

MED e-Care Technical Team

1/8/2013

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Introduction

The process of submitting data to CIHI can be, at times, difficult and confusing. The purpose of this quick guide is to help you navigate the MED e-Care software through the processes of:

- submitting data to CIHI
- making data corrections for CIHI
- managing those submissions from the Detailed Submission Report

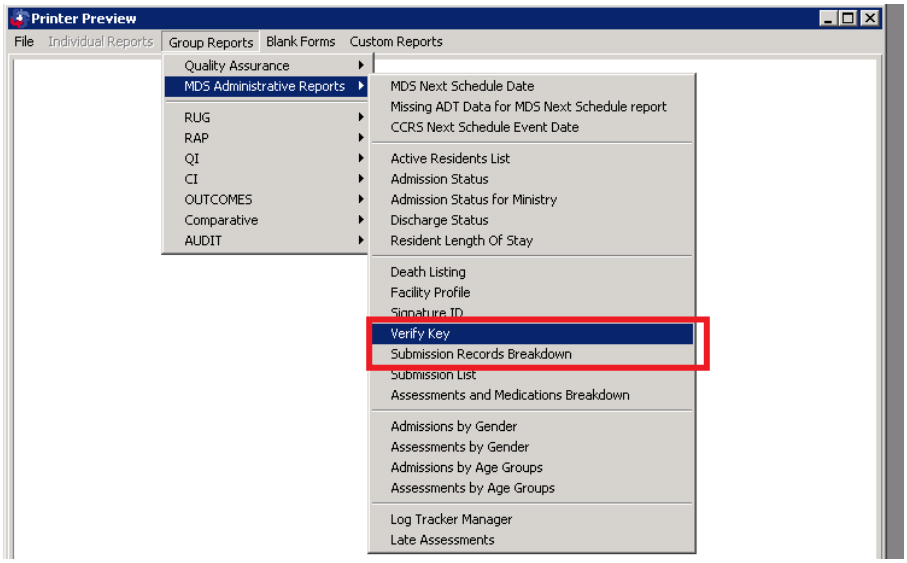
The MED e-Care software is designed in an easy to use fashion, which makes the quarterly process of submitting data to CIHI more streamlined for convenience, while also still allowing for total control of the clients health information. The MED e-Care system does this by using the CCRS/MDS Submissions to complete the quarterly assessment process. The software will help to manage the signed and submitted, rejected and accepted assessments. More importantly, the submissions have several layers of internal error checks and validations that will prevent erroneous data sent to CIHI.

Once the quarter is complete and all assessments have been signed you are ready to do submissions. There are two reports that we suggest running prior to this.

Verify Key Report – this report allows you to determine the type of assessment, the resident make sure there is a ARD date where necessary as well as if all assessments are signed. If the assessment shows no signature on this report, it will not be included in your submission to CIHI.

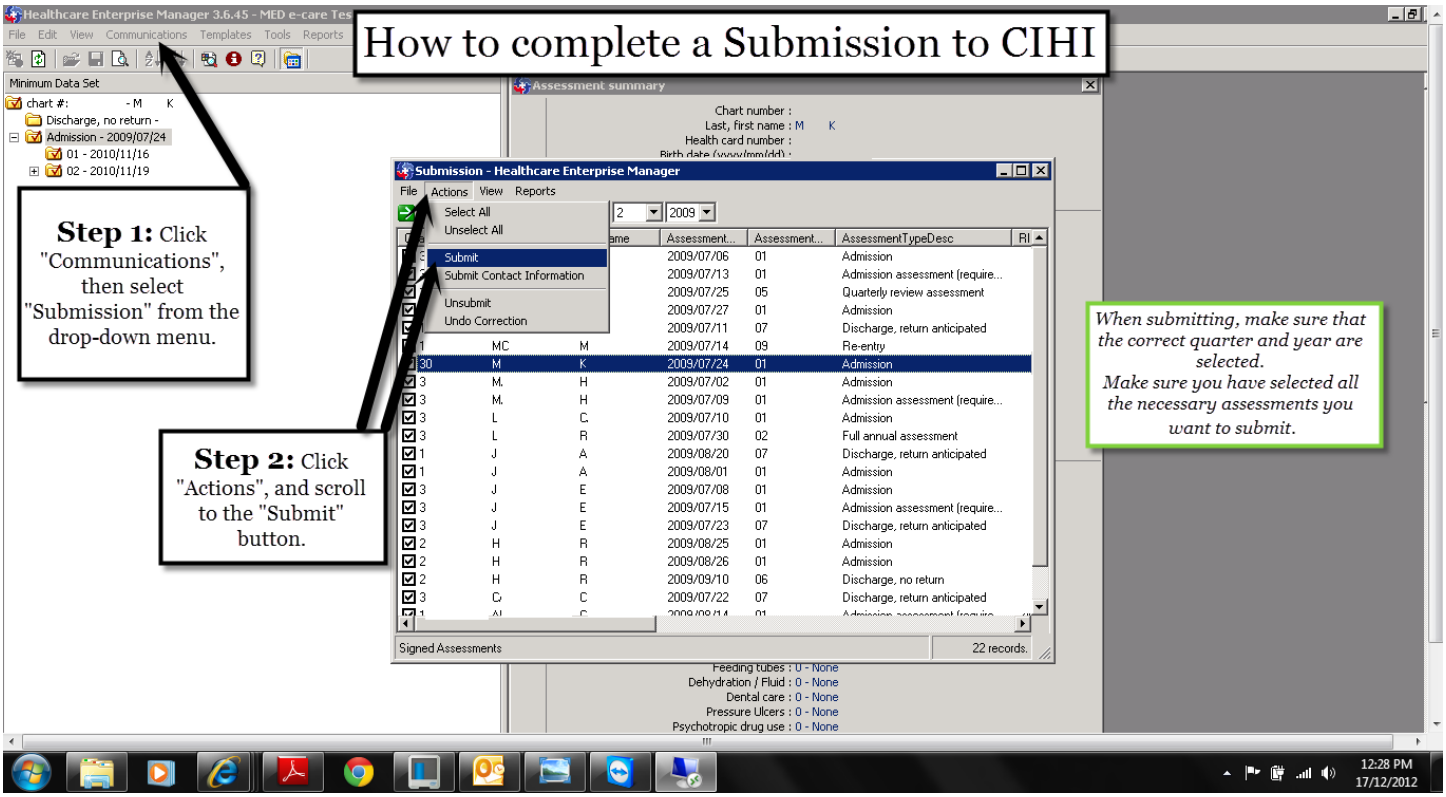
Submissions Records Breakdown Report –this report allows you to sort, with no parameters, to see how many assessments will be submitted as well as what type of assessments you will be submitting.

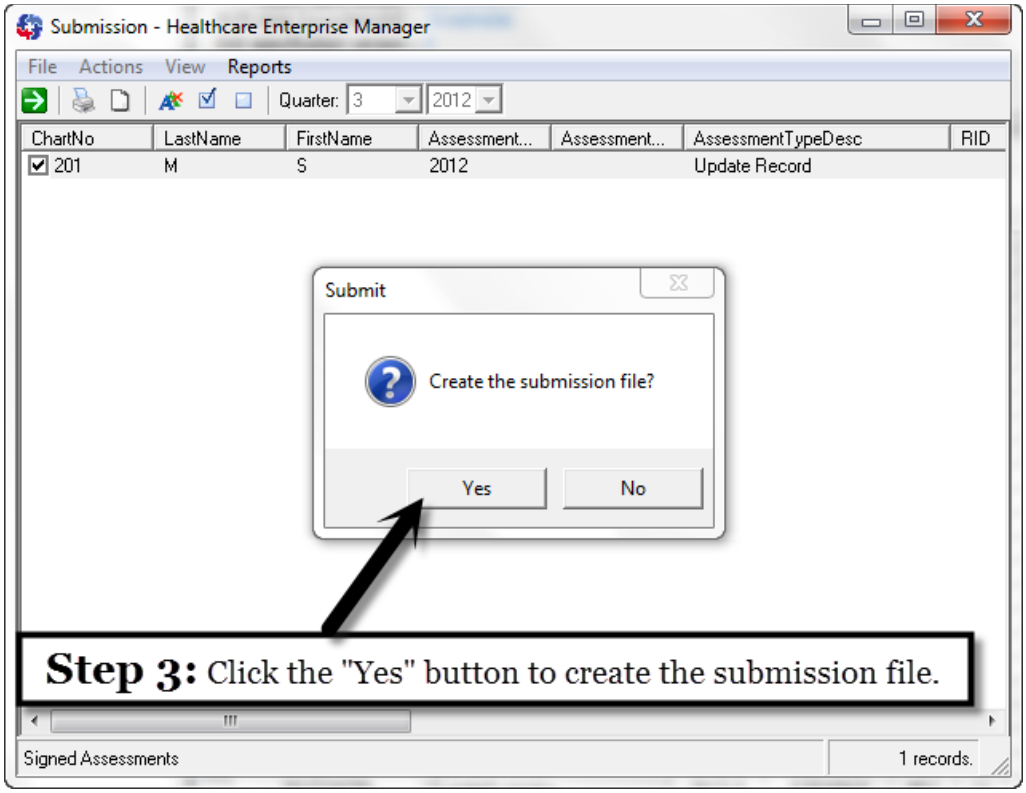
Both of these reports are available by navigating to the ***Group Reports*** -> ***MDS Administrative Reports*** -> then select the desired report.

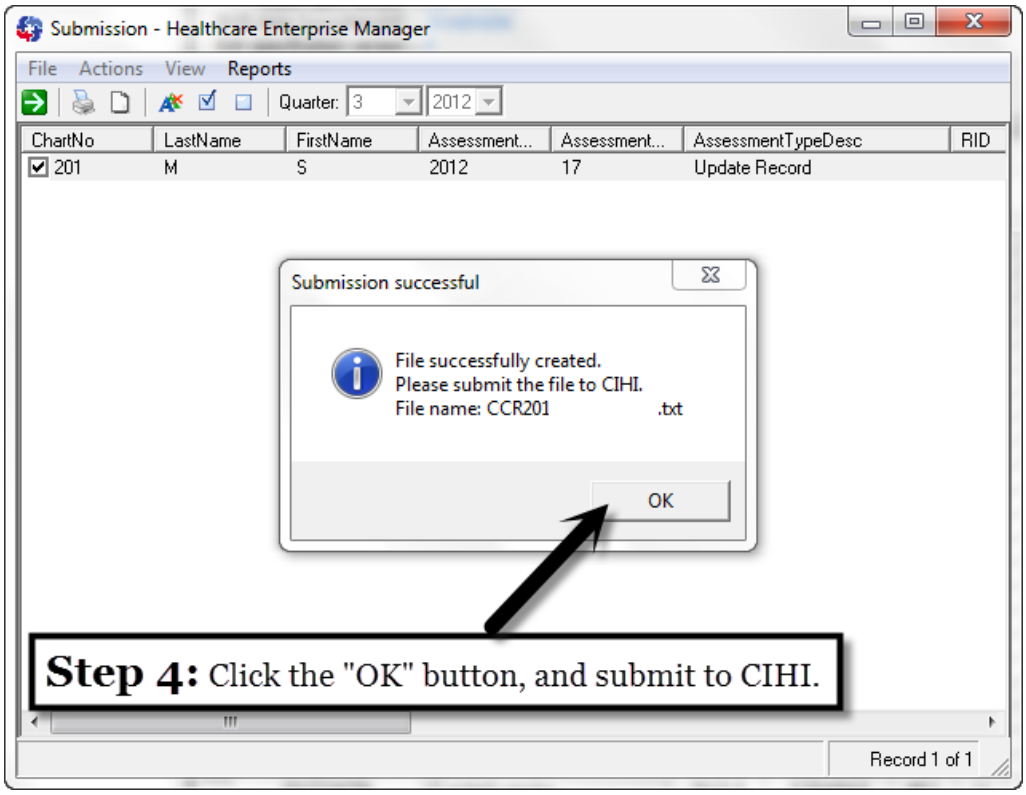


Note: Submissions can be done at any time within the quarter. Some facilities prefer to do submissions monthly. For further CIHI rules on submission please refer to ***www.cihi.ca***.

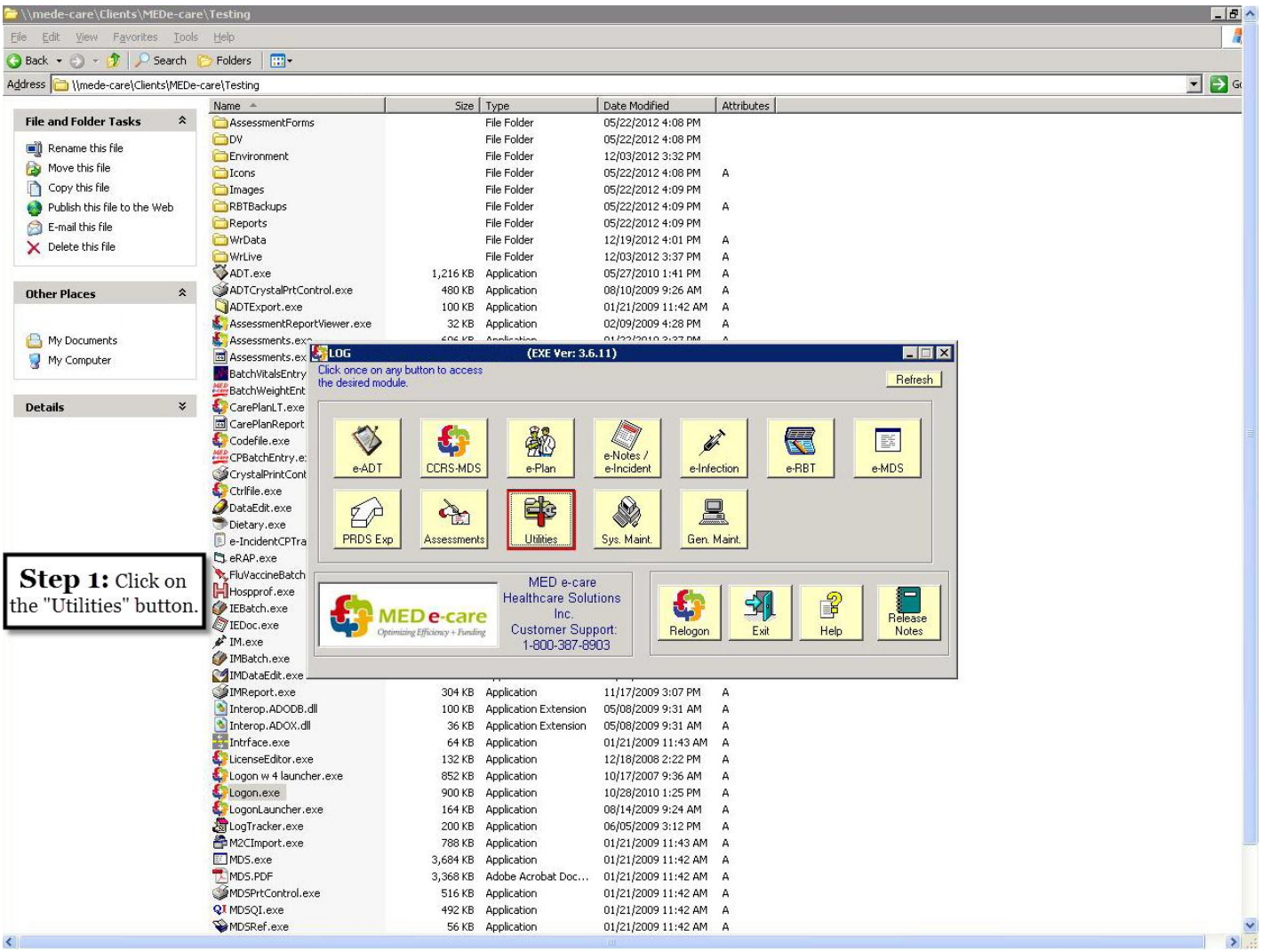
Submission Management



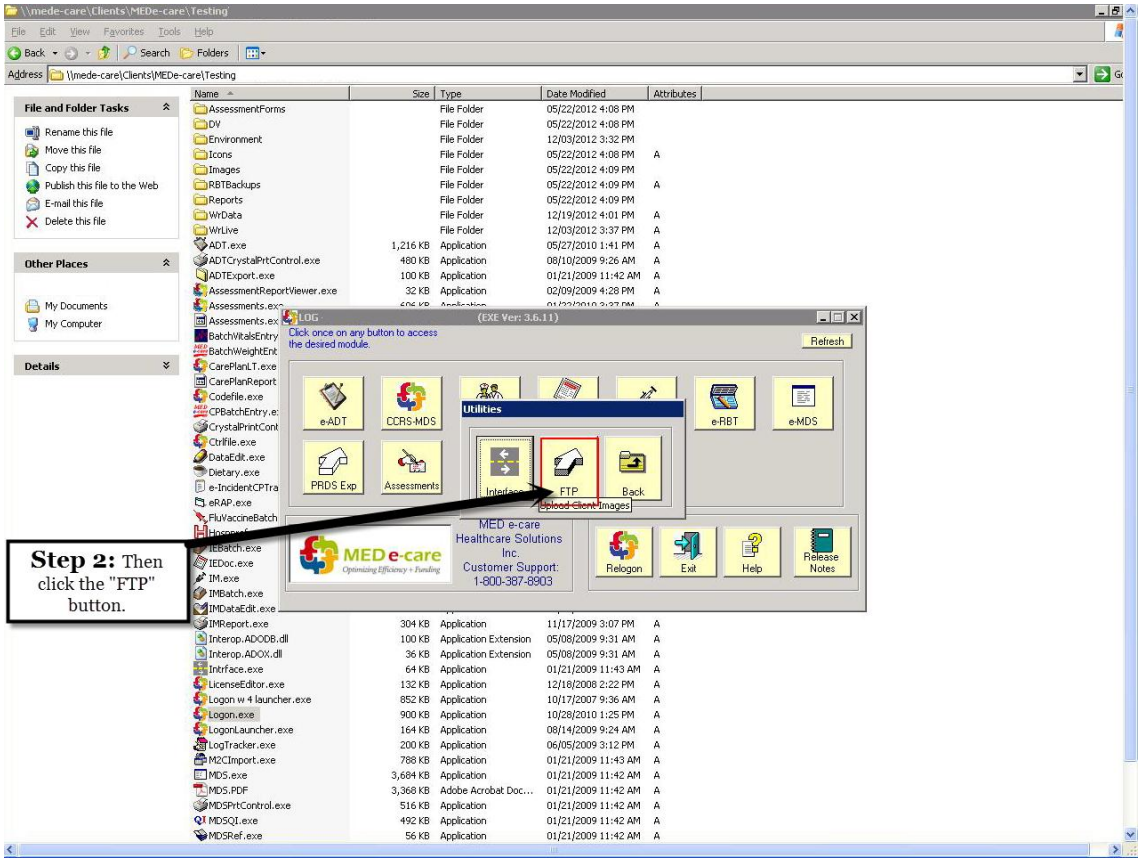

Submission - Healthcare Enterprise Manager
File Actions View Reports
Quarter: 3 2012
ChartNo LastName FirstName Assessment... Assessment... AssessmentTypeDesc RID
201 M S 2012 Update Record
Submit
Create the submission file?
Yes
No
Step 3: Click the "Yes" button to create the submission file.
Signed Assessments
1 records.

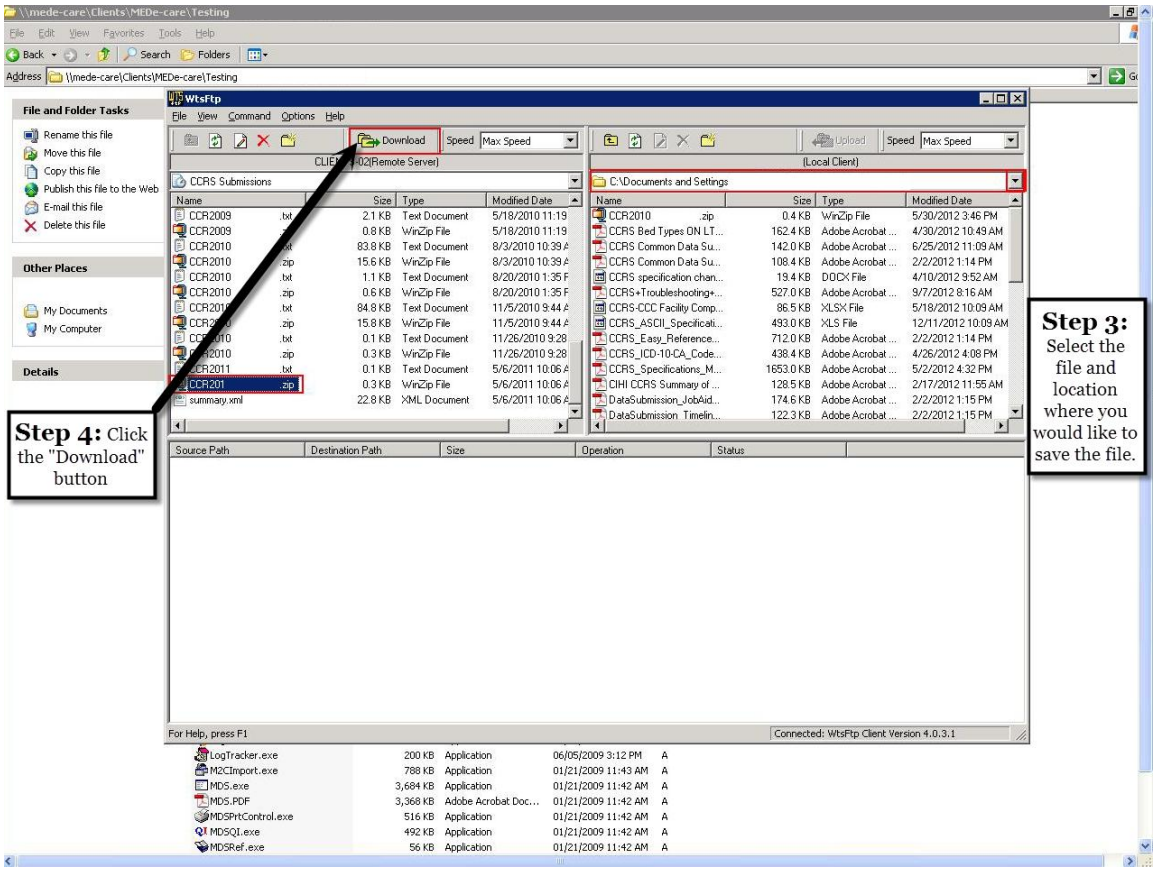

Submission - Healthcare Enterprise Manager
File Actions View Reports
Quarter: 3 2012
ChartNo LastName FirstName Assessment... Assessment... AssessmentTypeDesc RID
201 M S 2012 17 Update Record
Submission successful
File successfully created.
Please submit the file to CIHI.
File name: CCR201 .txt
OK
Step 4: Click the "OK" button, and submit to CIHI.
Record 1 of 1

Downloading Submission File

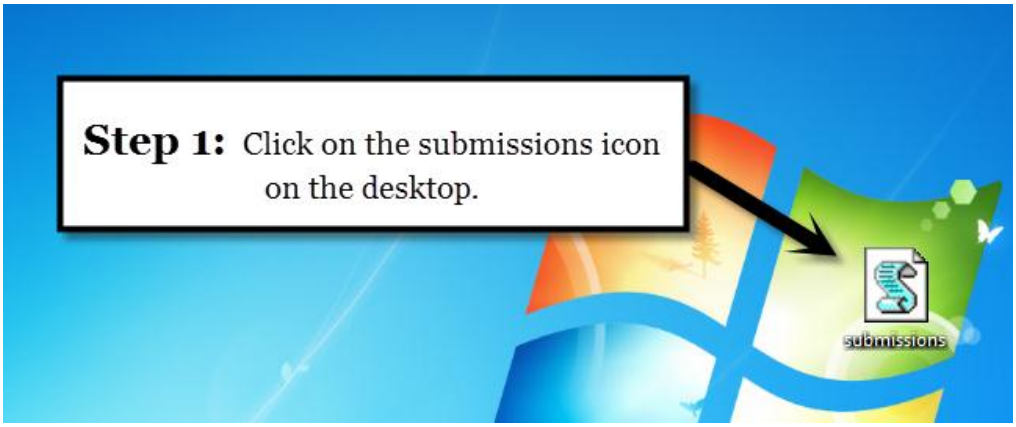


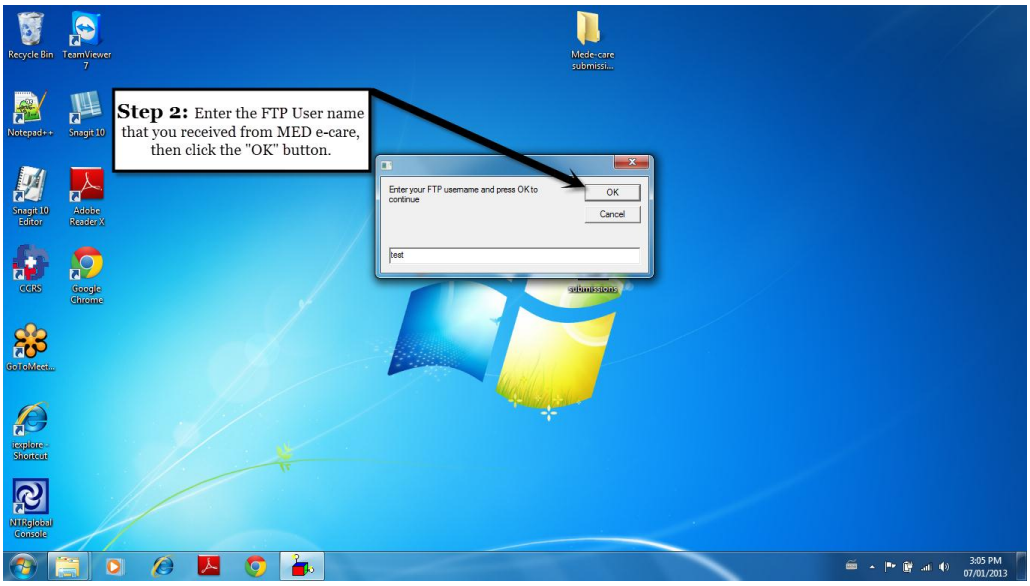
Step 1: Click on the "Utilities" button.

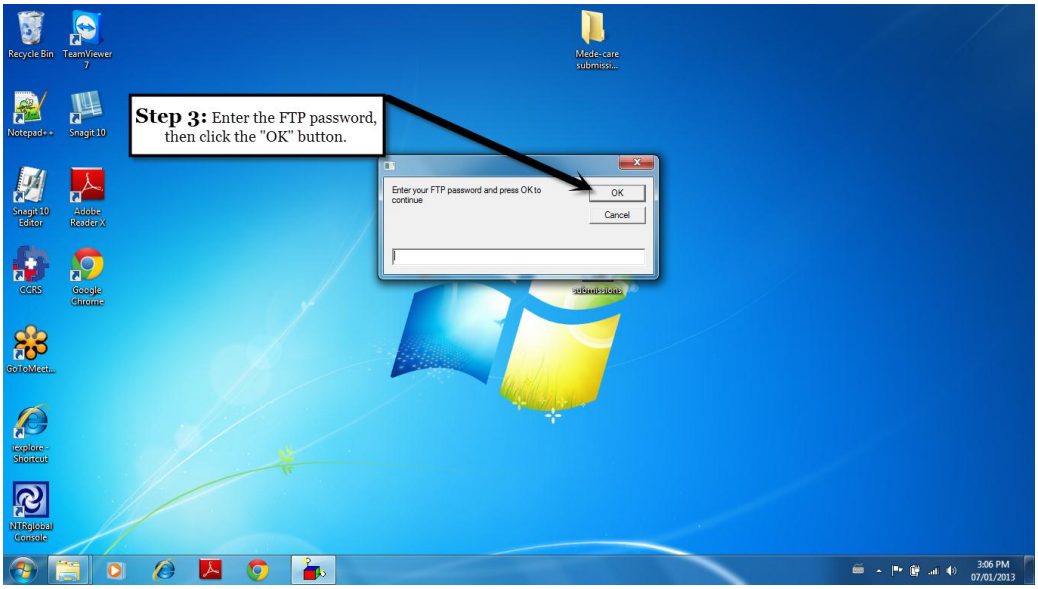

Step 2: Then click the "FTP" button.
Click once on any button to access the desired module.
Refresh
e-ADT
CCRS-MDS
Utilities
e-RBT
e-MDS
PRDS Exp
Assessments
Interface
FTP
Back
Upload Client Images
MED e-care
Optimizing Efficiency + Funding
MED e-care
Healthcare Solutions Inc.
Customer Support:
1-800-387-8903
Relogon
Exit
Help
Release Notes

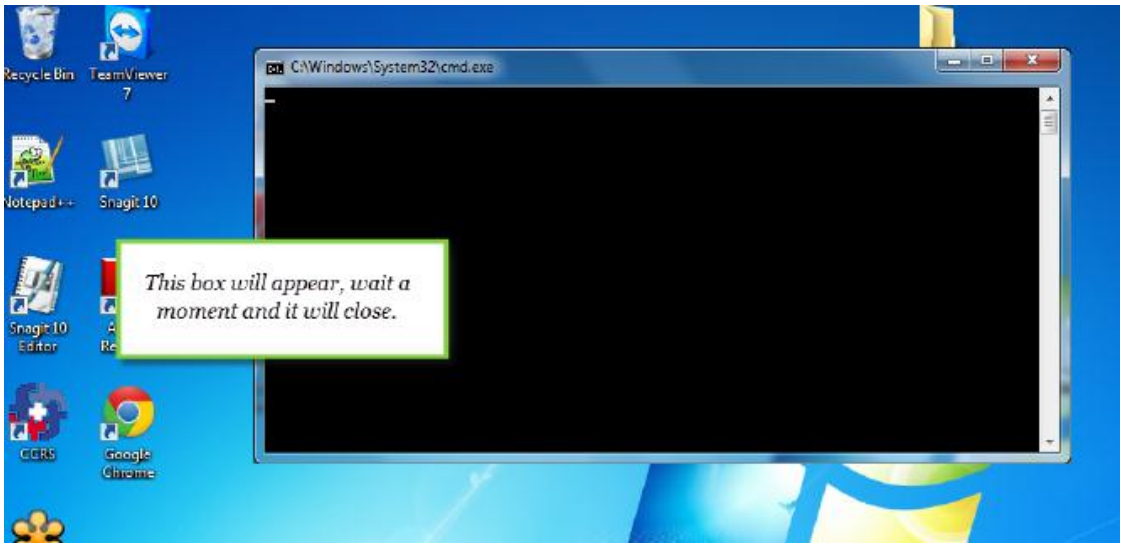

Step 4: Click the "Download" button
Step 3: Select the file and location where you would like to save the file.
WtsFtp
Download
Upload
Speed
Max Speed
(Local Client)
C:\Documents and Settings
Source Path
Destination Path
Size
Operation
Status
For Help, press F1
Connected: WtsFtp Client Version 4.0.3.1

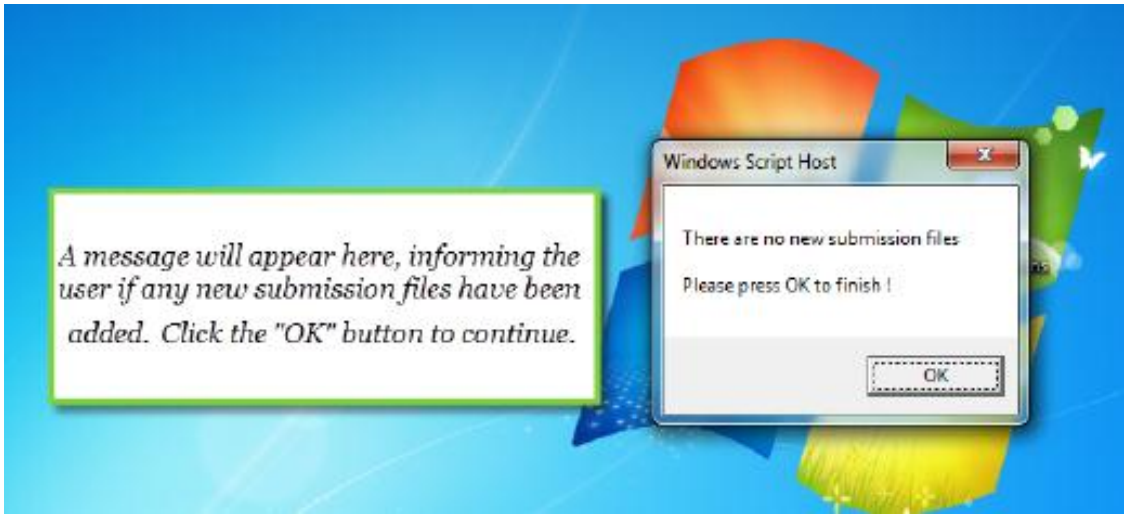
Downloading Submission File (For those with CCRS only)

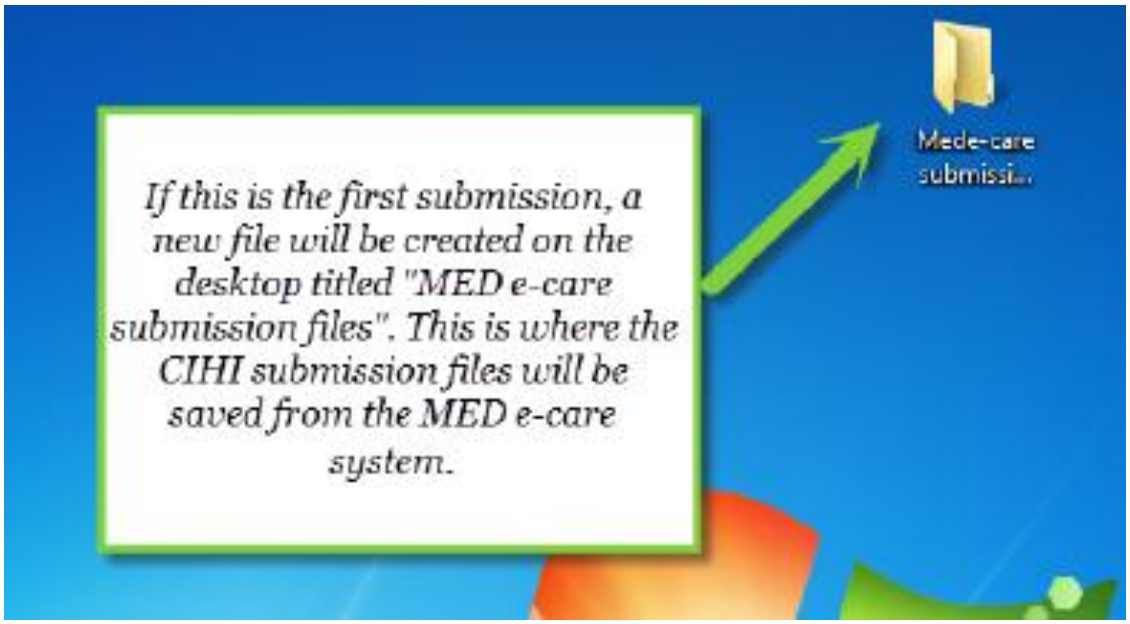




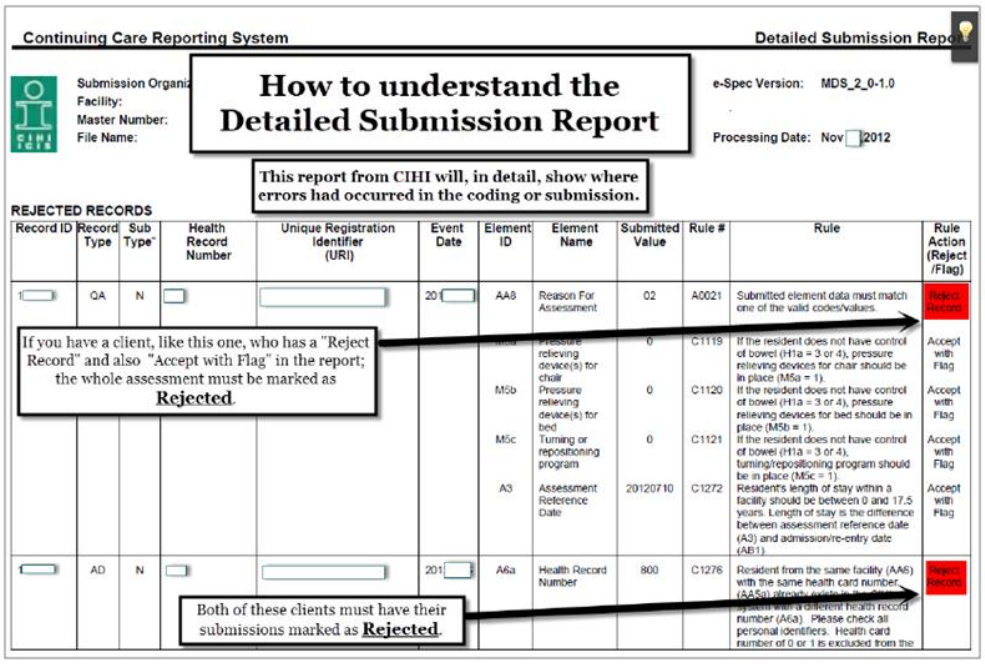



Recycle Bin
TeamViewer 7
Notepad++
Snagit 10
Snagit 10 Editor
CCRS
Google Chrome
C:\Windows\System32\cmd.exe
This box will appear, wait a moment and it will close.


A message will appear here, informing the user if any new submission files have been added. Click the "OK" button to continue.
Windows Script Host
There are no new submission files
Please press OK to finish !
OK


If this is the first submission, a new file will be created on the desktop titled "MED e-care submission files". This is where the CIHI submission files will be saved from the MED e-care system.
Mede-care submissi...

Understanding the detailed submission report



Submission Organization:
Facility:
Master Number:
File Name: CCR2012 .txt

e-Spec Version: MDS_2_0-1.0

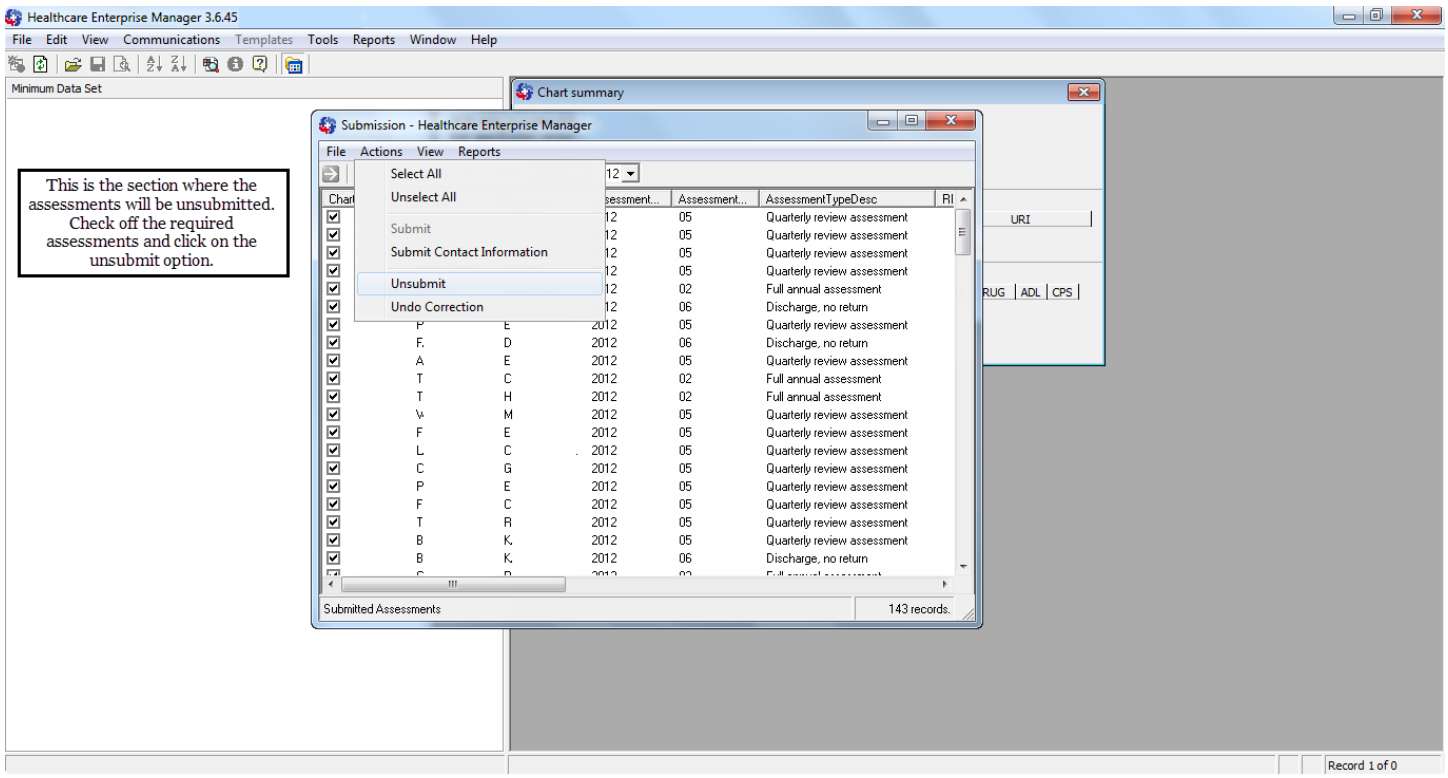
Processing Date: Nov 12,2012

ACCEPTED WITH FLAG RECORDS

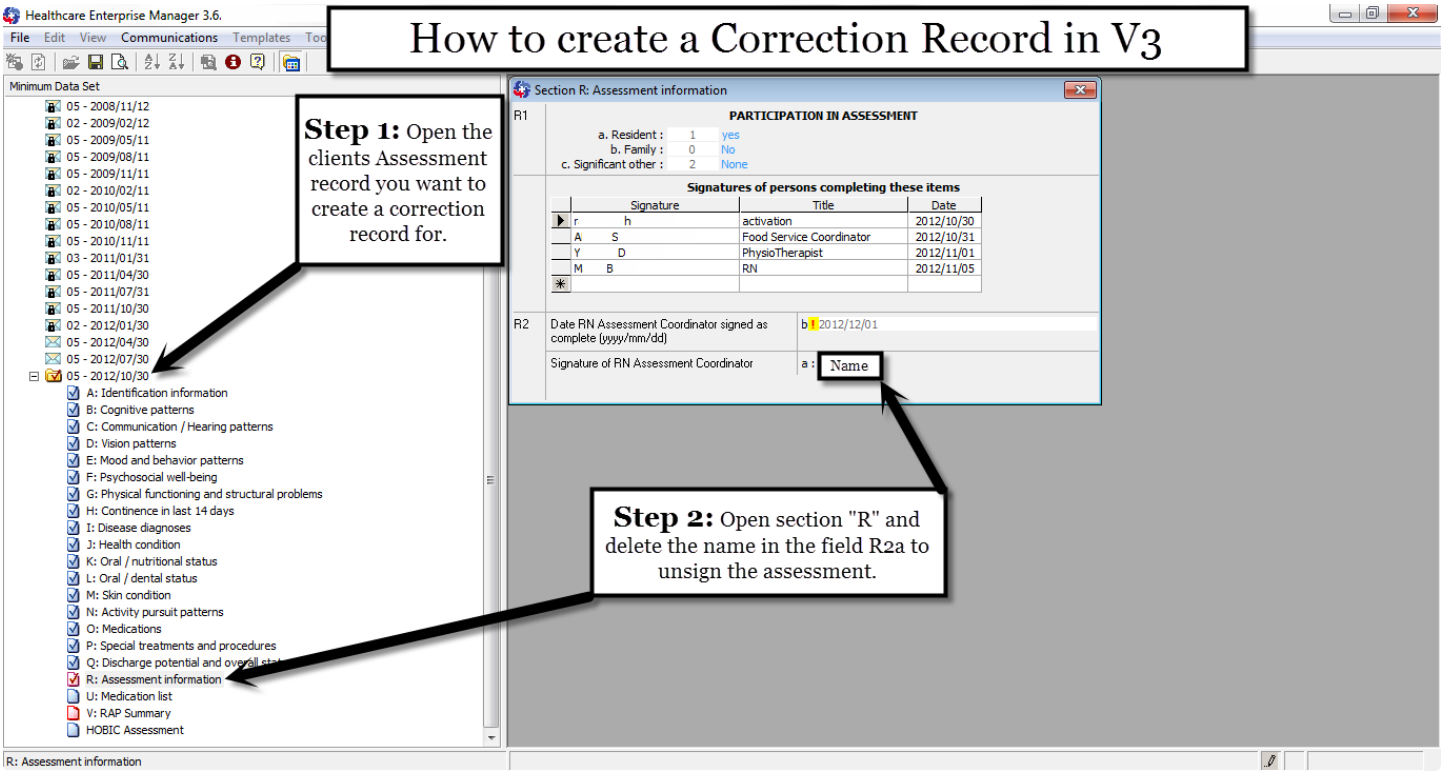
Record ID	Record Type	Sub Type*	Health Record Number	Unique Registration Identifier	Event Date	Element ID	Element Name	Submitted Value	Rule #	Rule	Rule Action (Reject /Flag)
	QA	N			2012	M5c	Turning or program	0	C1268	If the resident has any presence of [illegible] not equal to 0), pressure relieving devices (M5a, M5b) or program (M5c) should be in place (at least one of M5a, M5b, or M5c should equal to 1).	Accept with Flag
						P1ae	Monitoring acute medical condition	0	C1169	If the resident has any presence of stage 2, 3 or 4 ulcers (M1b, M1c or M1d not equal to 0), the resident should be monitored for acute medical condition (P1ae = 1).	Accept with Flag
	QA	N			2012	M5b	Pressure relieving device(s) for bed	0	C1120	If the resident does not have [illegible] of bowel (H1a = 3 or 4), pressure relieving devices for bed should be in place (M5b = 1).	Accept with Flag
	QA	N			2012	M5b	Pressure relieving device(s) for bed	0	C1120	If the resident does not have control of bowel (H1a = 3 or 4), pressure relieving devices for bed should be in place (M5b = 1).	Accept with Flag

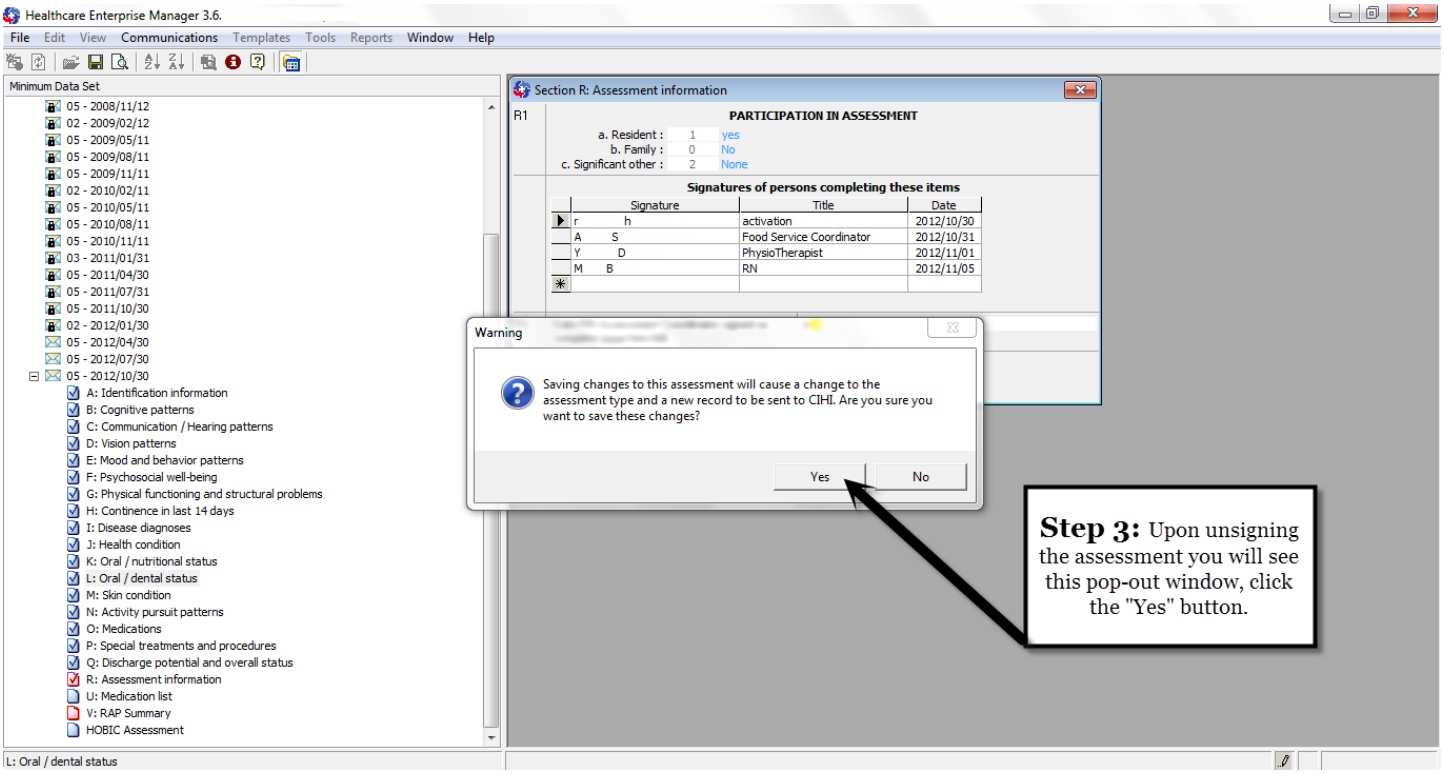
These records have been **Accepted.** in order to make corrections to these records leave them as submitted and then make the necessary corrections.

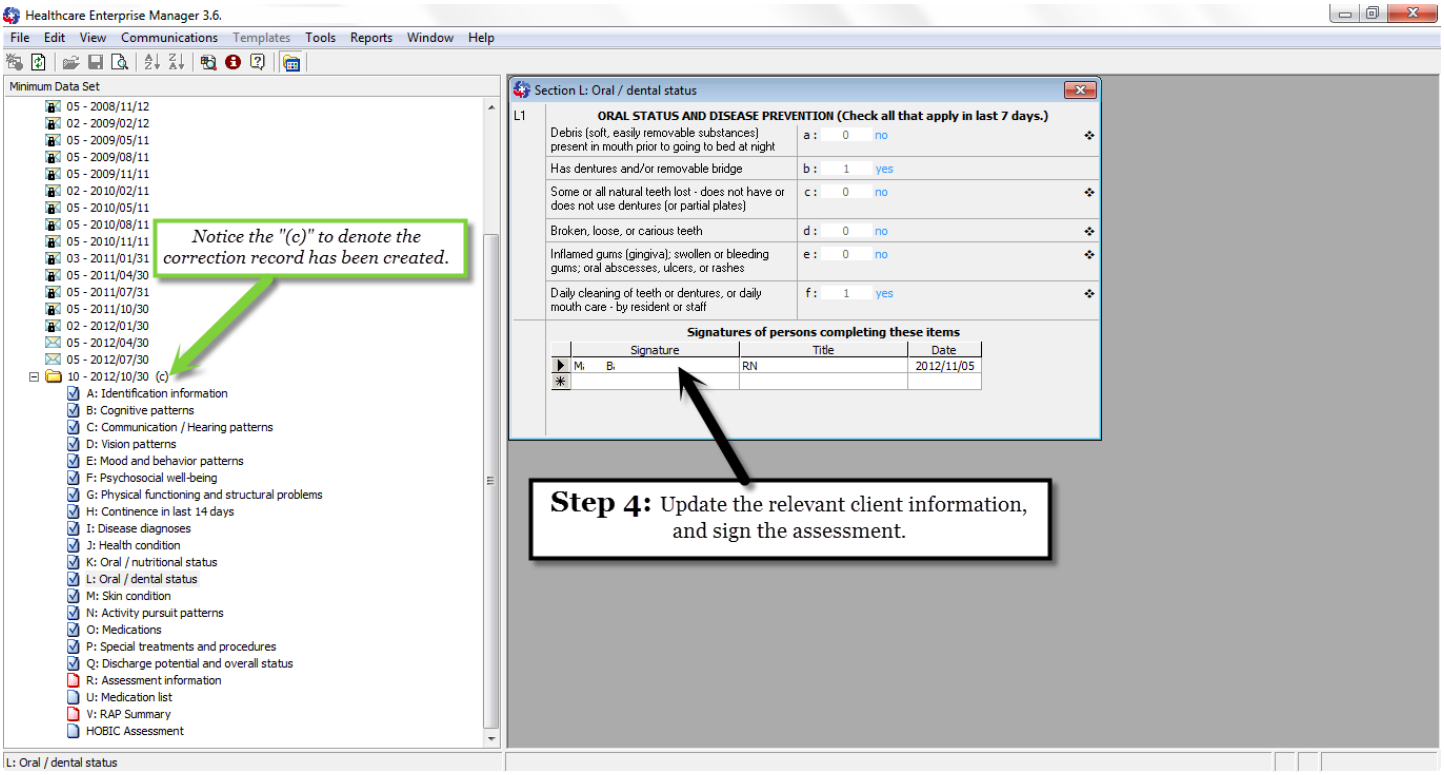
*N = New; C = Correction; D = Deletion

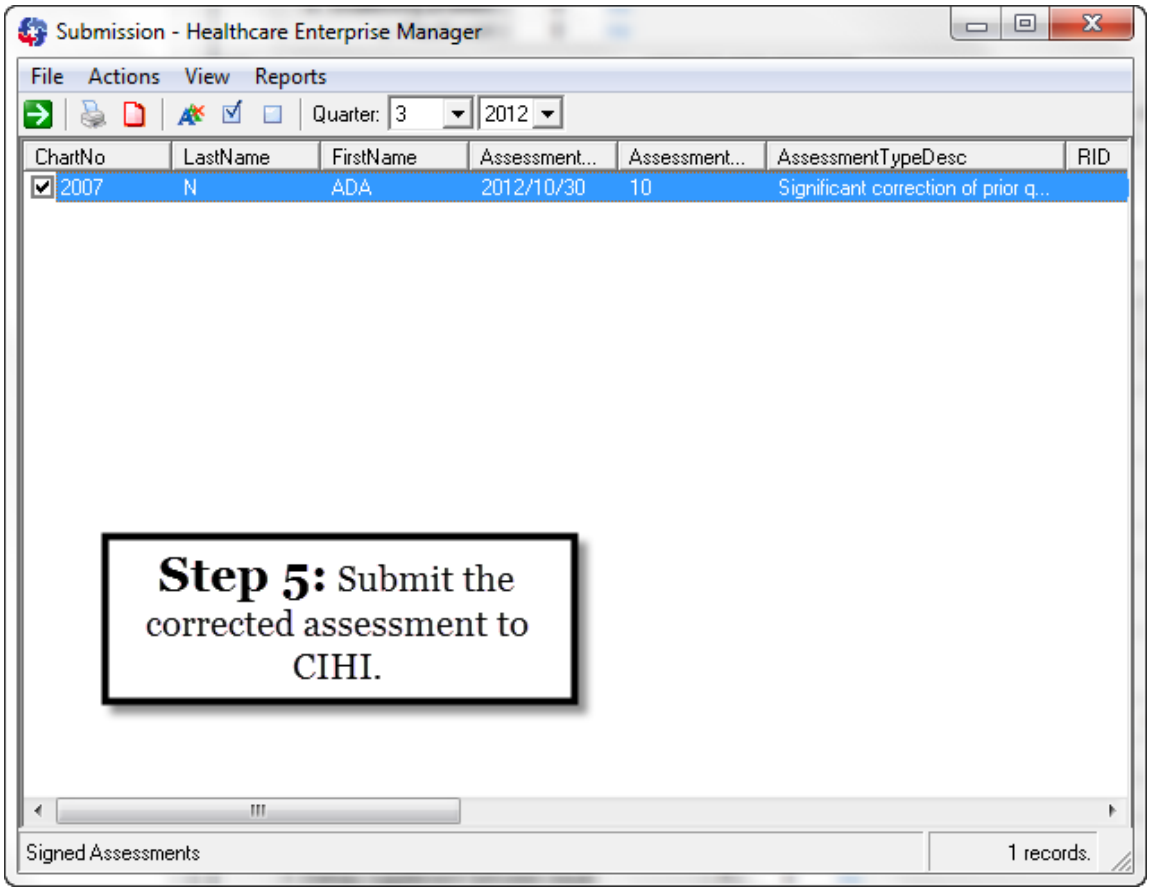


Record Corrections

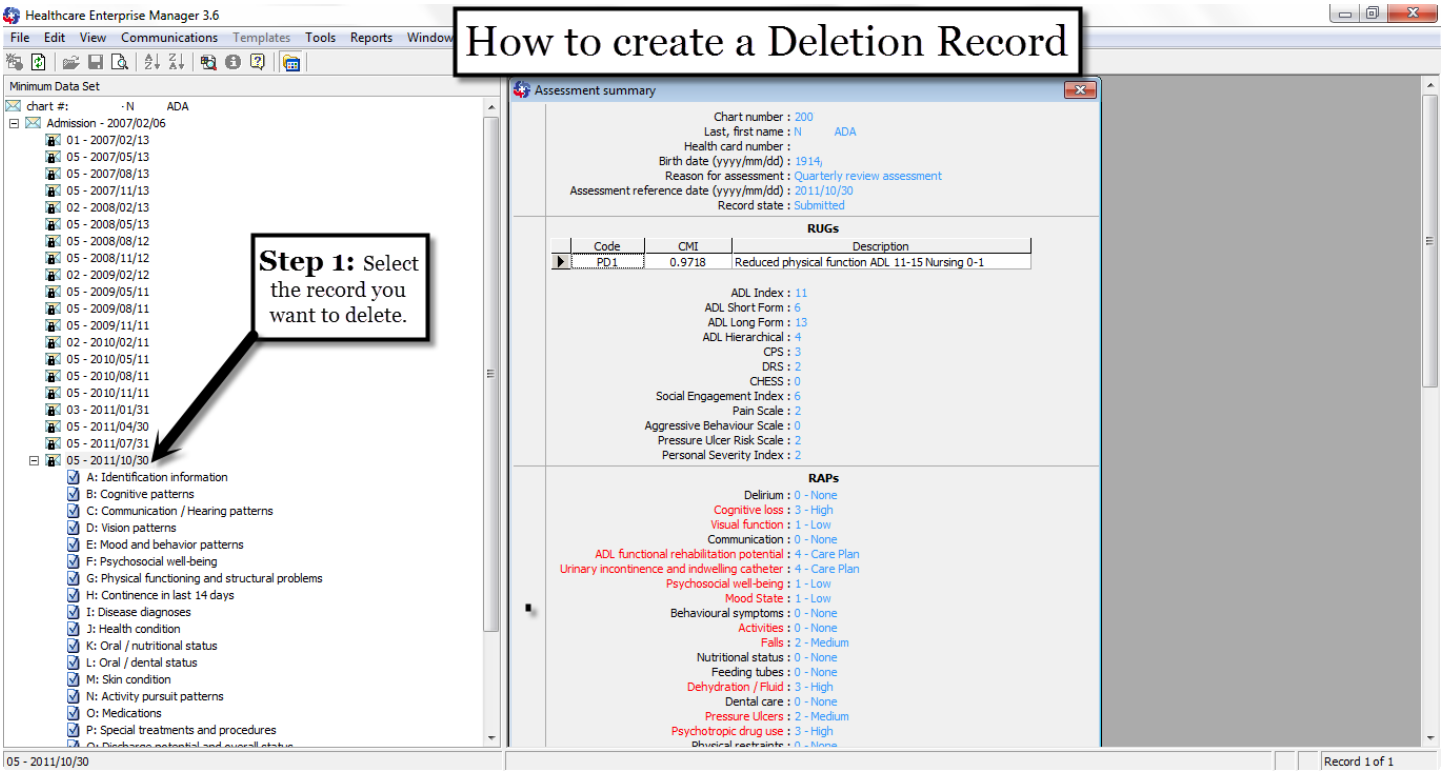


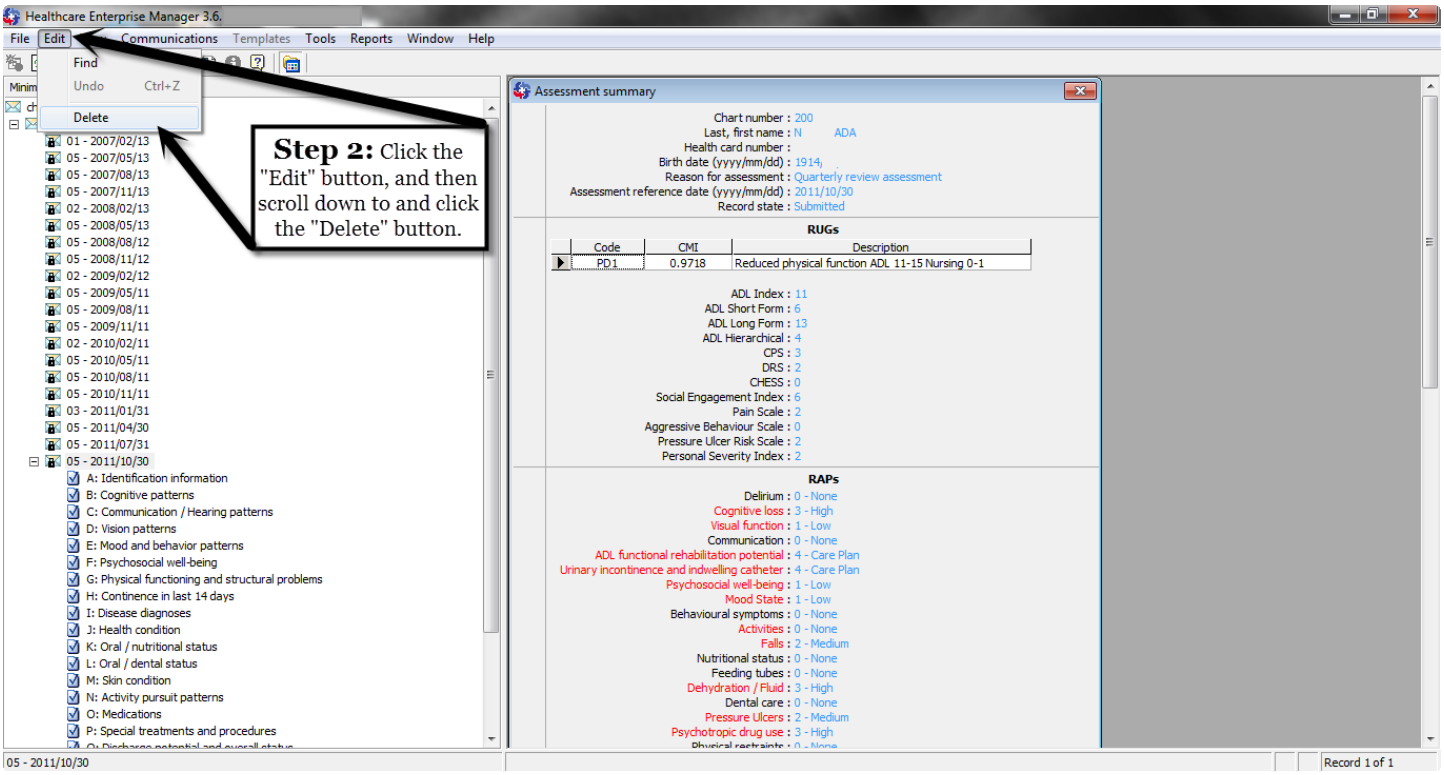


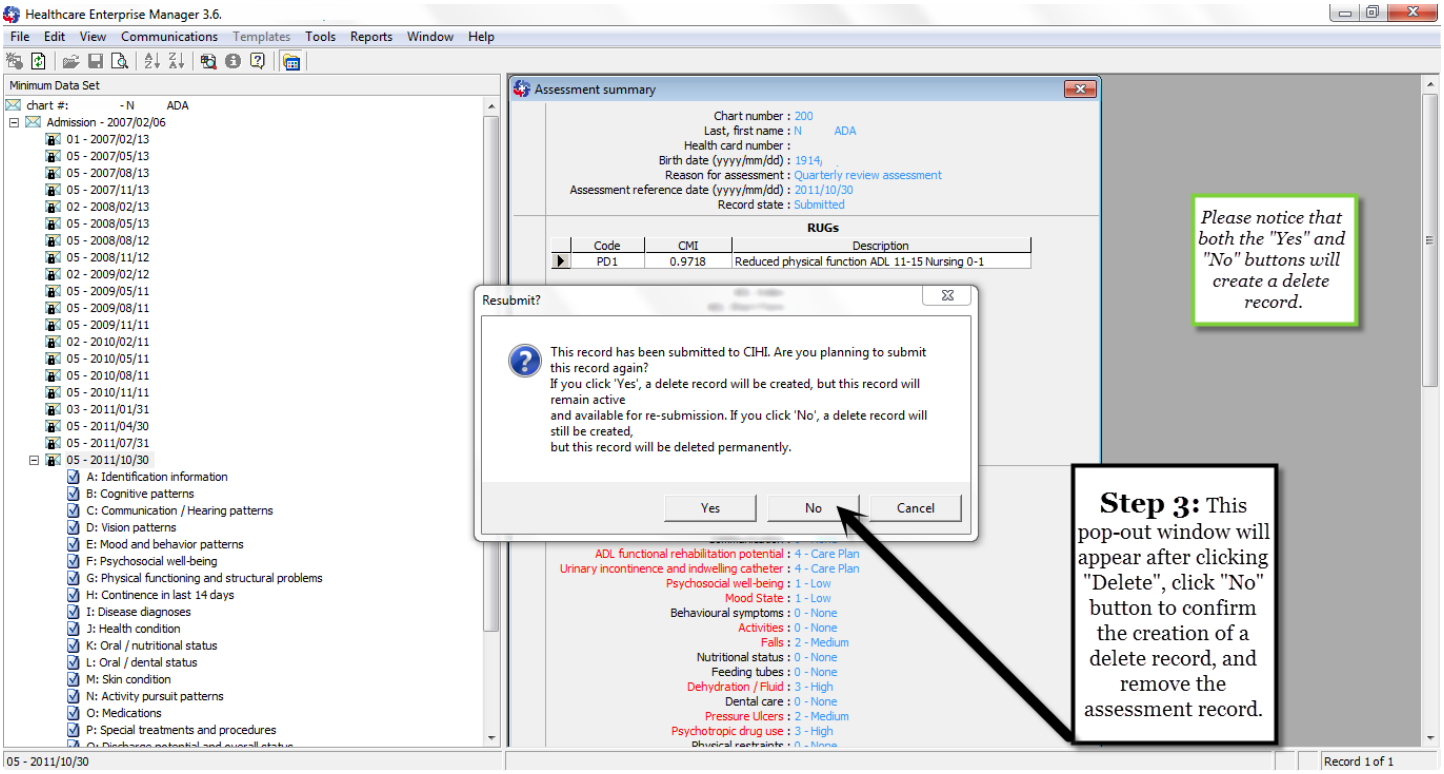

Healthcare Enterprise Manager 3.6.
File Edit View Communications Templates Tools Reports Window Help
Minimum Data Set
05 - 2008/11/12
02 - 2009/02/12
05 - 2009/05/11
05 - 2009/08/11
05 - 2009/11/11
02 - 2010/02/11
05 - 2010/05/11
05 - 2010/08/11
05 - 2010/11/11
03 - 2011/01/31
05 - 2011/04/30
05 - 2011/07/31
05 - 2011/10/30
02 - 2012/01/30
05 - 2012/04/30
05 - 2012/07/30
10 - 2012/10/30 (c)
A: Identification information
B: Cognitive patterns
C: Communication / Hearing patterns
D: Vision patterns
E: Mood and behavior patterns
F: Psychosocial well-being
G: Physical functioning and structural problems
H: Continence in last 14 days
I: Disease diagnoses
J: Health condition
K: Oral / nutritional status
L: Oral / dental status
M: Skin condition
N: Activity pursuit patterns
O: Medications
P: Special treatments and procedures
Q: Discharge potential and overall status
R: Assessment information
U: Medication list
V: RAP Summary
HOBIC Assessment
Notice the "(c)" to denote the correction record has been created.
Section L: Oral / dental status
L1
ORAL STATUS AND DISEASE PREVENTION (Check all that apply in last 7 days.)
Debris (soft, easily removable substances) present in mouth prior to going to bed at night
a : 0 no
Has dentures and/or removable bridge
b : 1 yes
Some or all natural teeth lost - does not have or does not use dentures (or partial plates)
c : 0 no
Broken, loose, or carious teeth
d : 0 no
Inflamed gums (gingiva); swollen or bleeding gums; oral abscesses, ulcers, or rashes
e : 0 no
Daily cleaning of teeth or dentures, or daily mouth care - by resident or staff
f : 1 yes
Signatures of persons completing these items
Signature
Title
Date
RN
2012/11/05
Step 4: Update the relevant client information, and sign the assessment.
L: Oral / dental status

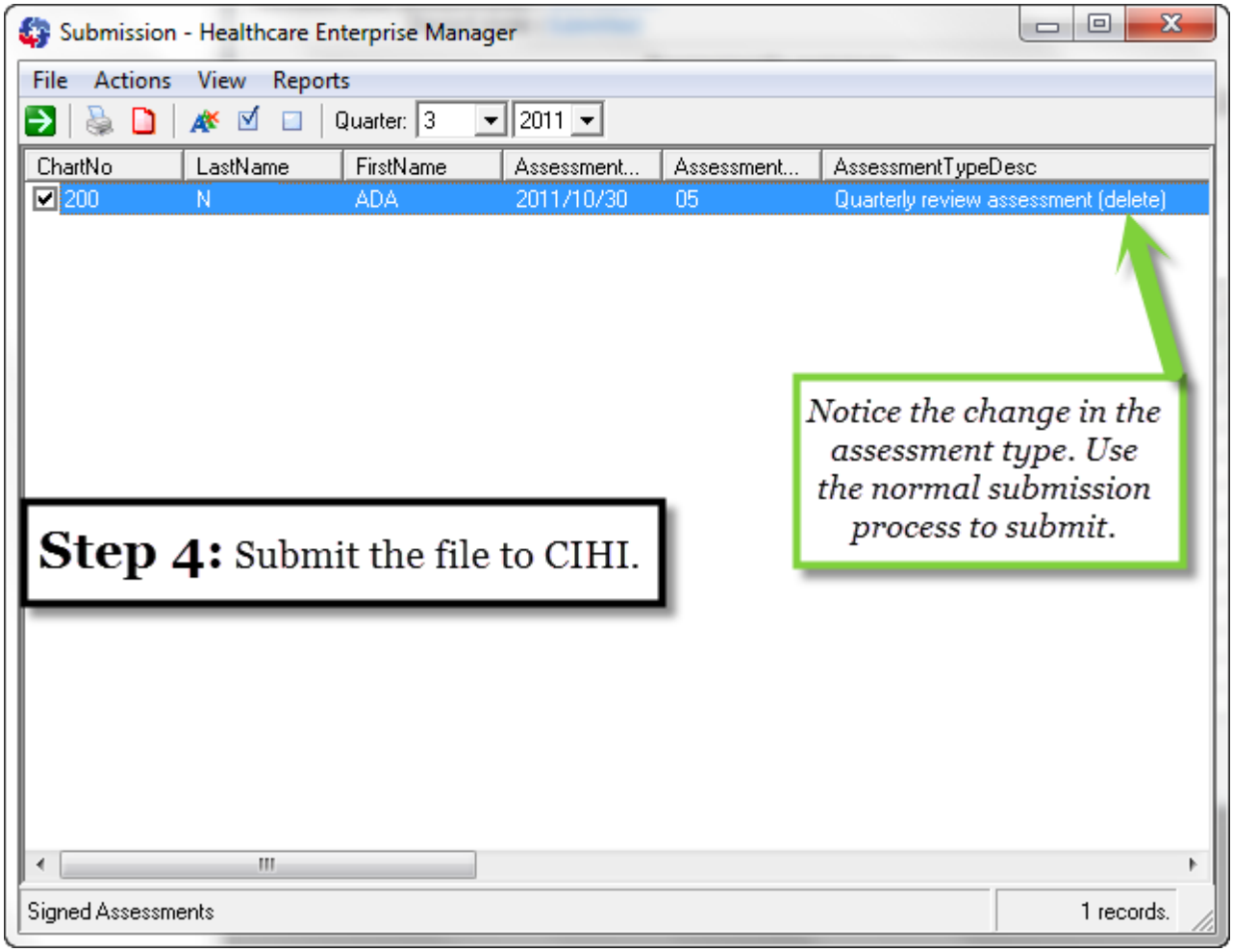

Submission - Healthcare Enterprise Manager
File Actions View Reports
Quarter: 3 2012
ChartNo
LastName
FirstName
Assessment...
Assessment...
AssessmentTypeDesc
RID
2007
N
ADA
2012/10/30
10
Significant correction of prior q...
Step 5: Submit the corrected assessment to CIHI.
Signed Assessments
1 records.

Record Deletions

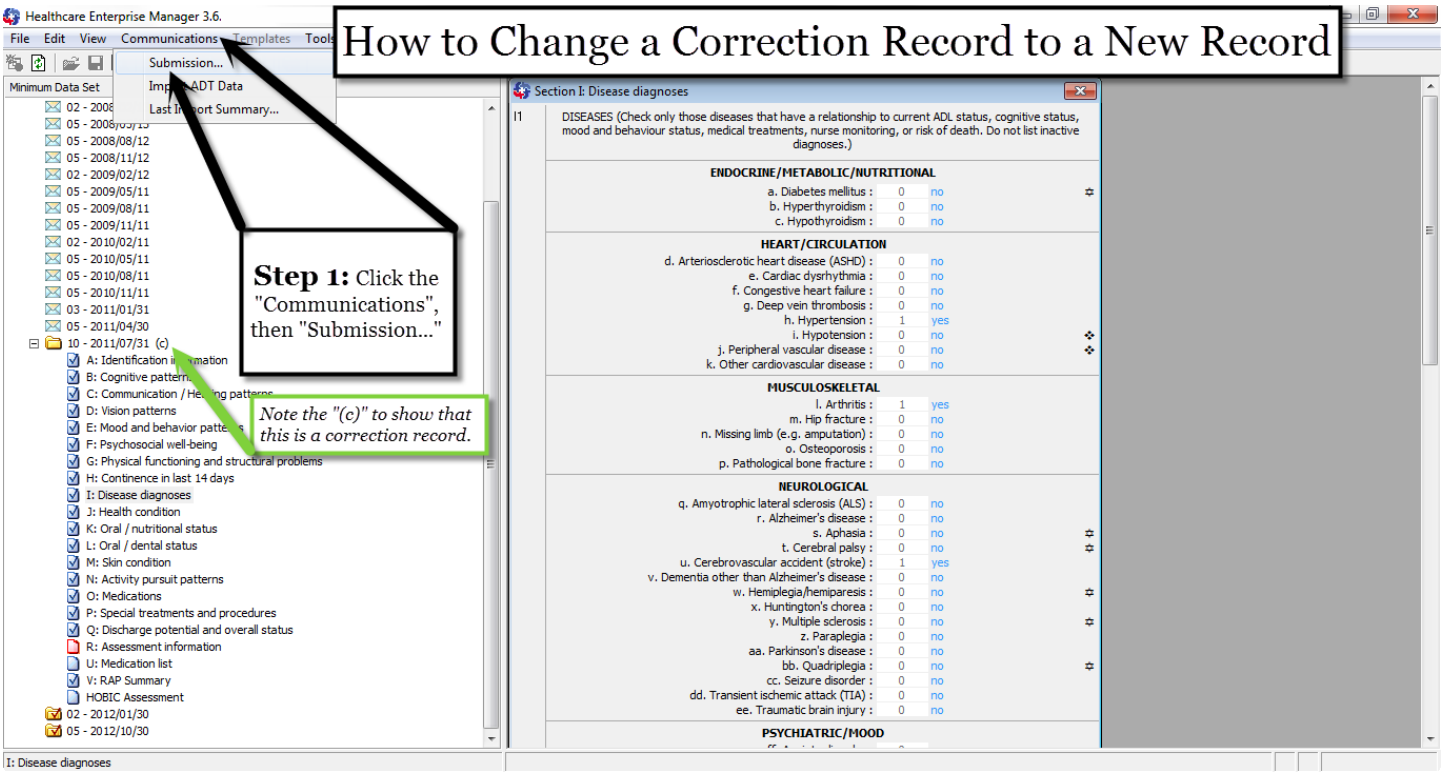


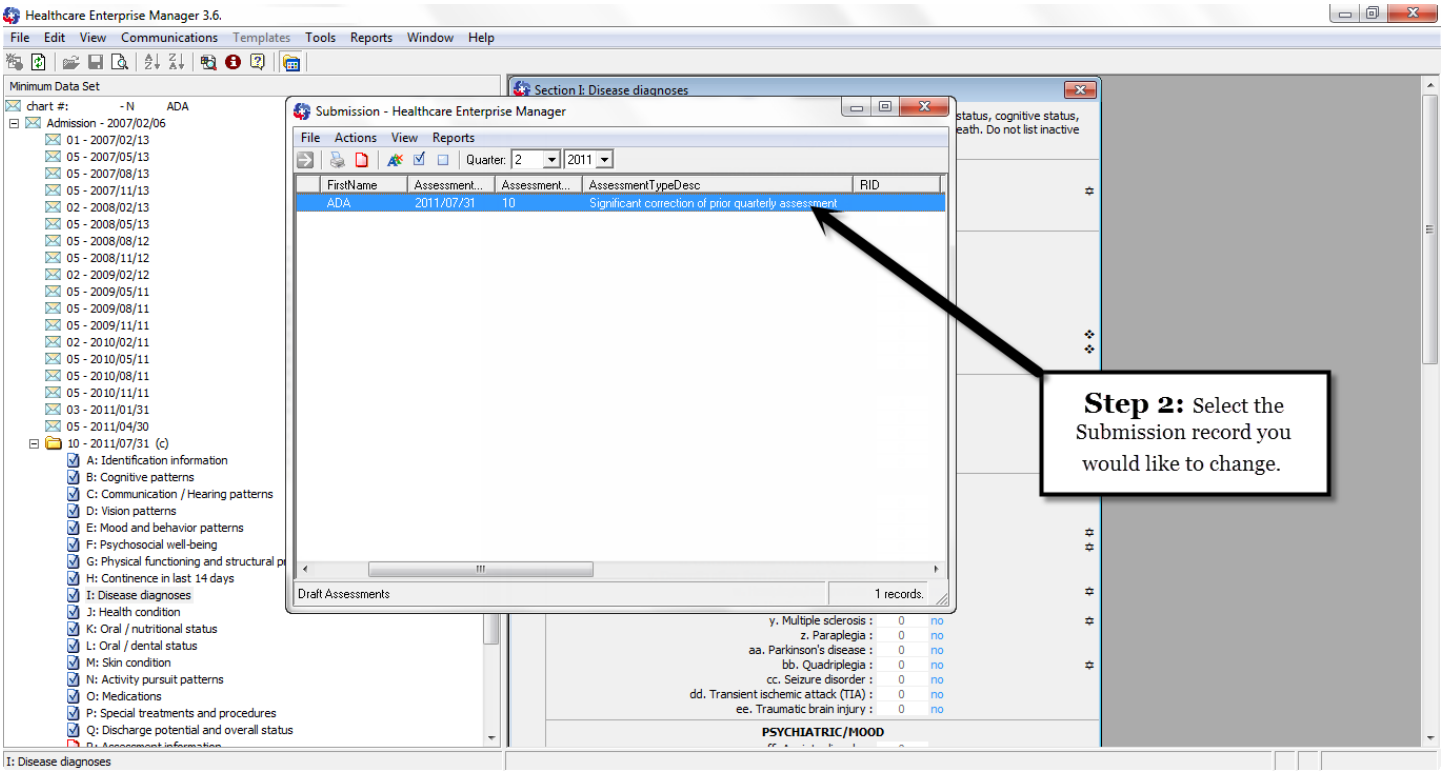


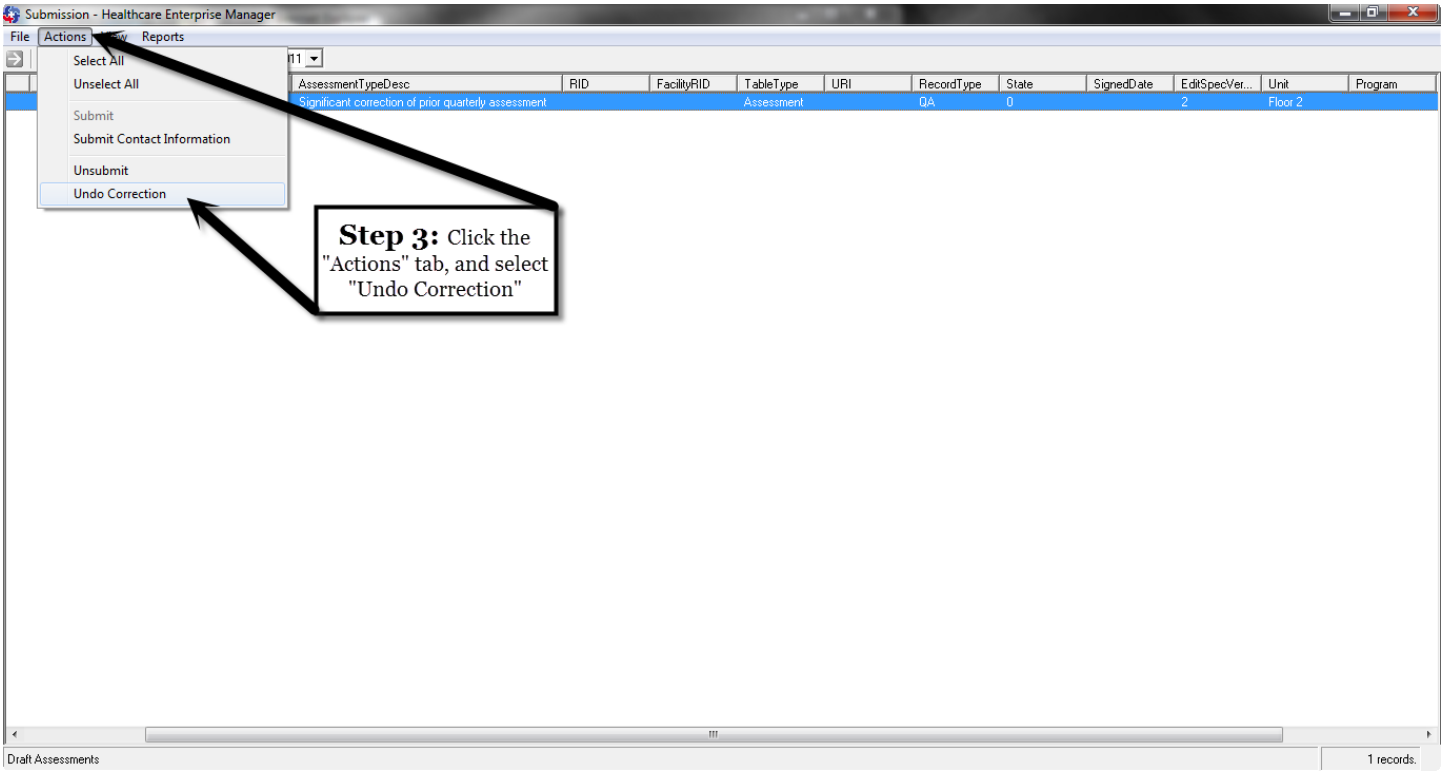

Healthcare Enterprise Manager 3.6.
File Edit View Communications Templates Tools Reports Window Help
Minimum Data Set
Assessment summary
Chart number : 200
Last, first name : N ADA
Health card number :
Birth date (yyyy/mm/dd) : 1914,
Reason for assessment : Quarterly review assessment
Assessment reference date (yyyy/mm/dd) : 2011/10/30
Record state : Submitted
RUGs
Code CMI Description
PD1 0.9718 Reduced physical function ADL 11-15 Nursing 0-1
Resubmit?
This record has been submitted to CIHI. Are you planning to submit this record again?
If you click 'Yes', a delete record will be created, but this record will remain active
and available for re-submission. If you click 'No', a delete record will still be created,
but this record will be deleted permanently.
Yes
No
Cancel
Please notice that both the "Yes" and "No" buttons will create a delete record.
Step 3: This pop-out window will appear after clicking "Delete", click "No" button to confirm the creation of a delete record, and remove the assessment record.
Record 1 of 1

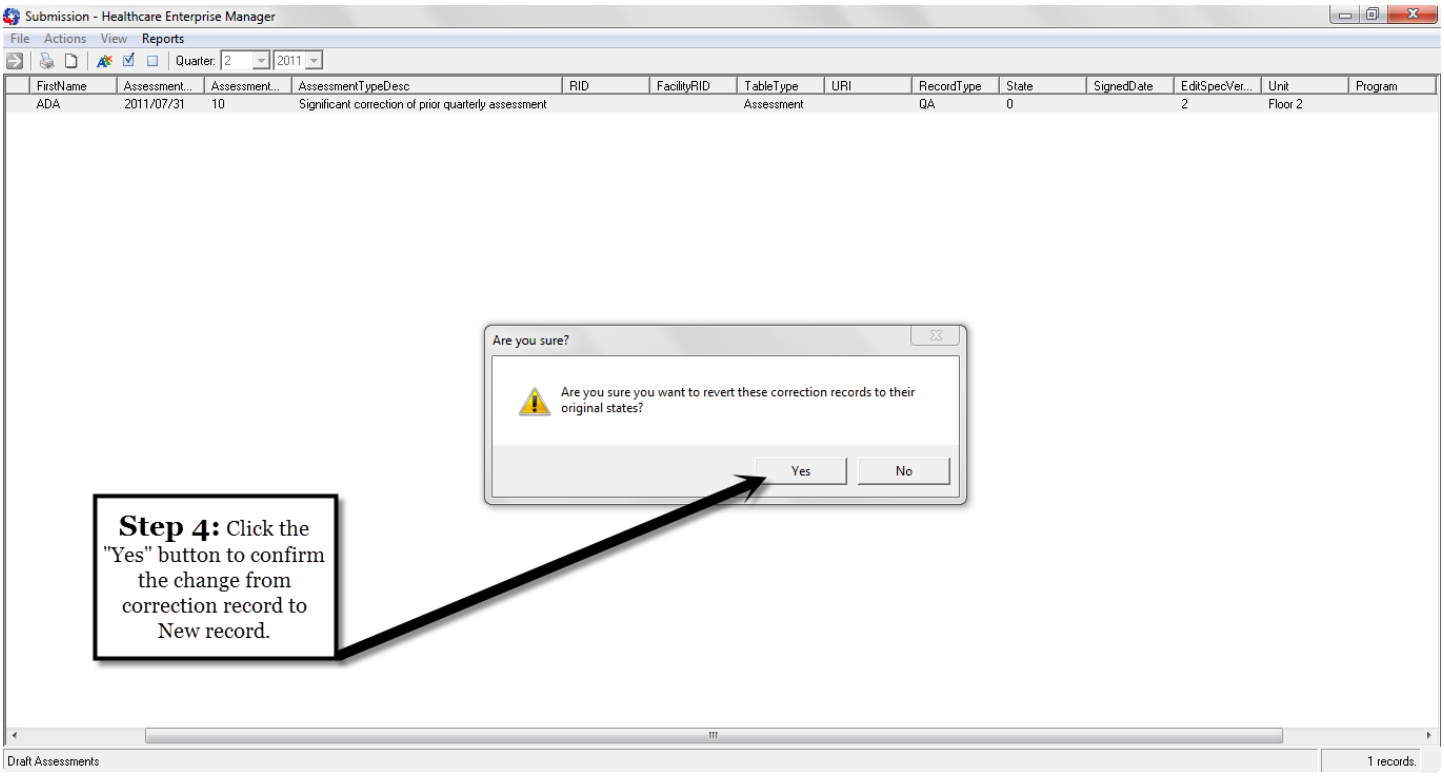

Submission - Healthcare Enterprise Manager
File Actions View Reports
Quarter: 3 2011
ChartNo LastName FirstName Assessment... Assessment... AssessmentTypeDesc
200 N ADA 2011/10/30 05 Quarterly review assessment (delete)
Notice the change in the assessment type. Use the normal submission process to submit.
Step 4: Submit the file to CIHI.
Signed Assessments
1 records.

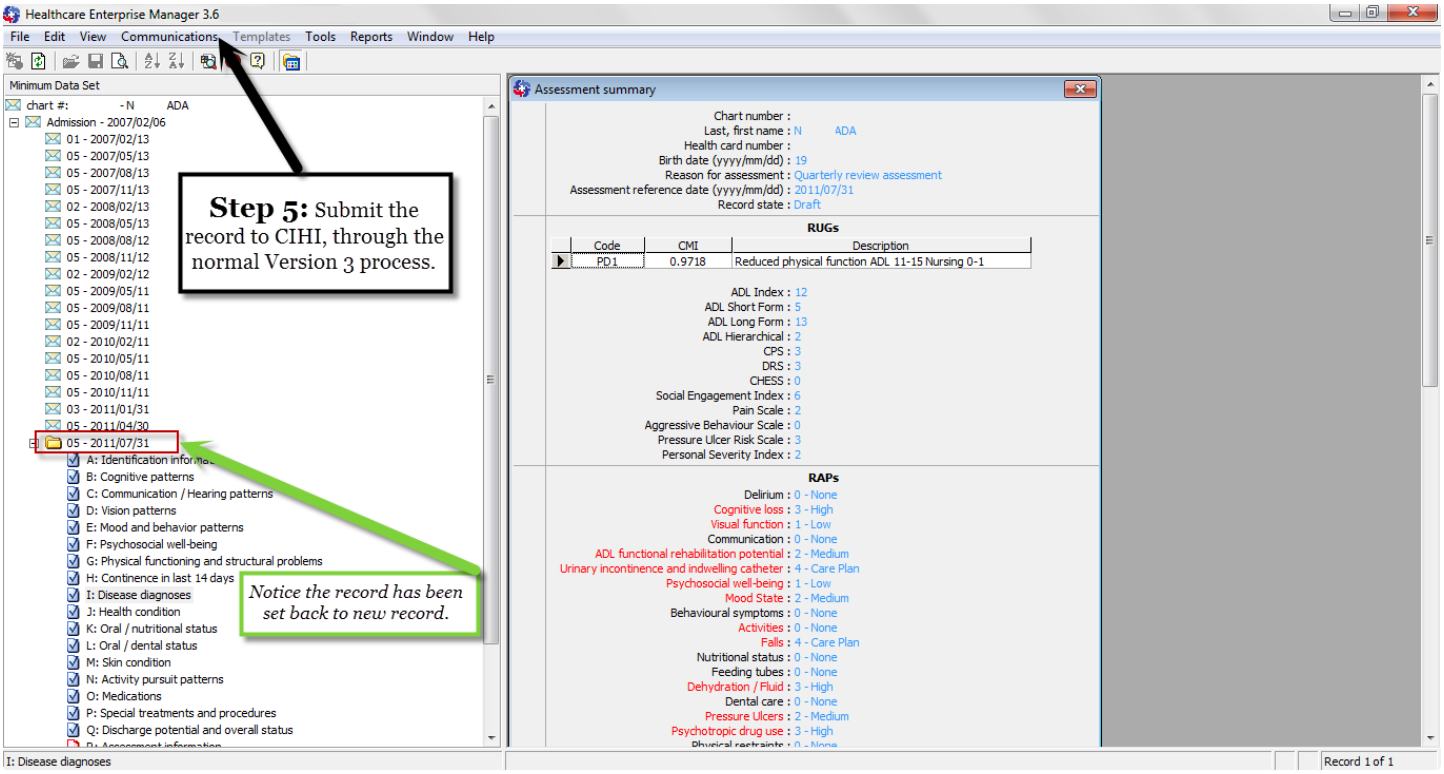
Change a Corrected Record Back to New






Submission - Healthcare Enterprise Manager
File
Actions
Reports
Select All
Unselect All
Submit
Submit Contact Information
Unsubmit
Undo Correction
AssessmentTypeDesc
RID
FacilityRID
TableType
URI
RecordType
State
SignedDate
EditSpecVer...
Unit
Program
Significant correction of prior quarterly assessment
Assessment
QA
0
2
Floor 2
Step 3: Click the "Actions" tab, and select "Undo Correction"
Draft Assessments
1 records.


Submission - Healthcare Enterprise Manager
File
Actions
View
Reports
Quarter:
2
2011
FirstName
Assessment...
Assessment...
AssessmentTypeDesc
RID
FacilityRID
TableType
URI
RecordType
State
SignedDate
EditSpecVer...
Unit
Program
ADA
2011/07/31
10
Significant correction of prior quarterly assessment
Assessment
QA
0
2
Floor 2
Are you sure?
Are you sure you want to revert these correction records to their original states?
Yes
No
Step 4: Click the "Yes" button to confirm the change from correction record to New record.
Draft Assessments
1 records.


Healthcare Enterprise Manager 3.6
File Edit View Communications Templates Tools Reports Window Help
Minimum Data Set
chart #: - N ADA
Admission - 2007/02/06
01 - 2007/02/13
05 - 2007/05/13
05 - 2007/08/13
05 - 2007/11/13
02 - 2008/02/13
05 - 2008/05/13
05 - 2008/08/12
05 - 2008/11/12
02 - 2009/02/12
05 - 2009/05/11
05 - 2009/08/11
05 - 2009/11/11
02 - 2010/02/11
05 - 2010/05/11
05 - 2010/08/11
05 - 2010/11/11
03 - 2011/01/31
05 - 2011/04/30
05 - 2011/07/31
A: Identification information
B: Cognitive patterns
C: Communication / Hearing patterns
D: Vision patterns
E: Mood and behavior patterns
F: Psychosocial well-being
G: Physical functioning and structural problems
H: Continence in last 14 days
I: Disease diagnoses
J: Health condition
K: Oral / nutritional status
L: Oral / dental status
M: Skin condition
N: Activity pursuit patterns
O: Medications
P: Special treatments and procedures
Q: Discharge potential and overall status
Step 5: Submit the record to CIHI, through the normal Version 3 process.
Notice the record has been set back to new record.
Assessment summary
Chart number :
Last, first name : N ADA
Health card number :
Birth date (yyyy/mm/dd) : 19
Reason for assessment : Quarterly review assessment
Assessment reference date (yyyy/mm/dd) : 2011/07/31
Record state : Draft
RUGs
Code CMI Description
PD1 0.9718 Reduced physical function ADL 11-15 Nursing 0-1
ADL Index : 12
ADL Short Form : 5
ADL Long Form : 13
ADL Hierarchical : 2
CPS : 3
DRS : 3
CHESS : 0
Social Engagement Index : 6
Pain Scale : 2
Aggressive Behaviour Scale : 0
Pressure Ulcer Risk Scale : 3
Personal Severity Index : 2
RAPs
Delirium : 0 - None
Cognitive loss : 3 - High
Visual function : 1 - Low
Communication : 0 - None
ADL functional rehabilitation potential : 2 - Medium
Urinary incontinence and indwelling catheter : 4 - Care Plan
Psychosocial well-being : 1 - Low
Mood State : 2 - Medium
Behavioural symptoms : 0 - None
Activities : 0 - None
Falls : 4 - Care Plan
Nutritional status : 0 - None
Feeding tubes : 0 - None
Dehydration / Fluid : 3 - High
Dental care : 0 - None
Pressure Ulcers : 2 - Medium
Psychotropic drug use : 3 - High
I: Disease diagnoses
Record 1 of 1