Improving Data Quality for Better Funding, Planning and Evidence Based Decision Making

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## Presenter Disclosure

**Presenters:** Maria Marin and Cindy Sabo

**Relationships with commercial interests:**

- **Grants/Research Support:** None
- **Speakers Bureau/Honoraria:** None
- **Consulting Fees:** None
- **Other:** None
Session Key Objectives

- Understand the importance of reporting high-quality, timely, accurate and consistent data

- Understand how the Trial Balance submission data is used

- Understand how to analyze and improve your data quality
AGENDA

• Section 1 – Background
• Section 2 - Key Statistical Reporting Requirements for CHC sector
• Section 3 - Observations from the 2014/15 Q3 Trial Balance Submission
• Section 4 - OHRS Resources
• Section 5 - CHC Comparative Reports 2014/15 Q3
• Section 6 – Questions
Section 1

Background
OHRS and MIS

What is MIS?

- A set of national standards for collecting, processing and reporting financial and statistical healthcare data developed by CIHI

What is OHRS?

- Ontario Healthcare Reporting Standards, a requirement for reporting all financial and statistical healthcare data in Ontario
- OHRS framework is based on MIS national standards to meet Ontario needs
- OHRS overrides CIHI MIS guidelines
Benefits of Ontario Healthcare Reporting Standards (OHRS)

The availability of quality, standardized data across all healthcare sectors enables:

- Evidence-based decision making
- Equitable allocation of health care resources across and within healthcare sectors
- Analysis and comparison of data across CHCs and other healthcare sectors
- Development of benchmarks and performance indicators
- Effective planning, analysis and resource allocation
- Integrated reporting
Why is Health Data Important?

Health data is the backbone for:

- Funding
- Planning
- Decision making
- Utilization
- Trend analysis
- Resource allocation
Who Uses the Information?

Canadian Institute for Health Information (CIHI)

CIHI is a national organization whose mission is to coordinate the development and maintenance of a comprehensive and integrated health information system for Canada, and to provide and coordinate accurate and timely information required to:

- Establish sound health policy
- Effectively manage the Canadian health system
- Generate public awareness about factors affecting good health

Canadian provinces and jurisdictions submit their healthcare MIS financial and statistical information to CIHI for inclusion in the Canadian MIS Database (CMDB).
How is Data Used?

After CIHI receives the MIS data from Canadian jurisdictions, it uses the data to:

- Calculate national indicators related to health services
- Generate provincial indicators related to health services
- Identify types and costs of healthcare services
- Calculate inter-provincial billing rates
Ministry of Health and Long Term Care, LHINs and Health Service Provider Organizations

Reports and tools created based on the data in the OHFS database assist the health service provider organizations, Local Health Integration Networks (LHINs), and the funding ministries in the review and planning of resources.

The data is used for:

- Analysis, comparison and decision making processes

Data in OHFS can be used to:

- Generate reports and assist other resource outputs, such as:
  - Online reports (e.g. data quality reports and/or comparative reports)
  - Decision support tools (e.g. Healthcare Indicator Tool)
How is Data Used Internally?

Many healthcare decisions can also be made based on OHRS data:

• Staffing requirements
• Education and skill mix
• How to effectively meet defined client needs
• How to use the most efficient processes
• Identify the cost of service delivery
• How to maximize service delivery within fiscal restraints
• How to balance the costs of service delivery
Ontario Healthcare Reporting Standards (OHRS)

OHRS Chart of Accounts
Definitions and CHC Chapter 12

Ontario Financial & Statistical (OHFS) System
Data stored in OHFS database
Queries and Reports
Edit Rules

Comparative Report
Verification Report
Healthcare Indicator Tool (HIT)
Reports
Data Extracts

Reports and Indicators can indirectly influence the OHRS by indicating potential gaps or quality issues in the standards.
Uses of OHRS Data

Ontario Healthcare Reporting Standards (OHRS)

Ohio Financial and Statistical (OHFS) System

Data stored in OHFS database

Edit Rules

Queries and Reports

OHRS Trial Balance Submission Data File

Web-Based Trial Balance Submission

OHRS Documentation

Chapters 1-4
Sector-Specific Chapters
Appendices
Glossary of Terms

Comparative Report
Verification Report
Healthcare Indicator Tool (HIT)
Reports
Data Extract

Data Quality
Accountability
Continual Service Improvement
Decision Making
Allocation of Resources

Trending/Forecasting
Benchmarking
Ad Hoc Reporting
Efficiency Measurement
Operational Review
Data Submission and Data Quality Process

CHC submits OHRS data through Trial Balance (TB) submission

TB successful submissions data stored in OHFS database

OHRS Education Sessions and Data Quality Review Report

Verification Report

Comparative Report

Data Corrections

*OHFS = Ontario Healthcare Financial & Statistical System
Section 2

Key Statistical Reporting Requirements for CHC sector
Service Provider Interactions and Individuals Served

- **Individuals Served** by Functional Centre: S 455 86 **
- **Service Provider Interactions**: S 265 86 **

- Individuals Served are counted only once within the functional centre within a fiscal period regardless of how many different services they have received during that period.
- Service Provider Interactions are reported each time service is provided to service recipients i.e. individuals served. Service must be longer than 5 minutes.
Uniquely Identified Client/Service Recipient

An individual who receives service(s) from a Community Health Centre and who is registered as a client, whose encounter is recorded in the registration or information system of the organization and who has a unique identifier assigned. CHC organization maintains records of this individual using a unique identifier.

**S 455 ** ** Individuals Served by the Functional Centre**

- Year-to-date count of number of individuals served by the functional centre in a reporting period and identified by a unique identifier
- Individuals are counted only once within the functional centre in a fiscal year regardless of how many different services they have received or the number of times they were admitted or discharged within the reporting period
- Reported in the functional centre where the service was received.
- An individual may receive services from several functional centres during the same reporting period.
- Service recipient category and age category are required.
Individuals Served by Functional Centre S455 86 ** and Individuals Served by Organization S 855 86 86

Organization # 9999

**FC 72 5 10 40 10**

- S 455 86 **
  - SR: A
  - SR: B
  - SR: C

Total S455 86 ** = 3

**FC 725 10 50 10**

- S 455 86 **
  - SR: A
  - SR: C
  - SR: D
  - SR: E

Total S455 86 ** = 4

**FC#72 10 40 50**

- S 455 86 **
  - SR: C
  - SR: E
  - SR: F

Total S455 86 ** = 3

- S 855 86 86 Individuals Served by Organization CHC
  - SR: A
  - SR: B
  - SR: C
  - SR: D
  - SR: E
  - SR: F

Total S 855 86 86 = 6
Reported in AC 8 2 9 90
S 455 86 ** versus S 855 86 86

Organization # 9999

S 455 86 ** versus S 855 86 86

FC 72 5 10 40 10

S 455 86 **
SR: A
SR: B
SR: C

Total S455 86 ** = 3

S 855 86 86 Individuals
Served by Organization
CHC

SR: A
SR: B
SR: C
SR: D
SR: E

Total S 855 86 86 = 6
Reported in AC 8 2 9 90

FC 725 10 50 10

S 455 86 **
SR: A
SR: C
SR: E

Total S455 86 ** = 4

FC #72 10 40 50

S 455 86 **
SR: C
SR: E
SR: F

Total S455 86 ** = 3
Service Provider Interactions (S265 ** **)

- A service provider interaction is reported each time service recipient activity is provided to a client/SR.
- The service recipient and/or significant other(s) must be present during the interaction and the service must be provided longer than 5 minutes.
- If a service provider serves the SR multiple times, report each service provider interaction.
- If a multi disciplinary team provides service to a SR in the same FC, report a service provider interaction for each member of the team who provided the service.
- Service provider interactions are only provided by UPP/NP/MED staff.
- Each interaction may be reported according to the length of time a service provider provided **direct service** to the service recipient.
- It includes interactions via telephone or emails/chats/videoconferencing
The sum of S920792* Service Provider Interactions by Location cannot be greater than the sum of S 265 ** ** Service Provider Interaction
SPGI & Group Activities

Functional Centre 7 2 5 **

Service Recipient Activities

Service Provider Activities

Group Participants Non Registered Client Attendance S 491 60 10

Group Participants Registered Client Attendance S 491**20

Group Session S492 00 10

Service Provider Group Interaction with Time Intervals (SPGI) S 266 00 **
Observations from the 2014/15 Q3 Trial Balance Submission
Our Analysis is based on...

- 2014/2015 Q3 OHRS/MIS Trial Balance submission
- Functional Centre 7 2 510 20 COM Clinic/Program General Clinic
- Fund Type 2 only
- 74 CHCs successfully passed the submission
- 73 CHCs submitted under 72 5 10 20 Clinic/Program General Clinic functional centre
Most Common Errors

- Reporting Individuals Served without reporting Service Provider Interactions
- Reporting Group Sessions without reporting Group Participants Attendances and vice versa
- Reporting Group Sessions and Group Participants Attendances without reporting Service Provider Group Interactions
- Reporting Individuals Served by functional centre without reporting Individuals Served by the organization
Mandatory Reporting:

- Individuals Served by Functional Centre S 455 86* reported, but NO Service Provider Interactions S 265 86 ** reported.
- Service Provider Interactions S 265 86** reported, but the number of interactions is lower or equal than the number of individuals served.
- Number of Service Provider Interactions is very high compared to the number of individuals served.

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### FC 7 25 10 20 COM Clinics/Programs – General Clinic

- Group participants attendances reported but no group sessions reported
- Group sessions reported but no group participants attendances reported

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</table>
FC 7 25 10 20 COM Clinics/Programs – General Clinic

- 24 CHCs reported S455 Individuals Served by functional centre (72 5 10 20), but did not report any S 855 Individuals served by organization

- 11 CHC reported the number of individuals served by functional centre 72 510 20 greater than the number of Individuals Served by organization S855

**Correct reporting:** The number of individuals reported using account S455 86 **Individuals Served by Functional Centre within functional centre CANNOT be greater than the number of individuals served by the organization S 855 86 86**

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</table>
UPP Compensation
FC 7251020 COM Clinics/Programs – General Clinic

Provincial Average Hourly Rate: $31
Maximum: $168
Minimum: $0
Tips for Compensation and Hours Data Validation

• Use arithmetic mean or average to validate the alignment of financial and statistical data
  • Example: Use average compensation expense per earned hour to check reasonableness of Unit Producing Personnel (UPP) hours reported against UPP compensation within the same functional centre by using the formula:

\[
\frac{(\text{Worked Compensation} + \text{Benefit Compensations})}{(\text{Worked Hours} + \text{Benefit Hours})}
\]

OR

\[
\frac{(F35010 + F35030)}{(S3501000 + S3503000)}
\]

• Ask yourself – “Does the result make sense?”
Tips on Validating Group Participants and Sessions

- Use arithmetic mean or average to validate number of participants against the number of group sessions reported within the same functional centre

  Total Group Participants / Total Group Sessions

  Or

  \((S4916010 + S491**20) / S4920010\)

- Ask yourself – “Does the result make sense?”
Tips on Validating Service Provider Interactions and Individuals Served

- Use arithmetic mean or average to validate number of Service Provider Interactions against the number of Individuals Served within the same functional centre

\[
\text{Total Service Provider Interactions/ Total Individuals Served}
\]

Or

\[
S265 \text{ 86 ** } / S45586**
\]

- Ask yourself – “Does the result make sense?”
Improving Data Quality – Checklist

Before your Trial Balance submission:

- Ensure the proper CHC-specific functional centres are used
- Report **all mandatory** statistics as per OHRS Chapter 12 and CHC reference card
- Follow the reporting rules to submit financial data at the proper level of detail
- Report statistics using the proper service recipient codes and age categories
- Ensure the valid combination and account numbers are used
- Review the Verification Report after you receive the green happy face
Section 4

OHRS Resources
Health Data Branch Web Portal

Welcome...

This Health Data Branch (HDB) website is intended primarily as a resource for healthcare facilities and agencies. In it you can find HDB's announcements, current reporting templates, latest user guides, documentation, publications, reports, presentations and web-based tools.

In this site you will find information regarding:

Much of this information requires knowledgeable interpretation. Please read the interpretative guidelines and methodology supplied within the web site.

What's New

SRI goes Live for Quarterly Reporting

The Ministry of Health and Long-Term Care through collaborative efforts with HDB, IT Balancing and Health Sector Reporting is pleased to introduce the Self-...
# OHRS Documentation

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<thead>
<tr>
<th>Applies to all sectors</th>
<th>Standards and information applicable</th>
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<tbody>
<tr>
<td>OHRS Chapter 1 to 4</td>
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<tr>
<td>OHRS Appendix A</td>
<td>Full Functional/Accounting Centre (FC/AC) List of Accounts</td>
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<td>OHRS Appendix B</td>
<td>Full Financial List of Accounts</td>
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<td>OHRS Appendix C</td>
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<td>OHRS Appendix D</td>
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<td>OHRS Appendix H</td>
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<td>OHRS Chapter 7 CMH&amp;A</td>
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<td>OHRS Chapter 8 Hospital</td>
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Section 5

CHC Comparative Reports

2014/15 Q3 Trial Balance Submission
Locating CHC Comparative Reports on HDB website
Locating CHC Comparative Reports on HDB website

CHC Data Quality & Comparative Reports

FY2014/15 Q3 CHC OHFS Comparative Report
- Report A Series - OHFS Reporting Profile
- Report B Series - Financial
- Report C Series - Statistical
- Report D Series - Key Indicators

FY2014/15 Q2 CHC OHFS Comparative Report
- Report A Series - OHFS Reporting Profile
- Report B Series - Financial
- Report C Series - Statistical
- Report D Series - Key Indicators

FY2013/14 YE CHC OHFS Comparative Report
- Report A Series - OHFS Reporting Profile
- Report B Series - Financial
- Report C Series - Statistical
CHC Report A Series – OHRS Reporting Profile

CHC FY2014/15 Q3 - Report A Series – OHRS Reporting Profile

A1 Number of CHCs Reported FC 721 * Administration and Support Services
A2 Number of CHCs Reported FC 7*4 * Diagnostic Services
A3 Number of CHCs Reported FC 7*5 10 20 COM Clinics/Programs - General Clinic By Fund Types 2 & 3
A4 Number of CHCs Reported FC 725 10 40 ** COM Clinics/Programs - Therapy Clinic Fund Type 2
A5 Number of CHCs Reported FC 7*5 10 50 ** COM Clinics/Programs - Chronic Disease Clinic By Fund Types 2 & 3
A6 Number of CHCs Reported FC 7*5 50 ** COM Health Promotion, Education and Community Development
A7 Number of CHCs Reported FC 7*5 85 CHC Client Support Services By Fund Types 2 & 3
A8 Number of CHCs Reported Mandatory Statistical Accounts S89* - Fund Type 2 Only
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CHC Report B Series – Financial

CHC FY2014/15 Q3 - Report B Series - Financial

B1a LHIN Financial Summary - Fund Type 2 Only
B1b Financial Summary by LHIN and Facility Fund Type 2 Only
B2a Total Revenues by LHIN Fund Type 2 Only
B2b Total Revenues by LHIN and Facility, Fund Type 2 Only
B2c LHIN/MOHLTC Funding by LHIN and Facility Fund Type 2 Only (F11006 to F11019)
B2d LHIN/MOHLTC Funding by LHIN and Facility Fund Type 2 Only (F11006 to F11019)
B2e Recoveries by LHIN Fund Type 2 Only Functional Centres/Accounting Centres 72*/82*
B2f Recoveries By LHIN and Facility Fund Type 2 Only Functional Centres/Accounting Centres 72*/82*
B3a Total Expenses by LHIN Fund Type 2 Only Functional Centres/Accounting Centres 72*/82*
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<th>Funding-Provincial MOHLTC (Allocation)</th>
<th>Funding-Provision for Recoveries</th>
<th>Funding-MOHLTC One Time</th>
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CHC FY2014/15 Q3 - Report C Series – Statistical

C1a Mandatory CHC Statistics by LHIN, Fund Type 2 Only

C1b Mandatory CHC Statistics by LHIN and Facility, Fund Type 2 Only

C2a Total Earned Hours by Occupational Class - Fund Type 2 Only

C2b Total Earned Hours by Broad Occupational Class - Fund Type 2 Only

C2c Earned Hours By Functional Centre by LHIN for Functional Centres/Accounting Centres 72*/82* (excluding 725*), Fund Type 2 Only

C2d Earned Hours by Functional Centre by LHIN and Facility for Functional Centres/Accounting Centres 72*/82* (excluding 725*), Fund Type 2 Only

C2e Earned Hours FC 725* by Functional Centre by LHIN, Fund Type 2 Only

C2f Earned Hours FC 725* by Functional Centre by LHIN and Facility, Fund Type 2 Only
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## Community Health Centres (CHC) Comparative Reports

### Report D1H Key Indicators for 7251020 Foot care

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<th>Total</th>
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Section 6

QUESTIONS
Thank You 😊

Please email any questions to OHRSCCHC@ontario.ca
Maria.Marin1@ontario.ca
Cindy.Sabo@segchc.ca