



PART 3: OHRS/MIS Accounts

Head Office and Corporate Reporting

- Homes will need to clarify with the head-office as to whom will be responsible for ORHS/MIS data submission
 - Homes maybe responsible for statistical information data collection (i.e. volunteer hours)
 - Head-office maybe responsible for the remaining financial and statistical reporting (i.e. similar to completing ARR or staffing report)
- **Please contact your corporate office for next steps if applicable.**

Reporting Rules

Reporting by Site – LTCH Only

- OHRIS/MIS requires that the trial balance is reported by individual site except those associated with other sectors and already reported at the corporate level.
- To qualify for reporting OHRIS/MIS trial balance by site, LTCH must meet the criteria listed below:
 - A site service agreement is in place between each site and the MOHLTC/LHIN;
 - An individual audit is performed at each site;
 - The MOHLTC funding flows to the site directly (with the exception of LTCH that have centralized finance functions, where funding may flow to the head office).

LTCH Reporting Frequency

- Except LTCH sector, all the other health care sectors are required to report OHRIS/MIS data by each quarter
- The LTCH sector is required to report semi-annually, but has an option to report quarterly
- If the LTCH chooses to report quarterly, the Q1 data is not required.

Reporting Frequency	Q1 YTD	Q2 YTD	Q3 YTD	Q4 YTD
	NO	Mandatory	Optional	Mandatory

LTCH Reporting - Reporting Year End

The LTCH sector has two options to report year-end:

- Fiscal Year End (March 31, MOHLTC Fiscal Year End)
- Calendar Year End (December 31)

Reporting Period	Calendar-Year Period represented	Ministry Fiscal Period Represented
1	January 1 – March 31	April 1 – June 30
2	January 1 – June 30	April 1 – September 30
3	January 1 – September 30	April 1 – December 31
4	January 1 – December 31	April 1 – March 31

Reporting Structure Overview

- Provincial Sector Code
- For-Profit Nursing Homes
- Non-Profit Nursing Homes
- Charitable Nursing Homes
- Municipal Nursing Homes

Level of Care

Funding Envelope

Other Funding

Resident Revenue

Convalescent Care

Funding Envelope

Other Funding

Departments / Cost Centres

Revenue

Expense

Statistics

Account Structure

Primary Accounts

- Accounting Centres (AC)
 - Reflect items of revenue or expenses for which allocation to specific services, residents, clients or programs is inappropriate, not practical, or both.
 - For example, funding revenue, which cannot be associated with a particular function, can be accounted for under AC's.
- Functional Centre (FC)
 - Subdivision of a health service organization for the purpose of recording actual revenues, expenses, and statistics pertaining to the function or activity being carried out.
 - For example, they are used to capture the costs of labour, supplies required to perform specific functions related to the mandate of the service.
- Balance Sheet (BC)
 - Show assets, liabilities and net assets at a particular point in time.
 - It is optional for LTCH to report Balance Sheet information in the early implementation stages.

Secondary Accounts

- Secondary accounts must be linked to Functional Centres or Accounting Centres to give further details and meaning to the type of revenue and expenses incurred. This will enable better financial reporting, performance monitoring and planning.
- Financial secondary accounts
 - Use standardized definitions of accounts
 - Can be used by many functional centres
- Statistical secondary accounts
 - Record the volume of resource use or activity
 - Offer more details on the nature of the service.

Current Requirements

- Statement of Operations consists of (Mandatory)
 - Primary Accounts: Functional Centre or Accounting Centre
 - Secondary Financial Accounts
- Statistical Reporting consists of (Mandatory/Optional at this time)
 - Primary Accounts: Functional Centre or Accounting Centre
 - Secondary Statistical Accounts
- Balance Sheet consists of (Optional at this time)
 - Primary Accounts only

Mandatory vs. Optional Accounts

Mandatory vs. Optional Accounts

- There are mandatory and optional data reporting requirements for this project. Although some data is currently considered 'optional', it may become mandatory in the future.
- Your home may need to collect information you haven't gathered previously. This may require a change to your processes.

Examples of new Accounts required

Staff Activity: Volunteer Hours

- Record the number of hours spent by volunteers performing activities without paid compensation

Earned Hours (Mandatory)

- It is Mandatory to collect Earned Hours by Broad Occupational Group
 - MOS: Management and Operational Support
 - UPP: Unit Producing Personnel
 - NP: Nurse Practitioner
 - MED: Medical Personnel
- Earned Hours includes:
 - Worked Hours
 - Benefit Hours
 - Purchased Hours (optional for Medical Personnel – MED)

Detailed Earned Hours (Optional)

- Detailed Earned Hours is Optional at the moment.
- To track Detailed Earned Hours, homes will need to track:
 - By detailed Earned Hours in addition to the previous slide.
 - Worked Overtime
 - Worked Other
 - Benefit Sick
 - Benefit Vacation
 - Benefit Education
 - Benefit Orientation
 - Benefit Others
 - By Employee Status
 - Full Time
 - Part Time - Regular
 - Part Time - Temporary
 - Part Time – Job Share
 - Casual Regular
 - By Occupational Class (see next Slide)

Examples of Occupational Class

11 RN
12 RPN
13 Nurse Manager
14 Clinical Nurse Specialist
15 Nurse Educator
16 Nurse Practitioner
17 Infection Prevention and Control Professionals - RN
21 Technologist
22 Technician
23 Diagnostic (DX) Assistant
24 Infection Prevention and Control Professionals - Other
30 RAI Coordinator
41 Respiratory Therapist
42 Pharmacist
43 Pharmacy Technician
44 Dietitian/Clinical Nutritionist
45 Physiotherapist
46 Physiotherapist Assistant
47 Occupational Therapist
48 Occupational Therapist Assistant

49 Audiologist
50 Speech Language Pathologist
51 Social Worker
52 Addiction Counsellor
53 Psychologist
54 Psychometrist
55 Genetic Counsellor
56 Recreation Therapist
57 Child Life Worker
58 Kinesiologist
59 Youth Worker
60 Other Therapist
61 Other Therapy Assistant
71 Professional not uniquely identified
72 Regulated not uniquely identified
73 Unregulated not uniquely identified
74 Students (paid)
75 Personal Support Worker
91 Physician
92 Psychiatrist

Earned Hours – What does it mean?

- **Speak to your HR / Payroll system provider to track Earned Hours in detail**
- When you are ready to implement OHRS/MIS, homes will map each resource to the aforementioned groupings
 - By Broad Occupational Group
 - MOS: Management and Operational Support
 - UPP: Unit Producing Personnel
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Head Count

- It is Optional to report Head Count
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Home Profile Statistics

- Capacity Service Recipient - Approved Bed Complement
- Capacity Service Recipient - Beds Days Staffed and in Operation
- Accreditation Date
- "D" Bed Program - Number of Awarded and Replacement Beds
- "D" Bed Program - First Admission Date
- Total Days Stay
- Reporting Period (Calendar/Fiscal)

Next Steps

What is a Home to do next?

Pilot homes provided insightful feedback for the rest of the LTCH sector. There are data fields that homes may not be collecting right now. Homes should be working on incorporating these data fields into existing processes/systems.

What is required from home?

- **Review the Mandatory vs. Optional Account handouts**
- Work on incorporating the new data fields into existing processes/systems. For example:
 - HR/Payroll system change requests
 - Start tracking some of the stats data
- This will avoid future retrospective data collection and will make implementing OHRs/MIS much easier.
- Identify two members of your team who will attend OHRs/MIS training. Ideally, one of the attendees oversees financial reporting and the other is involved in day to day financial reporting activities and would be the person responsible for reporting OHRs/MIS data.
- Register for training
 - When registering for training provide our team with email addresses for the attendees as well as the Administrator
- Submit your Trial Balance data on time to the MOHLTC
- Work with our project team to ensure a high level of Data Quality

What is a Home to do next?

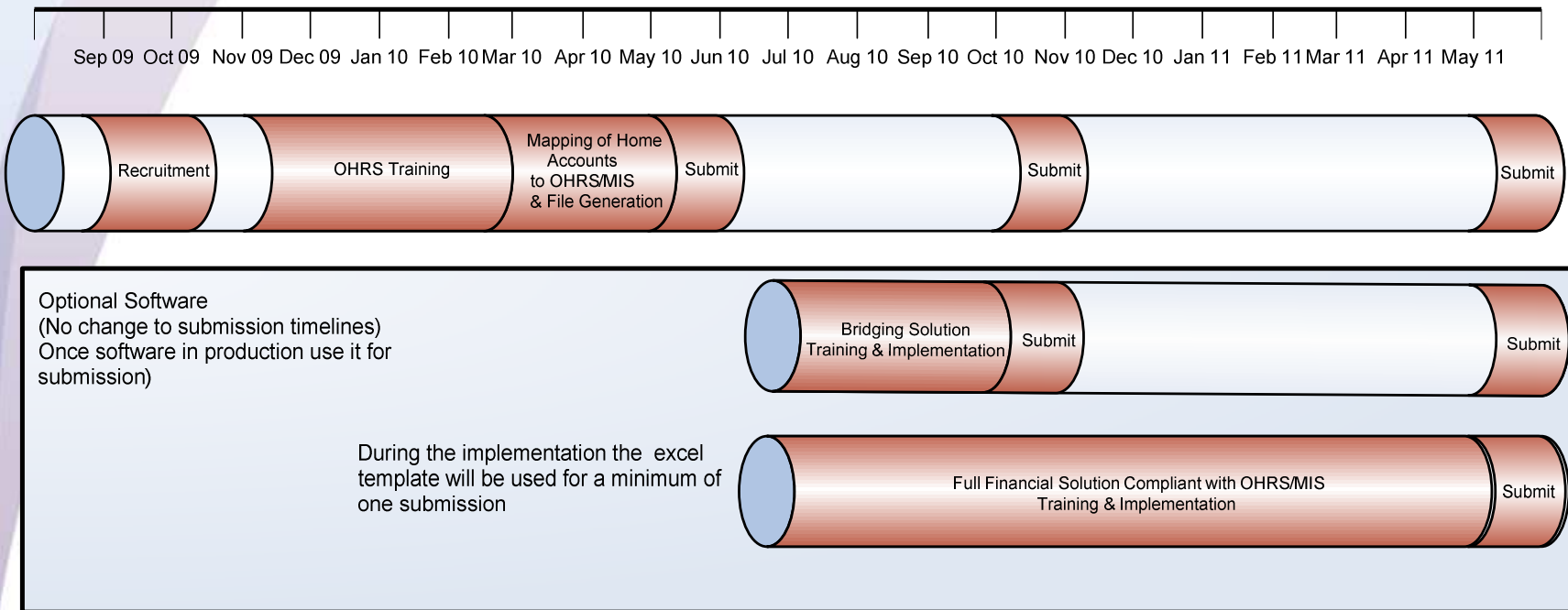
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Limited Space Available for Phase 1 - *Sign on now!*

By signing on now, your home will benefit from:

- Ongoing support and assistance from The Project Team for at least the next three years
- The option to receive software solutions that facilitate OHRS submissions
- Early reduction in duplicate reporting

What will occur during the Phase 1 implementation?



What CCIM offers?

Dedicated project team member to support your home

- When your home signs on board the project, your home is assigned a project team member that supports you through the process after you have finished your formal training. They contact you on a frequent basis to find out where you are and trouble shoot any issues.

Open Forum Teleconferences

- The project have held frequent teleconference sessions for homes to call in and ask the project team any questions that they have related to the project, mapping, submission.

You can count on the project team to get you through this process. We are here to support you!

OHRIS/MIS Top Takeaways

- OHRIS/MIS will **save you time** in the long run
- You can **benchmark** your home
- OHRIS/MIS will provide a **timely** and **standardized** dataset to MOHLTC/LHIN in order to allow **evidence based decision making**
- You are **not alone** in this. You can count on the **entire OHRIS/MIS project team** to get you through this process!

LTCH OHRs/MIS Top Takeaways

- **Contact our Support Centre to sign up for Phase 1:**

E-mail: OHRSLTCH.moh@ontario.ca

Phone: 416.314.7365 or 1.866.909.5600

Fax: 416.314.1585

Questions

