



130 Bloor Street West,  
Suite 200  
Toronto, ON M5S 1N5  
T: 416 750 1720  
F: 416 750 3624  
[oaccac.com](http://oaccac.com)

# Interim Release Notes for External Partners

CHRIS 2.6.0/HPG 3.4.0

Organization:	Ontario Association of Community Care Access Centres
Division:	Business Technology Solutions
Version:	1.0
Version Date:	August 28, 2015
Prepared By:	OACCAC

## Contents

Contents.....	2
Document Revision History.....	4
Executive Summary.....	5
Major Enhancements.....	5
Other Enhancements.....	6
1 eReferral to LTCH for Short Stay Respite .....	7
1.1 Business Need .....	7
1.2 Solution Overview.....	7
1.3 Enhancements.....	8
2 CCAC Referral Enhancements .....	10
2.1 Business Need .....	10
2.2 Solution Overview.....	10
2.3 Enhancements.....	11
2.4 Defect Resolutions .....	11
3 eReferral to Community Enhancements.....	12
3.1 Business Need .....	12
3.2 Solution Overview.....	13
3.3 Enhancements.....	14
4 Long Term Placement Crisis Client Ranking.....	16
4.1 Business Need .....	16
4.2 Solution Overview.....	16
4.3 Enhancements.....	16
5 Client Care Plan Update .....	16
5.1 Business Need .....	16
5.2 Solution Overview.....	17
6 Medical Practitioner - Primary Care Data Linking in CHRIS.....	17
6.1 Business Need .....	17
6.2 Solution Overview.....	18
7 Product Backlog & Other Enhancements .....	19
7.1 LTC & Hospital Placement Enhancements .....	19

7.2	Medical Equipment & Supplies Enhancements .....	21
7.3	Defect Resolutions – Service & Provider Management.....	21
7.4	Defect Resolutions – eReferral using HPG Referral Management & Client View.....	22
7.5	Defect Resolutions – Assessment Sharing .....	24
7.6	Defect Resolutions – Finance.....	24
8	Provincial Client Registry Integration .....	25
8.1	Business Need .....	25
8.2	Solution Overview.....	25
8.3	Enhancements.....	25
9	ONE ID Integration with eHealth Ontario.....	26
9.1	Business Need .....	26
9.2	Solution Overview.....	26
10	Provincial Table Updates .....	27
10.1	Facility Choice Dispositions.....	27
10.2	Allergies.....	27
10.3	Languages.....	27
10.4	<b>Service Related Table Changes</b> .....	28

## Document Revision History

Version No.	Date	Summary of Change	Contributors
1.0	Aug 28, 2015	Published version for External Partners	Joan, Hill

## Executive Summary

This document provides specific information on the new features, enhancements and provincial data updates included in CHRIS 2.6.0 - HPG 3.4.0 scheduled to be deployed on the evening of October 14, 2015.

This section provides an executive summary of the projects / major changes and other enhancements included in CHRIS 2.6.0 and HPG 3.4.0.

## Major Enhancements

Project	Overview
eReferral to LTCH for Short Stay Respite	Implementation of eReferral automated communication and workflow process for Short Stay Respite For the purpose of making CHRIS LTC SSR referrals compliant with the RM&R minimum data set, and to provide a consistent referral process between CCACs and LTCHs across all LTC services; Also to provide expanded access to respite availability information for CCAC community staff, directly from CHRIS
CCAC Referral Enhancements	Expanded two-way communication between CCACs and referring hospital / EMS organizations, To facilitate hospital discharge planning by the provision of real-time status of client referrals; To facilitate timely CCAC client assessment by the provision of up to date client needs, location and planned discharge date
eReferral to Community Enhancements	Enhanced eReferral to Community workflow with the ability to track referrals in additional states, and the ability to record client priority for expanded role referrals managed by CCACs To allow CCACs to better manage expanded role waitlists in CHRIS, and support improved reporting on successful referral of clients to community support services
Long Term Placement Crisis Client Ranking	Addition of provincial crisis ranking scoring and inclusion on long term placement waitlists, For the purpose of ranking clients in crisis according to urgency and severity of need on LT placement waitlists, as directed by LTC legislation
Client Care Plan Update	Implementation of the latest version of the Client Care Plan for use by CCACs and other community partners
Medical Practitioner – Primary Care Data Linking in CHRIS	Identification of medical contacts in CHRIS as Physicians / Nurse Practitioners, and primary care group(s) to which medical contacts are associated, To facilitate CCAC and provider communications with medical sole practitioners and primary care groups by improved accuracy and

Project	Overview
	completeness of medical contact info for clients in CHRIS
Product Backlog	Fixing of a number of defects in CHRIS and HPG, as identified by CCACs
Provincial Client Registry Integration	<p>Foundation work of integrating the CHRIS client repositories with the cross sector Provincial Client Registry,</p> <p>Access to Hospital and other PCR partner client demographic data as part of CHRIS client registration and updates, in conjunction with HCN validation,</p> <p>To automate the population of client demographic, address and telephone information in CHRIS, as known in PCR from another health system partner,</p> <p>To support the secure sharing of health information for the correct client among health partners, in the future</p>
One ID Integration with eHealth Ontario	New secure integration to allow CCAC users to access external applications and external partners to access HPG using a single sign-on

## Other Enhancements

This release also includes a small number of provincial data updates.

## 1 eReferral to LTCH for Short Stay Respite



The new eReferral component of the project will be implemented concurrently with CHRIS 2.6.0, but in Disabled status. The use of the new eReferral functionality requires that SSR Applications be created for all existing, active SSR choices in production, AND that SSR be enabled for the CCAC in HPG. These two requirements will be deployed to individual CCACs through a planned provincial deployment process.

### 1.1 Business Need

eReferral to LTC homes for Long Term Placement, Short Stay Interim Placement, and Short Stay Convalescent Care was implemented in the CHRIS product suite in R2.4, and upgraded to the RM&R Provincial Referral Standard for LTCH referrals in subsequent releases. eReferral was not implemented for Short Stay Respite at that time, because of the difference in business processes relating to respite bed booking.

CCACs prioritized eReferral to LTCH for SSR in order to implement eReferral for the remaining LTC placement service (Short Stay Respite), and to comply with the RM&R Provincial Referral Standards.

### 1.2 Solution Overview

The eReferral functionality in production for LT, SSI and SSCC placement referrals is being expanded to SSR referrals, taking into account that SSR is basically a reservation management tool, rather than a waitlist management tool.

The project includes changes to three existing products:

- CHRIS Short Stay Respite choice management
- HPG Referral Management (to include Short Stay Respite)
- BBM SSR booking management

As well as the integration to keep the respite choices in CHRIS, the respite bed bookings in BBM, and the SSR referrals in HPG in sync.

The CHRIS changes include the following features:

- New Respite Availability Search (unique to SSR)
  - Available for community and placement staff within SSR referral in Admitted state
  - User selects one of more LTC homes, preferred start and end dates for respite stay
  - Calendar view - summary of availability for respite beds in selected LTCH, by month
  - Bed Availability details - detailed availability for each respite bed within selected LTCH, including all client and non client bookings and Nights between Bookings
- New Add [Respite] Choices Wizard
  - Based on Add Choices Wizard for other LTC services, modified for SSR
  - Add Booking to Referral Package to Send Referral(s)
  - Alternate action to add waitlisted choice
- New Edit Booking Wizard (unique to SSR)
  - Allowing placement users to search for availability for alternate respite dates and update existing respite booking, from the context of a selected patient respite choice

- Send Updates Wizard (same as for LT, SSI, SSCC LTC Placement)

The HPG enhancements include the following features:

- HPG Referral Management functionality for Short Stay referrals
- LTC homes view of current and future respite bookings for selected respite bed(s) (unique to SSR)
- CHRIS – HPG eReferral Integration for SSR

The BBM enhancements include the following features:

- CHRIS – BBM choice – booking integration for SSR from CHRIS Add / Edit Booking and Update choice Status
- New History of Cancelled Bookings, to allow CCACs and LTC homes to provide a more complete story of respite utilization (unique to SSR)
- Correction of key respite defects in BBM

### Benefits

Extending the eReferral functionality to SSR will provide the CCACs and their associated LTC homes with the following benefits:

- CCAC measurable efficiency:
  - One consistent process for all LTC placement referrals
  - Automated creation of LTC application and LTCH notification of new bookings
  - Electronic sharing of assessments and referral package documents
  - Automatic update of booking choice when an LTC Home responds
  - History of the communication between CCAC and LTCH maintained
- LTC Home measurable efficiency:
  - LTC homes able to view current and future bookings and respond to SSR referrals quickly
  - LTC homes able to view assessments and documents from within Referral Management
- Electronic and manual referral processes are compliant with published Acute to LTCH referral forms

## 1.3 Enhancements

<b>SMA #</b>	<b>553359 – NE; 616919 - SW</b>
<b>Affects</b>	Client Services; LTC Homes
<b>Description</b>	<b><i>eReferral to LTCH – expand functionality to include Short Stay Respite referrals</i></b> With R2.6, the eReferral to LTCH functionality is available for SSR referrals, as well as LT, SSI, and CCP services.
<b>SMA #</b>	<b>608809 - CW</b>
<b>Affects</b>	Client Services; LTC Homes



<p><b>Description</b></p>	<p><b><i>eReferral to LTCH for SSR – change Tier 2 refusal workflow into a two step process, similar to Tier 1 refusal</i></b></p> <p>In R2.6, a new LTCH action and choice state has been introduced to mimic the Tier 1 refusal process. Instead of the LTCH selecting Tier 2 refusal, they will now select the “LTCH Withdraws Acceptance” action, with a reason, which notified the CCAC that they will not be able to care for the referred patient. The CCAC then has the opportunity to provide additional information, and/or accept the LTCH refusal as a Tier 2 refusal.</p> <p><b>NOTE:</b> This change has only been implemented for Short Stay Respite referrals at this point. The workflow for other LTC referral types remains the same.</p>
---------------------------	--

## 2 CCAC Referral Enhancements



The enhanced two way communication will be deployed only as referring organizations have their software ready and the new features are enabled for them.

### 2.1 Business Need

CCACs receive client referrals from many sources, including hospitals, primary care, LTC homes, residential hospices, schools, community support agencies, Emergency Medical Services and other CCACs. In addition, clients and/or their families can self-refer by calling the CCAC.

There is no consistent method for external partners to refer to the CCAC. Referrals can be received by the CCAC through a variety of means, the common ones being Fax, Mail, Telephone call to CCAC / CCAC office in hospital, Page to hospital care coordinator, Hospital rounds or Primary care consultation.

Prior to the development of the Acute to CCAC Referral Provincial Referral Standards by the Provincial RM&R Group, there was no standard for communicating referral information to the CCAC. The information submitted to the CCACs varied by specific referring institution, by referring doctor or based on the type of service that the referring source believed was needed by the individual being referred.

With implementation of the CCAC Referral functionality, CHRIS provides the ability to electronically receive and manage incoming referrals to the CCACs from hospitals using the Provincial Referral Standards and EMS organizations using the minimum data set for EMS referral to CCAC.

With this next phase of the CCAC Referral project, the CCACs have identified areas of improvement for communication and efficiencies in workflow to the CCAC Referral functionality.

### 2.2 Solution Overview

The solution for CCAC Referral aims to introduce efficiencies into the existing processes and increase communications between the CCAC and the referral source where possible by:

- Allowing the CCAC to receive updates to existing CCAC Referrals from the Referral Source
- Allowing the CCACs to communicate information back to the referral source at more points in the CCAC Referral workflow
- Introducing efficiencies in CCAC workflow between the CCAC Referral queue and the Referral Intake queue
- Improve handling of NACK messages and provide the CCAC with ability to enable the system to automatically send email notifications when NACK occurs

This will benefit both CCAC staff and the referral source organization staff by improving communication back and forth, improving the CCAC workflow to triage CCAC Referrals, and reducing risks introduced with missing information or information that is not delivered in a timely fashion.

### 2.3 Enhancements

<b>SMA #</b>	<b>660966 - NE</b>
<b>Affects</b>	Client Services; Health Partners
<b>Description</b>	<p><b>CCAC Referral Integration – Need ability to recognize updates to existing CCAC Referrals</b></p> <p>The Health Partner would send an update for a patient already referred via CCAC Referral and CHRIS would receive this as a NEW Referral. CCACs were required to review each, update one with information and cancel one in attempt to maintain update information in the 'active' referral.</p> <p>As of R2.6, the system recognizes when a CCAC Referral message relates to an existing (already sent) CCAC Referral, or is a brand new CCAC Referral.</p>
<b>SMA #</b>	<b>667575 - NE</b>
<b>Affects</b>	Client Services; Health Partners
<b>Description</b>	<p><b>CCAC Referral Integration – Request to generate email for CCAC Help Desk when NACK response occurs</b></p> <p>When the Health Partner system does not receive a CCAC message correctly and responds with a NACK (negative acknowledgement), CCACs will have the ability to configure CHRIS to generate an automated email with the notification of the NACK for a specified CCAC Referral Health Partner.</p>

### 2.4 Defect Resolutions

<b>SMA #</b>	<b>708243 - NE</b>
<b>Affects</b>	Client Services; Health Partners
<b>Description</b>	<p><b>CCAC Referral Details: First Name of Contact Name missing in CHRIS</b></p> <p>The entire contact name, as submitted by the Health Partner, was not displaying correctly in CHRIS: only the contact Last Name was displayed.</p> <p><b>Resolution</b></p> <p>This is being fixed in R2.6. The full contact name, including Last Name and First Name, is now displayed on the CCAC Referral Details in CHRIS.</p>

## 3 eReferral to Community Enhancements

### 3.1 Business Need

There are two enhancements that the CCACs are requesting:

#### 1. Ability to Indicate a Service Priority for the Client

The service priority, will be used by the CCACs to manage waitlisted services for expanded role referrals:

- a) Adult Day
- b) Supportive Housing
- c) Assisted Living

Currently, CCACs are tracking service priority for each client using the comments field or in a separate document. This results in a disjointed process requiring manual efforts for managing information in multiple different places and keeping the information in sync between CCACs and agencies. This causes inconsistencies and inefficiencies in managing service waitlists, with the biggest impact to the client receiving services in a timely manner.

Lack of provincial standards for managing priorities for expanded role referrals has led CCACs to develop their own standards to manage priorities at the local CCAC level. As a result, CCACs require the ability to set up and configure these priorities locally. This enhancement includes changes to the wait list reports both in CHRIS and HPG to support the new priority functionality.

#### 2. Managing Referral States for both Expanded Role and Community Services

Current service states are insufficient for both CCACs and CSSAs to accurately manage and report on service status. CSSAs cannot identify when either the client or the agency withdraws, after the agency has initially accepted the referral or when a client is coming off the waitlist to receive service.

CSSAs need the ability to differentiate between the agency initial acceptance of a community referral, and the client response when the agency confirms the referral with the client. The latter includes two

new states:

- CSSA client withdraws (with a reason)
- CSSA withdraws (with a reason)

These new states apply to all community referrals.

For expanded role community referrals, the agency can either admit the client for service or admit the client to a waitlist. For a client who is waitlisted, and capacity becomes available, there are now three choices for the CSSA:

- CSSA client admit
- CSSA client withdraws (with a reason)
- CSSA withdraws (with a reason)

This level of granularity is not supported in the current solution.

### 3.2 Solution Overview

A new function, eReferral Priorities, has been added to CHRIS Maintenance under Settings / eReferral to Community called eReferral Priorities. For each expanded role referral type used by the CCAC, CCACs can choose to configure priorities. For each priority, the CCAC will specify:

- Priority Code
- Description
- Priority Order (for sequencing on the waitlist report)

CCACs can update and delete priorities as necessary.

Once priorities are configured, CCAC client services staff can assign a priority to a client with an expanded role referral.

The CHRIS waitlist report for expanded role referrals will sort by priority and number of days waiting.

The Waitlist tab in HPG Referral Management now displays waitlisted clients by priority and number of days waiting, for expanded role referral types.

The workflow for community referrals has been expanded to include new states as follows:

Once a CSSA has initially accepted a community referral, they now have the following options:

- CSSA client admitted
- CSSA client admitted to waitlist (expanded role referrals only)
- CSSA client withdraws (with a reason)
- CSSA withdraws (with a reason)

The last two states are new and apply to all community referrals.

For expanded role community referrals, once a CSSA has admitted the client to a waitlist, they now have the following options:

- CSSA client admitted
- CSSA client withdraws (with a reason)
- CSSA withdraws (with a reason)

The last two states are new.

To support the new states, additional system generated manual tasks have been added to the system.

### 3.3 Enhancements

<b>SMA #</b>	<b>526208 - Champlain; 544995,613935 – CW; 555722 - NE; 573185 - SW</b>
<b>Affects</b>	Client Services; CSSAs
<b>Description</b>	<p><b>Add Service / Agency – Add Patient Priority for Expanded Role Referral Types</b> In R2.6, CCACs have the ability to configure priority codes, and assign a priority to a client under the following referral types:</p> <ul style="list-style-type: none"> <li>• Adult Day Care</li> <li>• Supportive Housing</li> <li>• Assisted Living</li> </ul> <p>Expanded role Waitlist in CHRIS updated to display patient referrals in Priority – Waitlist Date sequence.</p>
<b>SMA #</b>	<b>673805,581630 - NE</b>
<b>Affects</b>	CSSAs; Client Services
<b>Description</b>	<p><b>HPG Referral Management – need for CSSA to specify actual date that client was admitted to waitlist</b></p> <p>Prior to R2.6, when a CSSA responded to a community service in HPG Referral Management, the agency could only specify the effective date that an action actually occurred when recording that a client was admitted for service. As of R2.6, the CSSA will now be prompted for the business / effective date for every action they select.</p>
<b>SMA #</b>	<b>667034 - NSM</b>
<b>Affects</b>	CSSAs
<b>Description</b>	<p><b>HPG Referral Management – request for view of expanded role Waitlist for CSSAs</b></p> <p>For the three expanded role community services, CSSAs can now view the Wait List in HPG Referral Management, under the Waitlist tab.</p>
<b>SMA #</b>	<b>528936 - NE</b>
<b>Affects</b>	Client Services; CSSAs
<b>Description</b>	<b>HPG Referral Management – Add New Actions to Workflow</b>

	<p>Additional states and CSSA actions added to all community referral types to allow CSSAs to indicate Client Withdraw or CSSA Withdraw after the CSSA Accepts Referral state.</p> <p>Additional states and CSSA actions added to Adult Day, Supportive Housing and Assisted Living referral types to indicate Client Withdraw or CSSA Withdraw after the CSSA Client Admitted to Wait List state.</p> <p>Three new manual tasks have been added to support the new states:</p> <ul style="list-style-type: none"> <li>• CSSA Waitlists Client</li> <li>• CSSA Withdraws</li> <li>• CSSA Client Withdraws</li> </ul>
SMA #	530145, 530158 - WW; 599685 - SW
Affects	Client Services; Application Support; CSSAs
Description	<p><b>HPG Referral Management – request to add more values to Refusal Reasons and Waitlist Reasons</b></p> <p>A number of CCACs have requested additions to the Refusal Reasons and the Waitlist Reasons that CSSAs specify when they are either refusing or waitlisting a referred client. But many of these options are specific to a LHIN.</p> <p>In R2.6, CHRIS will support the configuration of the following tables by CCAC:</p> <ul style="list-style-type: none"> <li>• Decline Reasons</li> <li>• Withdraw Reasons</li> <li>• Wait List Reasons</li> <li>• Discharge Reasons.</li> </ul> <p>Requests for new Reasons should continue to be submitted via SMA. The CCACs will give direction on whether the new Reasons apply to the whole province, or if they meet a local need. For local needs, the new values will be configured as Inactive for all CCACs, and then set to Active for the requesting CCAC.</p>
SMA #	631369 - SW
Affects	Client Services; CSSAs
Description	<p><b>HPG Referral Management – need to notify CSSAs why referral has been withdrawn</b></p> <p>When a CCAC withdraws the CSSA from a community service, the referral status becomes Complete in HPG, but the CSSA is unaware of the reason for the change.</p> <p>In R2.6, the withdraw reason to the email notification that is sent to the CSSA when a client is withdrawn by the CCAC.</p>

## 4 Long Term Placement Crisis Client Ranking

### 4.1 Business Need

The Long Term Care legislation states that clients applying for Long Term Placement Crisis receive the same rank within the Priority 1 Crisis. From this list, CCAC Care Coordinators determine which of these clients to place on the next available bed based on their need. To assist in this decision making process, 7 of the 14 CCACs piloted and evaluated a new Crisis Ranking form that allows them to score the client need on several areas.

Some CCACs are holding off implementing the new Crisis Ranking form, until there is a place in CHRIS to record the resulting Crisis Score, and to reflect these Scores in the Waitlist reports in CHRIS, BBM and HPG. These Waitlists need to be enhanced to sequence crisis clients according to their Crisis Score.

### 4.2 Solution Overview

The addition of the Crisis Score to CHRIS will result in Improved Crisis Client Management.

- The new Crisis Ranking Form provides CCACs with quantitative method of ranking degree of client need for Clients in Crisis
- It ensures client with the most urgent need are placed ahead of clients with lesser needs
- The system maintains a Crisis history for local and provincial reporting

### 4.3 Enhancements

<b>SMA #</b>	<b>607367 - NE</b>
<b>Affects</b>	Client Services
<b>Description</b>	<p><b><i>Client Characteristics - Placement – Request to Capture Crisis Ranking Score</i></b></p> <p>In R2.6, when identifying that a patient is in crisis for LT Placement, CCAC users will be required to record the Crisis Ranking Score.</p> <p>The new Crisis Ranking Score has been added to all LT and Crisis Waitlist Reports in CHRIS, as well as to the BBM LT Waitlist View and the HPG LT Waitlist View.</p>

## 5 Client Care Plan Update

### 5.1 Business Need

The CHRIS system allows users to create and modify Coordinate Care Plans (CCP) for Health Links patients based on the common Ministry of Health approved Health Links Care Plan. CHRIS presently supports the summary version 0.5.7 of the Care Plan, which was current when the functionality went live with CHRIS 2.4.0.



The Ministry of Health Health Links Working Group has continued to refine and augment the Health Links CCP to the latest summary version which is 0.6.2. To ensure that CCACs can coordinate care with partner organizations based on the most recent version of the CCP, there exists a need to upgrade the CCP in CHRIS to version 0.6.2.

## 5.2 Solution Overview

CHRIS will be enhanced to match the 0.6.2 version of the Ministry of Health Health Links Coordinated Care Plan, including:

- The addition of new fields.
- The removal of fields.
- Wording changes to field labels.
- The addition of Look Up table to existing fields.
- The addition of Look Up table values to existing look up tables.

For those CCACs that have been using the CCP functionality in CHRIS, we are not updating existing CHRIS CCPs to the new version. Existing CCP's will remain in version 0.5.7. A version identifier has been added and appears after each CCP in the Coordinated Care Plans list in CHRIS identifying the CCP format. Any new CCPs started after the 2.6 release will be in the new 0.6.2 format. Users will have the ability to 'Copy Latest Completed' when starting a new CCP. CHRIS will copy all applicable fields into the new CCP. As per existing functionality, users will have the ability to edit the CCP.

## 6 Medical Practitioner - Primary Care Data Linking in CHRIS

### 6.1 Business Need

The OACCAC maintains a number of provincial data tables that are used for many purposes within the CHRIS application. This data includes medical practitioner data (physicians and nurse practitioners). At this time, updates to medical practitioner maintained lists are performed by the CCACs through submitting CHRIS provincial data change requests. These change requests are received and processed by the OA enterprise service desk and then inserted into the CHRIS Provincial Master database for distribution to all 14 CCACs.

Currently, CCACs are communicating much more with primary care and do not have access to up-to-date medical practitioner data. This data enhancement supports the need of the CCACs to access a comprehensive and accurate set of medical practitioner information to identify practitioners that are associated with caring for clients who are receiving CCAC support and services.

Allowing CCACs to access up-to-date medical practitioner information will improve the accuracy of client information within CHRIS, which will lead to improved client safety and client care. It will reduce the

turn around time for updating Provincial Data records within CHRIS and reduce CCAC effort to maintain accurate medical contact information for clients.

## 6.2 Solution Overview

A formal data sharing agreement was executed between the Ministry of Health and Long Term Care (MOHLTC) and the OACCAC for the MOHLTC to provide up-to date health professional data from the Provincial Corporate Provider Database (CPDB) to the OACCAC on behalf of the CCACs. The medical practitioner data is received on a monthly basis and will enable the OACCAC to update the medical contact MD and NP information within the CHRIS Master dB on an ongoing basis. The enhanced provincial feed will also allow for CHRIS efficiencies by identifying practitioner affiliation with Primary Care Groups (see CCAC Efficiency – Client Information Management).

## 7 Product Backlog & Other Enhancements

### 7.1 LTC & Hospital Placement Enhancements

<b>SMA #</b>	<b>676960 - SE</b>
<b>Affects</b>	Client Services; LTC Homes using HPG Referral Management
<b>Description</b>	<p><b><i>LTCH Choice Details – Request to make terminology for Secure/ Non-secure, Unit/Floor Designation fields consistent</i></b></p> <p>In R2.6, the following changes will be made:</p> <ul style="list-style-type: none"> <li>• LTCH Choice Details: Unit/Floor Designation field label changing to Additional LT Information</li> <li>• CHRIS LT Waitlist Report: Unit/Floor Designation column heading changing to Additional LT Information</li> <li>• BBM Waitlist View: column heading changing to Additional LT Information</li> <li>• HPG Referral Management: field label left as Secure / Not Secure on the Action popup page when the LTCH selects LTCH Accepts Referral, to give direction to the LTCH as to what info they need to provide.</li> </ul> <p>In addition to the field label changes, the Unit/Floor Designation field, now labelled Additional LT Information, has been expanded to 250 characters.</p> <p>The content of the Secure / Not Secure field on the HPG LTCH Waitlist (accessed from HPG Referral Management) has been changed to reflect the CC assessment of whether the patient needs to be placed in a secure unit. The Waitlist field is now taken from the Requires Secure Unit field in the Placement Characteristics section of the Client Characteristics page in CHRIS, instead of the choice field now labelled Additional LT Information.</p>
<b>SMA #</b>	<b>551804 – CE; 527146 – CHAM; 566018 - NE</b>
<b>Affects</b>	Client Services; LTC Homes
<b>Description</b>	<p><b><i>eReferral to LTCH – allow LTC Homes to send new information after patient accepted to Waitlist</i></b></p> <p>Currently, once a LTC home has accepted a patient, the home has no method to tell the CCAC any new information concerning their ability to care for the patient.</p> <p>In R2.6, the eReferral workflow has been expanded to include a new LTCH action: “Send Information” allows LTC homes to send a message to the associated CCAC at any point in the eReferral process. This function has been added for all LTC programs.</p>

<b>SMA #</b>	<b>531060 – HNHB; 569557 – CE; 610337 - NSM</b>
<b>Affects</b>	Client Services, LTC Homes
<b>Description</b>	<p><b><i>eReferral to LTCH – correct the Decision Expected By date in HPG Referral Management for all LTC referral types</i></b></p> <p>Currently, the Decision Expected By date that is displayed in HPG Referral Management for LTC placement is calculated at 5 calendar days from the Referral Date.</p> <p>In R2.6, the system calculates the Decision Expected By date using the number of days and whether to count calendar days or business days, as configured for each LTC referral type. In the calculation of business days, the system does not include weekends or statutory holidays.</p> <p>These parameters will be initially configured as follows:</p> <ul style="list-style-type: none"> <li>• LT: 5 business days</li> <li>• SSI: 3 business days</li> <li>• SSCC: 3 business days</li> <li>• SSR: 5 business days</li> </ul>
<b>SMA #</b>	<b>Long Term Crisis Client Ranking Project</b>
<b>Affects</b>	Client Services; App Admin; LTC Homes
<b>Description</b>	<p><b><i>New Task for LT Placement Choices for which LTCH Response is Overdue</i></b></p> <p>To assist CCAC Placement staff in monitoring LTCH responses, a new system date task has been added for Long Term Placement. For any LT choice, for which the LTCH has not responded in the configured LT response days, a task “Awaiting LTCH Response” will be generated and assigned to the current Caseload assigned to the Long Term Placement referral.</p>

## 7.2 Medical Equipment & Supplies Enhancements

<b>SMA #</b>	<b>682223,686800 – HNHB; 692776 - TC</b>
<b>Affects</b>	Client Services; E&S Vendors
<b>Description</b>	<b>Add Requisition – Request to Increase Size of Vendor Instructions</b> In R2.6, the size of the Vendor Instructions field has been increased from 28 to 200 characters.
<b>SMA #</b>	<b>Product Management</b>
<b>Affects</b>	Contract Management; E&S Vendors
<b>Description</b>	<b>E&amp;S Vendor Order Format</b> In R2.6, all E&S orders and order updates will only be sent via PXML. The E&S flat file format has been decommissioned.

## 7.3 Defect Resolutions – Service & Provider Management

<b>SMA #</b>	<b>439903,451330 – NSM; 566985,655808,698566 – HNHB; 624484,643141,648596 – WW; 567174,697688 – SE; 646463 – CHAM; 683084 – TC; 727333 - MH</b>
<b>Affects</b>	Client Services; Service Providers
<b>Description</b>	<b>Automated Offer Management – service offer for same service sent multiple times</b> Occasionally, due to timing, a service offer is incorrectly sent a second time to the same or a different provider. <b>Resolution</b> In R2.6, the system performs some additional checks to ensure that no active offer exists, before creating and sending a new service offer.
<b>SMA #</b>	<b>680663 - NE</b>
<b>Affects</b>	Client Services; Service Providers using APR
<b>Description</b>	<b>APR Cancel Visit Request for Shift Nursing service</b> For certain services and provider frequency authorizations, when the provider requests that a certain number of hours be cancelled for a visit, the system will not allow the CC to approve the request. <b>Resolution</b> In R2.6, the system recognizes the submitted number of cancelled hours and allows the CC to approve those hours as cancelled.

<b>SMA #</b>	<b>667686 - NSM</b>
<b>Affects</b>	Client Services; Service Providers using APR
<b>Description</b>	<p><b><i>APR Provider Report cannot be approved</i></b></p> <p>When a submitted Provider report has been reviewed but not completed by a CC who subsequently leaves the CCAC, the submitted requests cannot be approved or denied by another CC. It has been identified that the root cause is that the reviewing CC is now inactive in CHRIS.</p> <p><b>Resolution</b></p> <p>In R2.6, the logic has been corrected to allow another CC to complete the APR review and approval process.</p>
<b>SMA #</b>	<b>686678 - NSM</b>
<b>Affects</b>	Client Services; Service Providers using APR
<b>Description</b>	<p><b><i>APR Provider Communication not generated for discharged Provider</i></b></p> <p>In some circumstances, no provider communication will be generated after a CC responds to a submitted provider report. It has been identified that the root cause is that the provider record is discharged.</p> <p><b>Resolution</b></p> <p>In R2.6, the system creates and sends a provider notification regardless of the current provider status.</p>

#### 7.4 Defect Resolutions – eReferral using HPG Referral Management & Client View

<b>SMA #</b>	<b>620230 - CHAM</b>
<b>Affects</b>	Client Services; LTC Homes
<b>Description</b>	<p><b><i>HPG Referral Management – Closed referrals still displayed after 14 days</i></b></p> <p>In some circumstances, closed referrals will show longer than the configured time. It was identified that the sharing authorization end date (which controls which referrals can be viewed by an external partner) also gets updated legitimately by other processes.</p> <p><b>Resolution</b></p> <p>In HPG R3.4, the e-referral search logic has been enhanced to filter out referrals which are beyond the configured time period.</p>

<b>SMA #</b>	<b>721265 - CENT</b>
<b>Affects</b>	Client Services; App Admin; external partners using HPG eReferral Management;
<b>Description</b>	<p><b><i>HPG Referral Management – external users needed multiple HPG logins to view referrals</i></b></p> <p>Currently, when an external partner provides service to more than one CCAC, they need to have a separate HPG login for each CCAC to access and respond to the referrals.</p> <p><b>Resolution</b></p> <p>In R2.6, a dropdown for Referring CCAC has been enabled.</p>
<b>SMA #</b>	<b>654792 – NSM; 664121 - WW</b>
<b>Affects</b>	Client Services; Service Providers using HPG Client View
<b>Description</b>	<p><b><i>HPG Client View – external user must select start date in order to view shared documents</i></b></p> <p>Currently, when a service provider user selects the Shared Documents under HPG Client View, no documents are displayed by default. Users have to select a start date (prior to the earliest document date) in the Shared Documents Search Criteria and search, before any documents are listed.</p> <p><b>Resolution</b></p> <p>In HPG R3.4, the system pre-populates the Start Date, and the shared documents are automatically displayed.</p>
<b>SMA #</b>	<b>647522 - TC</b>
<b>Affects</b>	Client Services; Service Providers
<b>Description</b>	<p><b><i>CSR Upload – no document uploaded to CHRIS for files with no file extension</i></b></p> <p>Currently, when a provider uploads a provider report with no file extension, using CSR Upload, the transaction is created but no document is attached for the CCAC user to review.</p> <p><b>Resolution</b></p> <p>In HPG R3.4, additional data validation was added to HPG to check and display an error message if the file the user is uploading has no file extension.</p>

## 7.5 Defect Resolutions – Assessment Sharing

<b>SMA #</b>	<b>688938,689092,709774 - CE</b>
<b>Affects</b>	Client Services; external recipients of Shared Assessments
<b>Description</b>	<p><b><i>eReferral to Community – RAI-CA report incorrectly reporting bowel incontinence</i></b></p> <p>In certain circumstances, the RAI CA assessment report indicated that the patient was both bladder and bowel incontinent, when in fact, the patient was only bladder incontinent. The weight units were also incorrect.</p> <p><b>Resolution</b></p> <p>In R2.6, the RAI CA assessment report has been fixed to display the assessed information correctly.</p>

## 7.6 Defect Resolutions – Finance

<b>SMA #</b>	<b>483110 - HNHB</b>
<b>Affects</b>	Finance; E&S Vendors
<b>Description</b>	<p><b><i>E&amp;S Billing Reconciliation Report – Vendor Invoice File ID not included</i></b></p> <p>Currently, the invoice file ID field is not displaying the correct information.</p> <p><b>Resolution</b></p> <p>In R2.6, the correct invoice file ID is displayed on the Billing Reconciliation Report for E&amp;S purchases and rentals.</p>



## 8 Provincial Client Registry Integration

### 8.1 Business Need

There is currently no simple, reliable method for CHRIS and other health care systems to uniquely identify an individual. Current CHRIS – hospital / other health care system integration performs client matching by comparing Client Surname, First Name, Date of Birth, Health Card Number, and Gender. This client matching logic has to err on the side of caution, due to privacy considerations. Because names can often be recorded in different manners, there is a certain percentage of clients that are not able to be matched across CCAC and partner systems, and as a result, client information cannot be shared.

The Ontario Provincial Client Registry (PCR) project is building a database of known clients in Ontario across health care organizations. PCR has a much more advanced algorithm to match patient records, and provides a service to look up known patient identifiers across contributing organizations. Accessing organizations can take advantage of known demographics and other information from PCR, to use in their own patient system.

### 8.2 Solution Overview

The CHRIS – Provincial Client Registry Integration will involve the following changes:

- Search PCR function will be performed when CCAC users use the Add Client function in CHRIS, and auto-populate the Add Client page with PCR client identifiers and demographics

Making these foundational changes to CHRIS will build capacity to share client information more easily and accurately among health care partners in the future.

### 8.3 Enhancements

<b>SMA #</b>	<b>PCR Integration Project</b>
<b>Affects</b>	Client Services; External Partners
<b>Description</b>	<p><b><i>CHRIS Provincial Language Table - update</i></b></p> <p>To take advantage of the PCR integration and ability to populate patient language in CHRIS, the CHRIS language table will be updated with new languages (in PCR, but not in CHRIS).</p> <p>In addition the language coding information will also be updated to facilitate the mapping of CHRIS language to eHealth language and vice versa.</p>

## 9 ONE ID Integration with eHealth Ontario



The **One ID Integration** functionality will be deployed concurrently with CHRIS R2.6.0, in disabled mode.

### 9.1 Business Need

CCAC users and their partners must manage and remember multiple sets of credentials for each application they use.

Requiring users to sign in multiple times into different applications presents the following issues:

- Reduced efficiency; users must spend time signing in and navigating to the appropriate client record.
- Password issues; users can resort to using the same user names and passwords for multiple systems, which can present a security risk.
- Potential for data entry errors; users must manually navigate to the appropriate patient's context in external systems, which creates opportunity for data entry errors that may affect patient care.

### 9.2 Solution Overview

The ONE ID project enables integration with the eHealth Federation Hub and provides:

- Single Sign On (SSO) access for external applications from with the OACCAC network.
- SSO access and direct navigation to a patient context within an external application from within CHRIS. To facilitate this CCACs can request links to external applications be added to the Action Drop Down in CHRIS.
- SSO access and navigation to patient record within HPG for users whose accounts have been provisioned for ONE ID Federated Access.
- CCAC users will be able to log into external applications via SSO without going through CHRIS.
- HPG Users will be able to log into HPG via SSO directly in HPG. The HPG login screen has been updated to allow for both HPG useraccount access and SSO access.

## 10 Provincial Table Updates

### 10.1 Facility Choice Dispositions

SMA #	<b>562166 - NE</b>
Affects	Client Services; LTC Homes
Description	<p>Added a new withdraw disposition for Long Term Care Placement Referral</p> <ul style="list-style-type: none"> <li>Description: 'CCAC Withdraw - Client Refused on Admit'</li> </ul>
SMA #	<b>684327 - CHAM</b>
Affects	Client Services; LTC Homes
Description	<p>Added two new withdraw dispositions for Short Stay Convalescent Care Placement Referral</p> <ul style="list-style-type: none"> <li>Description: 'CCAC Withdraw - Discharge plan for SSCC cancelled'</li> <li>Description: 'CCAC Withdraw - Client Placed in Other Choice'</li> </ul> <p>Added a new withdraw disposition for Short Stay Interim Placement Referral</p> <ul style="list-style-type: none"> <li>Description: 'CCAC Withdraw - Client Placed in Other Choice'</li> </ul>

### 10.2 Allergies


SMA #	<b>730808 – CENT</b>
Affects	Client Services, Service Providers, Vendors; other External Partners
Description	<p>Updates for Allergy Type = Drug</p> <ul style="list-style-type: none"> <li>Added a new <u>Drug Allergy</u>: Generic Name: <b>Ferumoxytol</b> Brand Name: Feraheme</li> </ul>

### 10.3 Languages

SMA #	<b>PCR Integration Project</b>
Affects	Client Services, Service Providers, Vendors; other External Partners
Description	Updated Language:

	<ul style="list-style-type: none"> <li>Afrikaans  (spelling correction to the existing language Afrikaans)</li> </ul>
--	---

## 10.4 Service Related Table Changes

	<p>New <b>Service Types</b> and <b>Service Delivery Types</b> will be deployed as Inactive. Individual CCACs must request specific <b>Service Types</b> and <b>Service Delivery Types</b> to be enabled via SMA, as needed for their CCAC.</p>
---	--

<b>SMA #</b>	<b>737898 - SW</b>
<b>Affects</b>	Client Services; Service Providers
<b>Description</b>	<p>Added one new <u>Service Delivery Type</u> for <u>Service Type</u> 'eHomeCare' under Home Care Referral:</p> <ul style="list-style-type: none"> <li>Service Delivery Type: 'Visit Integrated DRN-Tech' (ID = 1207)             <ul style="list-style-type: none"> <li>Description: 'Visit Integrated Directing RN-Technician home'</li> <li>Service Delivery Unit (authorization &amp; billing): Visit</li> <li>Functional Centre: In home Combined PS and Homemaking (725 354 030)</li> <li>Reporting Unit: Hour</li> </ul> </li> </ul> <p><b>Note:</b> This is a unique and different service delivery type: the reporting unit is Hour, but the authorization unit is Visit.</p> <p>Because the reporting unit is Hour, the service providers billing this service must provide the # hours with each billed visit, so that the FSMS Export logic in CHRIS can correctly report the service provided.</p> <p>The FSMS Export logic for Accounts Payable, Adjustments, and Month-end Suspensions in R2.5.3 and previous releases does not report the correct quantities under the correct MIS statistics in production for this combination of authorization and reporting units. This logic is being fixed in R2.6.</p>