OHRS Interpretation Guide for Champlain Community Support Services

VERSION 2.0

Réseau de soutien communautaire de
CHAMPLAIN
Community Support Network

Table of Contents

Document History

DATE (YYYY-MM-DD)	VERSION	DESCRIPTION	EDITOR
2018-01-08	1.0	Initial Release	SC
2018-01-29	2.0	Update to include full complement of CSS functional centres in use in Champlain	SC

Introduction

This reference tool aims to better support agencies that deliver Community Support Service (CSS) in Champlain in the collection and interpretation OHRS definitions. This document aims to clarify information that is mandatory to collect, simplify challenging and vague definitions, encourage consistency, improve data quality and reporting confidence across Champlain, and support staff in their day to day reporting.

This is meant to be a living document that will evolve through future consultation with stakeholders and partners. Version 2 contains a full complement of CSS functional centres that are in use in Champlain.

This document sets a foundation by highlighting mandatory statistical accounts that impact service and frontline staff. Administrative and financial accounts typically used by financial and administration staff have not been included in this version.

Audience

This document aims to support coordinators and those responsible for frontline data collection for CSS in Champlain. These individuals are a crucial link in the process of collecting, storing, and using client and service information. Typically, coordinators are the individuals at CSS agencies who spend the most time collecting and recording the information that describes and counts the services delivered to clients and families. As the gatekeepers to client and service event information, they are the first stop to ensuring that good quality, consistent, and accurate information gets used in reporting and planning activities.

How to Use This Guide

This document was designed to support consistent regional interpretation for data that CSS agencies are required to collect for reporting and planning.

Staff can use this document to quickly reference important definitions and OHRS reporting requirements for the CSS programs and services. New staff and those seeking a refresh to their knowledge of OHRS may also find the document useful.

Within the document each highlighted OHRS functional centre includes a unique table of information that summarizes reporting requirements applicable to typical frontline and coordination staff roles. For each service area, the unique table lists mandatory statistical accounts, regional definitions for the accounts, a regional interpretation that details the necessary elements for consistent reporting, and any exclusions that should be considered for the accounts.

Straightforward formatting and common language has been used wherever possible to help highlight core definitions and reporting requirements in an effort to support CSS staff to feel confident and consistent in their contributions to agency OHRS reports.

Agencies are encouraged to use this document and its foundational set of interpretations as both a reference and training tool in an effort to build consistent frameworks and practices for collecting, measuring and sharing client stories and service experiences across Champlain CSS programs.

Beyond the Guide

Where further detail or advice is required, agencies are encouraged to expand their reference to the full set of OHRS chapters and summary tools provided by the Ministry of Health and Long Term Care Health Data Branch, or contact their designated LHIN accountability specialist.

Exhibit 10.9.3 is a useful table that summarizes the mandatory statistical and administrative OHRS accounts for CSS services. Readers are encouraged to make the summary table available for quick reference.

Acknowledgments

This work would not have been possible without commitment to quality improvement projects and valuable and ongoing input from CSS agencies and their staff across Champlain region. CCSN thanks the many colleagues who contributed their time, energy, and knowledge to inform this work. Special recognition to Centre de Services Guigues and The Mills Community Support for their leadership, CCSN Data Quality and Performance Working group, Mary Acton-Bond, Chair of the working group, and Jeanne Sangster for her early contributions in shaping this document.

Adult Day Services		
Program Description:	Adult Day Services provide supervised programming in a group setting to clients who require close monitoring and assistance with personal activities. The service assists clients to achieve and maintain their maximum level of functionality, prevent early or inappropriate institutionalization, and provide caregiver with respite and information. Adult day services provide clients with planned social and recreational activities, meals, assistance with activities of daily living, and minor health care assistance, such as medication reminders.	

OHRS Account	Mandatory/ Optional	Regional Definition	Regional Reporting	Not included
239 00 00 Volunteer Hours of Service	M	Number of hours provided by volunteers to an adult day service program	Report hours provided by volunteers to an adult day service program. Include hours provided by students who have completed the organizations volunteer screening process. Volunteer hours for adult day services can be reported under adult day services, OR at the organizational level.	Reporting volunteer hours under adult day services AND at organizational level
406 ** 20 Ind. Currently Waiting for Service Initiation	M	Number of clients accepted to receive adult day services, who are currently on program waitlist	Number of clients waiting to start program on the day OHRS report is created. Report clients who have been accepted to an adult day service program but are on a waitlist to begin service. Clients are accepted if they have been assessed, are eligible to receive service, and have a unique client record with the agency. Reported figure is a point in time snapshot. It is not cumulative throughout the year.	Total number of clients who waited for program throughout the year Number of days on waitlist
407 ** 20 Days Waited for Service Initiation	M	Number of days clients waited to begin an adult day service program.	Count begins when a client is accepted to service, and continues until client attends the program. Clients are accepted if they have been assessed, are eligible to receive service, and have a unique client record with the agency. Reported figure is cumulative and reflects all clients who wait for adult day services.	Days waited by clients who have not received their first attendance day in a day service program

OHRS Account	Mandatory/ Optional	Regional Definition	Regional Reporting	Not included
455 ** ** Ind. Served by Functional Centre	M	Number of unique clients in adult day service programs	Report the number of clients accepted to adult day service programs who attended 1 or more days in a fiscal year. Clients are accepted to a program and have a unique client record in the agency database. Each client is counted a maximum of once in a fiscal year. Clients are counted every year they attend adult day services, after their first attendance in that fiscal year. Reported figure is cumulative, through the fiscal year.	Number of clients admitted Number of clients waiting Number of caregivers/support person Number of days attended Anonymous clients Individuals Served by CSS Organization (S855 ** **)
483 ** ** Attendance Days	M	Number of days attended by clients of adult day service programs	Report the actual number of days attended by registered clients in adult day service programs at all sites your agency operates. Count 1 attendance day for each client, every time they attend the adult day service program. Count 1 attendance day for each client who is present, regardless of number of hours they remained at the program that day.	Cancelled attendances Program spaces
489 ** ** New Referral	M	Number of clients referred to an adult day service program.	Report number of newly referred clients, who are accepted to receive adult day services. Clients are accepted if they are eligible to receive adult day services, and have a unique client record with the agency. If client is referred to more than one new service at the agency, count 1 referral in each appropriate functional centre. Count a new referral if a previously discharged client returns to program. Clients are reported under age categories - Elderly - Adult - Pediatric - Age Unknown Figure is cumulative, through the fiscal year.	Unique referral events Clients already active in program Caregiver or support person

Adult Day Services

OHRS Account	Mandatory/ Optional	Regional Definition	Regional Reporting	Not included
506 ** ** Ind. Received First Service	M	Number of clients who have attended an adult day service program for the first time	Report the number of new clients accepted to the program who attended their first ever program day, in the fiscal year. Report under age categories - Elderly - Adult - Pediatric - Age Unknown Figure is cumulative, through the fiscal year.	Clients waiting for service Clients who have previously attended day service program
512 ** ** Assessment Complete/Outcome	M	Total number of formal assessments completed by your agency for clients attending an adult day service program.	Number of formal assessments your agency completes for clients accepted to an adult day service program as well as the outcome. Formal assessments include: - RAI assessments CHA, HC, PS, OCAN - Falls Risk Assessment - Caregiver Distress Count each formal assessment and re-assessment. Clients attending adult day services will receive a scheduled re-assessment every 12 months or sooner depending on client need. Report the assessment under service area most relevant program regardless of the number of services the client is receiving. Assessments are reported by their outcome: - Eligible In-Home – Client Declined - Eligible In-Home – Admitted - Eligible – Adult Day - Eligible – Supportive Housing - Eligible – Enhanced Respite - Eligible In-Home – Other Organizations - Assessment Incomplete – Eligibility Not Determined, Process Stopped Reported figure is cumulative through the fiscal year.	Demographic information collected at regular intake (DOB, full name, address) Assessments for person other than the registered client One assessment reported under multiple services

Adult Day Services

OHRS Account	Mandatory/ Optional	Regional Definition	Regional Reporting	Not included
513 ** ** Service Discharge	M	Number of clients discharged from an adult day service program.	A client is discharged from the program when they are no longer registered to receive service. Report the number of discharged clients, and the reason for the discharge. Service discharge reasons include: - Service Plan Complete - Age Limit Reached - Death while in the care of organization - Death while in hospital - Admitted to LTC Home Facility - Hospitalized > 14 days - Client Preference - Community Services - Vacation > 30 days - Other Individuals may be discharged from the program, but continue to receive other CSS services.	File Closure
955 ** ** Individuals Served	M	Number of individuals served in a priority program.	Report each adult day service client under 1 of the following demographic categories. Select the most relevant category based on the client's presenting condition, at the time of service referral: 955 80 10 Individuals Served – Physical Disability 955 80 15 Individuals Served – Cognitive Impairment 955 80 20 Individuals Served – Frail and/or Elderly 955 80 25 Individuals Served– Living w/affects of HIV/AIDS Total of all demographic categories should equal total number of individuals served in day services for the reporting period.	ABI adult day service clients

Adult Day Services

Adult Day Services– Acquired Brain Injury (ABI)	
Program Description	ABI Adult Day Service programs provide supervised programming in a group setting to clients living with the effects of an acquired brain injury (ABI). Clients require assistance or supervision to perform routine activities of daily living or independently, as a result of the effects of ABI. The adult day service program assists clients to achieve and maintain their maximum level of functionality and self-respect, and provide caregivers with respite and information. ABI Adult Day Services provide clients with planned social and recreational activities, meals, assistance with activities of daily living, and minor health care assistance, such as medication reminders.

OHRS Account	Mandatory /Optional	Regional Definition	Regional Reporting	Not included
239 00 00 Volunteer Hours of Service	M	Number of hours provided by volunteers to an ABI adult day service program	Report hours provided by volunteers to an ABI adult day service. Include hours provided by students who have completed the organizations volunteer screening process. Volunteer hours for day services can be reported under ABI adult day services, OR at the organizational level.	Reporting volunteer hours under ABI adult day services AND at organizational level
290 00 00 Hours of Service – Contracted Out	M	Purchased hours of direct client service that are provided by 3rd party group or individual	Report hours of care delivered to registered clients by a contracted group or individual. Contracted services include Physiotherapy, PSW as well as other paid services directly received by the client such as music therapy, art therapy etc.	Agency staff hours of service Number of clients served
406 ** 20 Ind. Currently Waiting for Service Initiation	M	Number of individuals accepted to an ABI day services, who are currently on program waitlist	Report the number of clients waiting to start program on the day OHRS report is created. Count clients who have been accepted to ABI Day Service program but are on a waitlist to begin service. Clients are accepted if they are eligible to receive service, and have a unique client record with the agency. Reported figure is a point in time snapshot. It is not cumulative throughout the year.	Total number of clients who waited for program throughout the year Number of days on waitlist

OHRS Account	Mandatory /Optional	Regional Definition	Regional Reporting	Not included
407 ** 20 Days Waited for Service Initiation	M	Number of days clients waited to begin in an ABI day service program.	Count begins when a client is accepted to service, and continues until client attends the program. Clients are accepted if they are eligible to receive service, and have a unique client record with the agency. Reported figure is cumulative and reflects all clients who wait for ABI Day Programs.	Days between program attendances if cancelled by client Days waited by clients who have not received their first attendance day in an ABI day service
455 ** ** Ind. Served by Functional Centre	M	Number of unique clients in an ABI Day Service programs	Number of clients accepted to ABI day service programs who attended 1 or more days in a fiscal year. Clients are accepted to a program and have a unique client record in the agency database. Each client is counted a maximum of once in a fiscal year. Clients are counted every year they attend ABI Day services, after their first attendance in that fiscal year. Reported figure is cumulative, through the fiscal year.	Number of clients admitted Number of clients waiting Number of caregivers/support person Number of days attended Anonymous clients Individuals Served by CSS Organization (S855 ** **)
483 ** ** Attendance Days	M	Days attended by clients of ABI day service programs	Report the actual number of days attended by registered clients in an ABI day service programs at all sites your agency operates. Count 1 attendance day for each client, every time they attend the ABI day program. Count 1 attendance day for each client, regardless of length attended the program.	Cancelled attendances Program spaces Group events

Adult Day Services– Acquired Brain Injury (ABI)

OHRS Account	Mandatory /Optional	Regional Definition	Regional Reporting	Not included
489 ** ** New Referral	M	Number of clients referred to an ABI day service program.	Report number of newly referred clients, who are accepted to receive ABI day services. Clients are accepted if they are eligible to receive ABI day service, and have a unique client record with the agency. If client is referred to more than one new service, count 1 referral in each appropriate functional centre. Count a new referral if a previously discharged client returns to program. Clients are reported under age categories - Elderly - Adult - Pediatric - Age Unknown Figure is cumulative, through the fiscal year.	Unique referral events Clients already active in program Caregiver or support person
506 ** ** Ind. Received First Service	M	Number of individuals who have attended ABI day service program for the first time	Report the number of new clients accepted to the program who received their support encounter in the fiscal year. Report under age categories - Elderly - Adult - Pediatric - Age Unknown Figure is cumulative, through the fiscal year.	Clients waiting for service Clients who have previously attended day service program

Adult Day Services– Acquired Brain Injury (ABI)

OHRS Account	Mandatory /Optional	Regional Definition	Regional Reporting	Not included
512 ** ** Assessment Complete/Outcome	M	Total number of formal assessments completed by your agency for clients attending the program.	Report the number of formal assessments your agency completes for clients accepted to ABI Day Service program as well as the outcome. Formal assessments include: - RAI assessments CHA, HC, PS, OCAN - Falls Risk Assessment - Caregiver Distress - Home Safety Audit Count each formal assessment and re-assessment. Clients attending ABI adult day services will receive a scheduled re-assessment every 18 months or sooner depending on client need. Report the assessment under service area most relevant program regardless of the number of services the client is receiving. Assessments are reported by their outcome: - Eligible In-Home – Client Declined - Eligible In-Home – Admitted - Eligible – Adult Day - Eligible – Supportive Housing - Eligible – Enhanced Respite - Eligible In-Home – Other Organizations - Assessment Incomplete – Eligibility Not Determined, Process Stopped Reported figure is cumulative through the fiscal year.	Demographic information collected at regular intake (DOB, full name, address) Assessments for person other than the registered client One assessment reported under multiple services

Adult Day Services– Acquired Brain Injury (ABI)

OHRS Account	Mandatory /Optional	Regional Definition	Regional Reporting	Not included
513 ** ** Service Discharge	M	Number of clients discharged from day service program.	A client is discharged from the program when they are no longer registered to receive service. Report the number of discharged clients, and the reason for the discharge. Service discharge reasons include: - Service Plan Complete - Age Limit Reached - Death while in the care of organization - Death while in hospital - Admitted to LTC Home Facility - Hospitalized > 14 days - Client Preference - Community Services - Vacation > 30 days - Other Individuals may be discharged from the program, but continue to receive other CSS services.	File Closure
955 80 35 Individuals Served – ABI Individualized Funding	M	Number of unique clients served in an ABI priority program.	Report the number of clients served in an ABI priority program. Count 1 for each client who receives ABI Day Services under ABI Individualized Funding Reported figure should match total for *Individuals Served S455 ** ** *	Non-ABI adult day service clients

Adult Day Services– Acquired Brain Injury (ABI)

Assisted Living Services				
Program Description:	This program provides supportive services to clients living in a supportive housing setting or their own residence and require access to personal support and homemaking services on a 24-hour basis. Services provided include urgent/ on-call response, security checks or reassurance services, prescheduled personal support and homemaking services, and care coordination. Services are available 24 hours a day, seven days a week. The supportive housing model of service provides care to individuals residing in designated housing spaces within the community. The ALS-HRS model of service provides support to high-risk seniors who reside in their own home.			

OHRS Account	Mandatory / Optional	Regional Definition	Regional Reporting	Not included
401 ** ** Inpatient/Resident Admission	M	Number of individuals who were officially admitted to an agency that will provide assisted living services.	Once admitted to the agency/Functional Centre, the individual is considered a client who may be registered in programs and services. Report the number of individuals who were admitted to an agency that provides assisted living services. Count 1 for each unique client admission. Reported figure is cumulative and reflects all clients who are admitted to an agency that provides assisted living services during current fiscal year period	Assisted Living Service program admissions
403** ** Inpatient/Resident Days	M	Total number of days clients receive service in assisted living service program.	Report the actual number of days where registered clients received services in an assisted living program. Count 1 for each calendar day a client receives at least 1 service event. Count 1 day for each client, regardless of number of service interactions that occur in a 24-hour period. Resident day may be counted if client is present, but receiving necessary support from family/significant other, and has not cancelled day with the agency.	Program spaces resident day cancelled by client request

OHRS Account	Mandatory / Optional	Regional Definition	Regional Reporting	Not included
406 ** 10 Ind. Currently Waiting for Initial Assessment	M	Number of individuals who are currently waiting for initial assessment to access an assisted living services program.	Number of clients waiting to receive their initial assessment in an assisted living services program. Report the number of individuals who have an application/referral date to an assisted living services program, who have not yet had an initial assessment completed to determine program eligibility. Reported figure is a point in time snapshot. It is <u>not</u> cumulative throughout the year.	Clinical Abstract Count Clients waiting for service initiation Number of days waiting for assessment Total number of individuals who waited for initial assessment
407 ** 20 Days Waited for Service Initiation	M	Number of <u>days</u> clients waited to receive assisted living services.	Count begins when a client is accepted to service, and continues until client receives their first resident day. Clients are accepted if they have been assessed, are eligible to receive service, and have a unique client record with the agency. Reported figure is cumulative and reflects all clients who wait for assisted living services.	Resident days cancelled by client

Assisted Living Services

OHRS Account	Mandatory / Optional	Regional Definition	Regional Reporting	Not included
410 ** ** Resident Discharges	M	Number of clients discharged from an agency that provides assisted living services.	Report the number of clients who are discharged from the agency that provides assisted living services. A discharged client will no longer receive any of the services offered by the agency. Report the number of discharged clients, and the reason for the discharge. Service discharge reasons include: - Service Plan Complete - Age Limit Reached - Death while in the care of organization - Death while in hospital - Admitted to LTC Home Facility - Hospitalized > 14 days - Client Preference - Community Services - Vacation > 30 days - Other	Clients discharged from other programs/services at the agency
411** ** Resident Death	M	Number of clients who died while admitted to an assisted living services agency.	Report the number of clients who died while admitted to an assisted living services agency. Report reason as: Death while in the care of organization Reported figure is cumulative through the fiscal year.	Former clients who were previously discharged from agency.

Assisted Living Services

OHRS Account	Mandatory / Optional	Regional Definition	Regional Reporting	Not included
455 ** ** Ind. Served by Functional Centre	M	Number of unique clients who receive assisted living services.	Number of clients accepted to an assisted living services program who receive services at least one time in a fiscal year. Clients are accepted to an assisted living services program and have a unique client record in the agency database. Each client is counted a maximum of once in a fiscal year. Clients are counted every year they receive assisted living services, after their first hour of service in that fiscal year. Reported figure is cumulative, through the fiscal year.	Number of clients admitted Number of clients waiting Individuals receiving indirect service (e.g. caregiver) Number of days services received Anonymous clients Individuals Served by CSS Organization (S855 ** **)
489 ** ** New Referral	M	Number of clients referred to an assisted living services program.	Report number of newly referred clients, who are accepted to receive assisted living service services. Clients are accepted if they have been assessed, are eligible to receive assisted living services, and have a unique client record with the agency. If client is referred to more than one new service, count 1 referral in each appropriate functional centre. Count a new referral if a previously discharged client returns to program. Clients are reported under age categories - Elderly - Adult - Age Unknown Figure is cumulative, through the fiscal year.	Unique referral events Clients already active in program Caregiver/support person

Assisted Living Services

OHRS Account	Mandatory / Optional	Regional Definition	Regional Reporting	Not included
506 ** ** Ind. Received First Service	M	Number of clients who have received their first resident day in an assisted living services program.	Report the number of new clients accepted to the program who received their resident day in the fiscal year. Report under age categories - Elderly - Adult - Age Unknown Figure is cumulative, through the fiscal year.	Clients waiting for service Clients who have previously received assisted living services in the program
512 ** ** Assessment Complete/Outcome	M	Total number of formal assessments completed by your agency for clients receiving assisted living services.	Number of formal assessments your agency completes for clients accepted to an assisted living services program as well as the outcome. Formal assessments include: - RAI assessments CHA, HC, PS, OCAN - Falls Risk Assessment - Caregiver Distress Count each formal assessment and re-assessment. Assisted Living Services clients are re-assessed a minimum of 1 time, every 12 months. Report the assessment under the program most relevant to the client need, regardless of the number of services the client is receiving. Assessments are reported by their outcome: - Eligible In-Home – Client Declined - Eligible In-Home – Admitted - Eligible – Adult Day - Eligible – Supportive Housing - Eligible – Enhanced Respite - Eligible In-Home – Other Organizations - Assessment Incomplete – Eligibility Not Determined, Process Stopped Reported figure is cumulative through the fiscal year.	Demographic information collected at regular intake (DOB, full name, address) Assessments for person other than the registered assisted living services client One assessment reported under multiple services

Assisted Living Services

OHRS Account	Mandatory / Optional	Regional Definition	Regional Reporting	Not included
955 ** ** Individuals Served	M	Number of individuals served in a priority program	Report each client under 1 of the following demographic categories. Select the most relevant category based on the client's presenting condition, at the time of service referral: 955 80 10 Individuals Served – Physical Disability 955 80 15 Individuals Served – Cognitive Impairment 955 80 20 Individuals Served – Frail and/or Elderly 955 80 22 Individuals Served – High Risk Seniors 955 80 25 Individuals Served– Living w/effects of HIV/AIDS Total of all demographic categories should equal total number of individuals served in assisted living services for the reporting period.	

Assisted Living Services

Assisted Living Services – Acquired Brain Injury (ABI)

Program Description:	Assisted Living Services – ABI programs provide supportive services to clients living with an acquired brain injury. Clients reside in a supportive housing setting and require access to personal support and homemaking services on a 24-hour basis, 7 days a week. The supportive housing model of service enables an organization to provide care to a number of individuals residing in designated housing spaces within the community. Services provided to clients include urgent/ on-call response, security checks or reassurance services, prescheduled personal support and homemaking services, and care coordination. These services may also include core components of independence training and client specific behavioural management programs, developed and/or supervised by a psychological services professional.

OHRS Account	Mandatory /Optional	Regional Definition	Regional Reporting	Not included
401 ** ** Inpatient/Resident Admission	M	Number of individuals who were officially admitted to an agency that will provide ABI specific assisted living services.	Once admitted to the agency, the individual is considered a client who may be registered in ABI programs and services. Report the number of individuals who were admitted to an agency that provides ABI assisted living services. Count 1 for each unique client admission. Reported figure is cumulative and reflects all clients who are admitted to an agency that provides ABI assisted living services.	Assisted Living Service -ABI program acceptance
403** ** Inpatient/Resident Days	M	Total number of days clients receive service in an ABI assisted living service program.	Report the actual number of days where registered clients received services in an ABI assisted living program. Count 1 for each calendar day a client receives at least 1 service event. Count 1 day for each client, regardless of number of service interactions that occur in a 24-hour period. Resident day may be counted if client is present, but receiving necessary support from family/significant other, and has not cancelled day with the agency.	Program spaces Resident day cancelled by client request
406 ** 10 Ind. Currently Waiting for Initial Assessment	M	Number of individuals who are currently waiting	Number of clients waiting to receive their initial assessment in an ABI assisted living services program.	Clinical Abstract Count

OHRS Account	Mandatory /Optional	Regional Definition	Regional Reporting	Not included
		for initial assessment to access an ABI assisted living services program.	Report the number of individuals who have an application/referral date to an ABI assisted living services program, who have not yet had an initial assessment completed to determine program eligibility. Reported figure is a point in time snapshot. It is not cumulative throughout the year.	Clients waiting for service initiation Number of days waiting for assessment Total number of individuals who waited for initial assessment
407 ** 10 Days Waited for Service Initiation	M	Number of days clients waited to receive ABI assisted living services.	Count begins when a client is accepted to service, and continues until client receives a resident day. Clients are accepted if they have been assessed, are eligible to receive service, and have a unique client record with the agency. Reported figure is cumulative and reflects all clients who wait for ABI assisted living services.	Days between resident days cancelled by client Days waited by clients who have not received their first resident day
410 ** ** Resident Discharges	M	Number of clients discharged from an agency that provides ABI assisted living services.	Report the number of clients who are discharged from the agency that provides ABI assisted living services. A discharged client will no longer receive any of the services offered by the agency. Report the number of discharged clients, and the reason for the discharge. Service discharge reasons include: - Service Plan Complete - Age Limit Reached - Death while in the care of organization - Death while in hospital - Admitted to LTC Home Facility - Hospitalized > 14 days - Client Preference - Community Services - Vacation > 30 days - Other	Clients who continue to receive any services at agency

OHRS Account	Mandatory /Optional	Regional Definition	Regional Reporting	Not included
411** ** Resident Death	M	Number of clients who died while admitted to an ABI assisted living services agency.	Report the number of clients who died while admitted to an ABI assisted living services agency. Report reason as: Death while in the care of organization Reported figure is cumulative through the fiscal year.	Former clients who were previously discharged from agency. Assisted Living Services– Acquired Brain Injury (ABI)
455 ** ** Ind. Served by Functional Centre	M	Number of unique clients who receive ABI assisted living services.	Number of clients accepted to an ABI assisted living services program who receive services at least one time in a fiscal year. Clients are accepted to an ABI assisted living services program and have a unique client record in the agency database. Each client is counted a maximum of once in a fiscal year. Clients are counted every year they receive ABI assisted living services, after their first hour of service in that fiscal year. Reported figure is cumulative, through the fiscal year.	Number of clients admitted Number of clients waiting Individuals receiving indirect service (e.g. caregiver) Number of days services received Anonymous clients Individuals Served by CSS Organization (S855 ** **)
489 ** ** New Referral	M	Number of clients referred to an ABI assisted living services program.	Report number of newly referred clients, who are accepted to receive ABI assisted living service services. Clients are accepted if they have been assessed, are eligible to receive ABI assisted living services, and have a unique client record with the agency. If client is referred to more than one new service, count 1 referral in each appropriate functional centre. Count a new referral if a previously discharged client returns to program. Clients are reported under age categories - Elderly - Adult - Pediatric - Age Unknown Figure is cumulative, through the fiscal year.	Unique referral events Clients already active in program Caregiver/support person
506 ** ** Ind. Received First Service	M	Number of clients who have received their first resident	Report the number of new clients accepted to the program who received their resident day in the fiscal year.	Clients waiting for service

OHRS Account	Mandatory /Optional	Regional Definition	Regional Reporting	Not included
		day in an ABI assisted living services program.	Report under age categories - Elderly - Adult - Pediatric - Age Unknown Figure is cumulative, through the fiscal year.	Clients who have previously received ABI assisted living services in the program Assisted Living Services– Acquired Brain Injury (ABI)
512 ** ** Assessment Complete/Outcome	M	Total number of formal assessments completed by your agency for clients receiving ABI assisted living services.	Number of formal assessments your agency completes for clients accepted to an ABI assisted living services program as well as the outcome. Formal assessments include: - RAI assessments CHA, HC, PS, OCAN - Falls Risk Assessment - Caregiver Distress Count each formal assessment and re-assessment. Clients receiving ABI assisted living services will receive a scheduled re-assessment every 18 months or sooner depending on client need. Report the assessment under the program most relevant to the client need, regardless of the number of services the client is receiving. Assessments are reported by their outcome: - Eligible In-Home – Client Declined - Eligible In-Home – Admitted - Eligible – Adult Day - Eligible – Supportive Housing - Eligible – Enhanced Respite - Eligible In-Home – Other Organizations - Assessment Incomplete – Eligibility Not Determined, Process Stopped Reported figure is cumulative through the fiscal year.	Demographic information collected at regular intake (DOB, full name, address) Assessments for person other than the registered ABI assisted living services client One assessment reported under multiple services
955 ** ** Individuals Served	M	Number of unique clients served in an	Report the number of clients served in an ABI priority program.	Non-ABI assisted living service clients

OHRS Account	Mandatory /Optional	Regional Definition	Regional Reporting	Not included
		ABI priority program	Count 1 for each client who receives ABI Day Services under ABI Individualized Funding Reported figure should match total for *Individuals Served S455 ** **	

	Caregiver Support	
Program Description:	Caregiver Support programs provide information, training and counselling to individuals in the community who are providing care to someone with a chronic condition. Services are delivered in group and individuals settings, and are designed to support the social and emotional needs of caregivers. Support programs are delivered through support groups, individual and group counselling, and telephone supports.	

OHRS Account	Mandatory /Optional	Regional Definition	Regional Reporting	Not included
239 00 00 Volunteer Hours of Service	M	Number of hours provided by volunteers to a caregiver support program.	Report hours provided by volunteers to caregiver support program. Include hours provided by students who have completed the organizations volunteer screening process.	Reporting volunteer hours under Caregiver Support AND at organizational level
406 ** 20 Ind. Currently Waiting for Service Initiation	M	Number of individuals accepted to receive caregiver support services, who are currently waiting for support	Report the number of clients waiting to start program on the day OHRS report is created. Count clients who have been accepted to a caregiver support program but are waiting to begin service. Count 0 if the client is scheduled for the next available service within 48 hours of their referral to the program. Clients are accepted if they are eligible to receive service, and have a unique client record with the agency. Reported figure is a point in time snapshot. It is not cumulative throughout the year.	Total number of clients who waited for program throughout the year Number of days on waitlist
407 ** 20 Days Waited for Service Initiation	M	Number of days clients waited to receive caregiver support services.	Count begins when a client is accepted to service, and continues until client is scheduled for their first support conversation. Clients are accepted if they are eligible to receive service, and have a unique client record with the agency. Reported figure is cumulative and reflects all clients who wait for education sessions.	Admin/process time of 2 business days Number of days waited between caregiver support service events.

OHRS Account	Mandatory /Optional	Regional Definition	Regional Reporting	Not included
455 ** ** Ind. Served by Functional Centre	M	Number of unique clients in caregiver support program.	Number of clients accepted to a caregiver support program who received 1 or more support events in a fiscal year. Clients are accepted to a program and have a unique client record in the agency database. Each client is counted a maximum of once in a fiscal year. Clients are counted every year they receive caregiver support services, after their first support event in that fiscal year. Reported figure is cumulative, through the fiscal year.	Number of clients admitted Number of clients waiting Individuals receiving indirect service (ex. Person with dementia who is not attending support event) Number of support events Anonymous clients Individuals Served by CSS Organization (S855 ** **)
450 ** ** Visit Face to Face	O	Number of support conversations between agency staff/volunteers and a caregiver, by phone or email, to support emotional and educational needs.	If a caregiver receives more than one support conversation for the same need/condition in a day, report 1 support conversation event total. If a caregiver receives in person AND electronic support events for the same need in the same calendar day, report 1 in-person visit, regardless of which came first. When support is provided to more than 1 family member during a conversation, count 1 total. Count 1 for each support conversation regardless of number of staff present Conversations last 5 minutes or longer	Conversations with anonymous clients Conversations less than 5 minutes Multiple conversations on the same day, for the same individual with the same need

Caregiver Support

OHRS Account	Mandatory /Optional	Regional Definition	Regional Reporting	Not included
451 ** ** Visit Non-Face to Face	M	Number of support conversations between agency staff/volunteers and a caregiver in an in-person setting (ex. office or home) or via video conferencing, to support emotional and educational needs.	If client receives more than one support conversation for the same need/condition in a day, report 1 support conversation event total. If a caregiver receives in person AND electronic support events for the same need in the same calendar day, report 1 in-person visit, regardless of which came first. When support is provided to more than 1 family member in a conversation, count 1 support conversation total. Count 1 for each support conversation regardless of number of staff present Conversations last 5 minutes or longer	1 way emails Voicemail Conversations with anonymous clients Conversations less than 5 minutes Multiple conversations on the same day, for the same individual with the same need

489 ** ** New Referral	M	Number of clients referred to a caregiver support program.	Report number of newly referred clients, who are accepted to receive caregiver support services.
			
			Clients are accepted if they are eligible to receive caregiver support services, and have a unique client record with the agency.
			
			If client is referred to more than one new service, count 1 referral in each appropriate functional centre.
			
			Count a new referral if a previously discharged client returns to program.
			
			Clients are reported under age categories
			
			   - Elderly
			   - Adult
			   - Pediatric
			   - Age Unknown
			
			Figure is cumulative, through the fiscal year.
				Unique referral events
				
				Clients already active in program

Caregiver Support

OHRS Account	Mandatory /Optional	Regional Definition	Regional Reporting	Not included
491 60 10 Group Participants, Not Uniquely Identified SR Attendance	M	Number of attendances at group caregiver support sessions by anonymous individuals	Report the number of attendance by anonymous individuals at formal group caregiver support sessions. Count 1 for each anonymous individual who attends a group caregiver support session. Figure is cumulative, through the fiscal year.	Unique clients Caregiver support session tailored to a single individual or family group
491 ** 20 Grp Participants, Uniquely Identified SR Attendance	M	Number of attendances formal group caregiver support sessions by clients.	Report the number of client attendances at formal group caregiver support sessions. Count 1 for each client who is accepted to a caregiver support program, who attends a group session. Clients are accepted if they are eligible to receive caregiver support, and have a unique client record with the agency. Clients are reported under age categories - Elderly - Adult - Pediatric - Age Unknown Figure is cumulative, through the fiscal year.	Anonymous Individuals Caregiver support session tailored to a single individual or family group
492 00 *0 Group Sessions	M	Number of formal group caregiver support sessions.	Count the number of formal sessions where caregiver support is delivered to two or more individuals. Caregiver support groups are formal, material in length, and are planned and delivered to two or more service recipients, at the same time If a group session includes more than 1 service provider, count 1 session total. Group participants may be uniquely identified and/or not uniquely identified.	# of service providers # of attendances # of participants Caregiver support sessions tailored to a single individual or family group

OHRS Account	Mandatory /Optional	Regional Definition	Regional Reporting	Not included
512 ** ** Assessment Complete/Outcome	M	Total number of formal assessments completed by your agency for clients receiving caregiver support services.	Number of formal assessments your agency complete accepted to a caregiver support program as well as the outcome. Formal assessments include: - RAI assessments CHA, HC, PS, OCAN - Falls Risk Assessment - Caregiver Distress Count each formal assessment and re-assessment. Report the assessment under the most relevant program, regardless of the number of services the client is receiving at the agency. Assessments are reported by their outcome: - Eligible In-Home – Client Declined - Eligible In-Home – Admitted - Eligible – Adult Day - Eligible – Supportive Housing - Eligible – Enhanced Respite - Eligible In-Home – Other Organizations - Assessment Incomplete – Eligibility Not Determined, Process Stopped Reported figure is cumulative through the fiscal year.	Caregiver Support Demographic information collected at regular intake (DOB, full name, address) Assessments for person other than the individual registered in the caregiver support program. One assessment reported under multiple services
506 ** ** Ind. Received First Service	M	Number of individuals who receive caregiver support services for the first time	Report the number of new clients accepted to the program who received their first caregiver support service in the fiscal year. Report under age categories - Elderly - Adult - Pediatric - Age Unknown Figure is cumulative, through the fiscal year.	Clients waiting for service Clients who have previously received caregiver support in the program

OHRS Account	Mandatory /Optional	Regional Definition	Regional Reporting	Not included
				Caregiver Support
513 ** ** Service Discharge	M	Number of clients discharged from a caregiver support program.	A client is discharged from the program when they a[...] registered to receive service. Report the number of discharged clients, and the reason for the discharge. Service discharge reasons include: - Service Plan Complete - Age Limit Reached - Death while in the care of organization - Death while in hospital - Admitted to LTC Home Facility - Hospitalized > 14 days - Client Preference - Community Services - Vacation > 30 days - Other Individuals may be discharged from the program, but continue to receive other CSS services.	File Closure

Caregiver Support

Crisis Intervention and Support				
Program Description	The service provides crisis intervention and support in critical situations until the situation is stabilized and a follow-up plan is in place. Clients include vulnerable and at risk seniors, persons with physical disabilities and/or their significant others. Client may have a variety of needs including facing homelessness, a critical or impending change in life situation, abuse or isolation. A case coordinator is responsible for problem identification, direct service, service coordination and discharge planning. The services must be delivered through a provider offering other community support services.			

OHRS Account	Mandatory/ Optional	Regional Definition	Regional Reporting	Not included
239 00 00 Volunteer Hours of Service	M	Number of hours provided by volunteers to a crisis intervention and support program	Report hours provided by volunteers to a crisis intervention and support program. Include hours provided by students who have completed the organizations volunteer screening process.	Reporting volunteer hours under crisis intervention and support AND at organizational level
451 ** * Visit Non-Face to Face	M	Number of phone or 2-way email interventions, delivered by a contracted third party, to support program clients and their significant others, facing critical situations.	Report the number of 2-way phone or email interventions provided by case coordinator, to vulnerable or at risk seniors with crisis needs. Services are provided until crisis has stabilized for client. Count 1 visit total, in a 24-hour period, regardless of number of interventions. If support is provided electronically and in-person in the same calendar day, report 1 in-person intervention, regardless of the number of interventions. Agencies offering these services must also offer other CSS services Report interventions delivered to address the following client needs: Homelessness Impending change in life/situation Abuse or Isolation	Assisted Living Services clients

OHRS Account	Mandatory/ Optional	Regional Definition	Regional Reporting	Not included
450 ** ** Visit Face to Face	M	Number of in-person interventions, delivered by a contracted third party, to support program clients and their significant others, facing critical situations.	Report the number of 2-way phone or email interventions provided by case coordinator, to vulnerable or at risk seniors with crisis needs. Services are provided until crisis has stabilized for client. Count 1 visit total, in a 24-hour period, regardless of number of interventions. Agencies offering these services must also offer other CSS services Report interventions delivered to address the following client needs: Homelessness Impending change in life/situation Abuse or Isolation	Assisted Living Services clients
406 ** 20 Individuals Currently Waiting for Service Initiation	M	Number of individuals who are currently on program waitlist.	Report the number of clients waiting to receive crisis intervention and support services, on the day OHRS report is created. Count clients who have been accepted to a crisis intervention and support program and are on a waitlist to begin service. Clients are accepted if they are eligible to receive service, and have a unique client record with the agency Reported figure is a point in time snapshot. It is not cumulative throughout the year.	Total number of clients who waited for crisis intervention and support program throughout the year Number of days on waitlist
407 ** 20 Days Waited for Service Initiation	M	Number of days waited to begin receiving crisis intervention and support services.	Count begins when a client is accepted to service, and continues until client receives an intervention in the program. Clients are accepted if they are eligible to receive crisis intervention and support services, and have a unique client record with the agency. Reported figure is cumulative and reflects all clients who waited for crisis intervention and support program services.	Number of days between interventions Days waited by clients who have not received their first support intervention

Crisis Intervention and Support

OHRS Account	Mandatory/ Optional	Regional Definition	Regional Reporting	Not included
455 ** ** Ind. Served by Functional Centre		Number of unique clients who receive crisis intervention and support program services.	Number of clients accepted to crisis intervention and support programs who receive one or more interventions in a fiscal year. Clients are accepted to a crisis intervention and support program and have a unique client record in the agency database. Each client is counted a maximum of once in the fiscal year. Clients are counted every year they access crisis intervention and support services, <u>after</u> they their first intervention in that fiscal year. Clients are reported under age categories - Elderly - Adult - Pediatric - Age Unknown Reported figure is <u>cumulative</u>, through the fiscal year.	Number of clients registered in crisis intervention and support program Number of caregiver or support persons Number of support conversations Anonymous clients Individuals Served by CSS Organization (S855 ** **)
489 ** ** New Referral	M	Number of clients referred to a crisis intervention and support program	Report number of newly referred clients, who are accepted to receive crisis intervention and support services. Clients are accepted if they are eligible to receive visiting and social safety services and have a unique client record with the agency. If client is referred to more than one new service, count 1 referral in each appropriate functional centre. Count a new referral if previously discharged clients return to program. Clients are reported under age categories - Elderly - Adult - Pediatric - Age Unknown Figure is <u>cumulative</u>, through the fiscal year.	Unique referral events Clients already in the program Caregiver or support person

Crisis Intervention and Support

OHRS Account	Mandatory/ Optional	Regional Definition	Regional Reporting	Not included
506 ** ** Ind. Received First Service	M	Number of clients who have received their first intervention in a crisis intervention and support.	Report the number of new clients accepted to a crisis intervention and support program who have received their first intervention in the fiscal year. Report under age categories - Elderly - Adult - Pediatric - Age Unknown Figure is cumulative, through the fiscal year.	Clients waiting for service Clients who have previously received service in crisis intervention and support at the agency Clients who receive assessment/intake only
512 ** ** Assessment Complete/Outcome	M	Number of formal assessments completed by your agency for clients receiving crisis intervention and support services.	The number of formal assessments your agency completes for clients accepted to a visiting and social safety program as well as the assessment outcome. Formal assessments include, but aren't limited to: - RAI assessments CHA, HC, PS, OCAN - Falls Risk Assessment - Caregiver Distress Count each formal assessments and re-assessments. Report the assessment under the service area most relevant to client's presenting need. Assessments are reported by their outcome: - Eligible In-Home – Client Declined - Eligible In-Home – Admitted - Eligible – Adult Day - Eligible – Supportive Housing - Eligible – Enhanced Respite - Eligible In-Home – Other Organizations - Assessment Incomplete – Eligibility Not Determined, Process Stopped Reported figure is cumulative, through the fiscal year.	Demographic information collected at intake (DOB, full name, address) Assessments for persons other than the registered client or caregiver One assessment counted under multiple services

OHRS Account	Mandatory/ Optional	Regional Definition	Regional Reporting	Not included
513 ** ** Service Discharge	M	Number of clients discharged from a crisis intervention and support program.	A client is discharged from the program when they are no longer registered to receive service. Report the number of discharged clients and the reason for the discharge. Service discharge reasons include: - Service Plan Complete - Age Limit Reached - Death while in the care of organization - Death while in hospital - Admitted to LTC Home Facility - Hospitalized > 14 days - Client Preference - Community Services - Vacation > 30 days - Other Individuals may be discharged from a crisis intervention and support program, but continue to receive other CSS programs and services.	File closure

Crisis Intervention and Support

Education – General Geriatric				
Program Description:		Pertaining to promoting health, and educating the community, including the public, professionals, and other sectors about general geriatrics. For CSS, the services focus on promoting health, public awareness and educating Alzheimer disease and related disorders. This may include local public education activities to raise awareness, recruit and train volunteers with knowledge of the disease, develop/facilitate family or significant others support groups and coordinate/implement training events for volunteers, significant others, staff and other target groups.		

OHRS Account	Mandatory / Optional	Regional Definition	Regional Reporting	Not included
239 00 00 Volunteer Hours of Service	M	Number of hours provided by volunteers to an education program that addresses geriatric issues.	Report hours provided by volunteers to an education program. Include hours provided by students who have completed the organizations volunteer screening process.	Reporting volunteer hours under Education AND at organizational level
406 ** 20 Ind. Currently Waiting for Service Initiation	M	Number of individuals accepted to an education program, who are currently on program waitlist	Number of clients waiting to start program on the day OHRS report is created. Report clients who have been accepted to an education program but are on a waitlist to begin service. Clients are accepted if they are eligible to receive service, and have a unique client record with the agency. Reported figure is a point in time snapshot. It is not cumulative throughout the year.	Total number of clients who waited for program throughout the year Number of days on waitlist
407 ** 20 Days Waited for Service Initiation	M	Number of days clients waited to attend an education session.	Count begins when a client is accepted to service, and continues until client is scheduled to attend an education session. Clients are accepted if they are eligible to receive service, and have a unique client record with the agency. Reported figure is cumulative and reflects all clients who wait for education sessions.	Number of days between scheduled education sessions Number of days waited by clients who have not attended their first education session

OHRS Account	Mandatory / Optional	Regional Definition	Regional Reporting	Not included
455 ** ** Ind. Served by Functional Centre	M	Number of unique clients in general geriatric education programs.	Report the number of clients in an education program who attended 1 or more education sessions in a fiscal year. Clients are accepted to a program and have a unique client record in the agency database. Each client is counted a maximum of once in a fiscal year. Clients are counted every year they receive education services, after their first session attendance in that fiscal year. Reported figure is cumulative, through the fiscal year.	Number of clients admitted Number of clients waiting Individuals receiving indirect service (ex. PWD who is not attending session) Number of days attended Anonymous clients Individuals Served by CSS Organization (S855 ** **)
451** ** Visit Non-Face to Face – In-House	O	Number of electronic (phone/webinar) education sessions delivered to individual clients/families by agency staff.	Report the number of general geriatric education sessions delivered electronically by agency staff to individual clients/families. Count 1 for each registered client who attends an education session delivered electronically. Topics address geriatric issues such as health promotion, public awareness, and Alzheimer's disease and related disorders. When a family shares access to a webinar or call, count 1 for each registered individual.	1-way emails Newsletters Voicemail Conversations with anonymous clients
450 ** ** Visit Face to Face – In-House	M	Number of in-person education sessions delivered to individual clients/families by agency staff.	Report the number of in-person general geriatric education sessions delivered by agency staff to an individual client/family. Count 1 for each individual client who attends an education session. Topics address geriatric issues such as health promotion, public awareness, and Alzheimer's disease and related disorders. When a family attends the session, count 1 for each registered individual.	Conversations with anonymous clients

Education – General Geriatric

OHRS Account	Mandatory / Optional	Regional Definition	Regional Reporting	Not included
452 60 00 Not Uniquely Identified Service Recipient Interactions	M	Number of education events delivered to individuals who do NOT have a unique client record with the agency.	Count Report the number of general geriatric education sessions delivered by agency staff to anonymous individuals. Individuals receiving education do not have a unique client record with the agency. Topics address geriatric issues such as health promotion, public awareness, and Alzheimer's disease and related disorders.	Education events delivered to registered clients Group events
489 ** ** New Referral	M	Clients referred to a general geriatric education program.	Report number of newly referred clients, who are accepted to a general geriatric education program. Clients are accepted if they are eligible to receive services in the program and have a unique client record with the agency. If client is referred to more than one new service, count 1 referral in each appropriate functional centre. Count a new referral if a previously discharged client returns to program. Clients are reported under age categories - Elderly - Adult - Pediatric - Age Unknown Figure is cumulative, through the fiscal year.	Unique referral events Clients already active in program
491 60 10 Group Participants, Not Uniquely Identified SR Attendance	M	Number of attendances at formal group education sessions by anonymous individuals	Report the number of attendance by anonymous individuals at formal group education sessions. Count 1 for each anonymous individual who attends a group education session. Figure is cumulative, through the fiscal year.	Unique clients Education session tailored to a single individual or family group

Education – General Geriatric

OHRS Account	Mandatory / Optional	Regional Definition	Regional Reporting	Not included
491 ** 20 Grp Participants, Uniquely Identified SR Attendance	M	Number of attendances formal group education sessions by clients.	Report the number of client attendances at formal group education sessions. Count 1 for each client who is accepted to a General Geriatric Education program, who attends a group education session. Clients are accepted if they are eligible to receive education, and have a unique client record with the agency. Clients are reported under age categories - Elderly - Adult - Pediatric - Age Unknown Figure is cumulative, through the fiscal year.	Anonymous Individuals Education session tailored to a single individual or family group
492 00 *0 Group Sessions	M	Number of formal group education sessions.	Count the number of formal sessions where general geriatric education is delivered to two or more individuals. Group education sessions are formal, material in length, and are planned and delivered to two or more service recipients, at the same time If a group session includes more than 1 service provider, count 1 session total. Group participants may be uniquely identified and/or not uniquely identified.	Number of service providers Number of attendances Number of participants Education session tailored to a single individual or family group
506 ** ** Ind. Received First Service	M	Number of individuals who have attended an education session for the first time	Report the number of new clients accepted to the program who attended their first education session in the fiscal year. Report under age categories - Elderly - Adult - Pediatric - Age Unknown Figure is cumulative, through the fiscal year.	Clients waiting for service Clients who have previously attended education sessions.

Education – General Geriatric

OHRS Account	Mandatory / Optional	Regional Definition	Regional Reporting	Not included
512 ** ** Assessment Complete/Outcome	M	Total number of formal assessments completed by your agency for clients attending the education program.	Number of formal assessments your agency completes for clients accepted to an education program as well as the outcome. Formal assessments include: - RAI assessments CHA, HC, PS, OCAN - Falls Risk Assessment - Caregiver Distress Count each formal assessment and re-assessment. Report the assessment under the program most relevant to the client need, regardless of the number of services the client is receiving. Assessments are reported by their outcome: - Eligible In-Home – Client Declined - Eligible In-Home – Admitted - Eligible – Adult Day - Eligible – Supportive Housing - Eligible – Enhanced Respite - Eligible In-Home – Other Organizations - Assessment Incomplete – Eligibility Not Determined, Process Stopped Reported figure is cumulative through the fiscal year.	Demographic information collected at regular intake (DOB, full name, address) Assessments for person other than the registered education client One assessment reported under multiple services

Education – General Geriatric

OHRS Account	Mandatory / Optional	Regional Definition	Regional Reporting	Not included
513 ** ** Service Discharge	M	Number of clients discharged from an education program.	A client is discharged from the program when they are no longer registered to receive service. Report the number of discharged clients, and the reason for the discharge. Service discharge reasons include: - Service Plan Complete - Age Limit Reached - Death while in the care of organization - Death while in hospital - Admitted to LTC Home Facility - Hospitalized > 14 days - Client Preference - Community Services - Vacation > 30 days - Other Individuals may be discharged from the program, but continue to receive other CSS services.	File Closure

Education – General Geriatric

Education – Palliative Care Interdisciplinary

Program Description:	This service includes introductory, advanced and enhanced palliative care education to front line health care staff. The education plan may include, but is not limited to, courses, refresher days, mentoring programs and videoconference options. The course will use a variety of instructional methods, including coaching, course presentation and distance learning. Normally, a session is for 6 hours. Palliative/End of Life Care Networks and Palliative Pain and Symptom Management Consultants (PPSMCs) will act in an advisory capacity in planning, implementation and evaluation of the local area's palliative/end of life care education needs. PPSMCs will also support learners through ongoing coaching and mentoring.
	The palliative care education is mainly delivered by group session or through one-on-one mentoring to health care providers. Since this service indirectly serves the individuals who have the illness and the service recipients (SRs) cannot be clearly identified, anonymous individuals will be reported under most situations.

OHRS Account	Mandatory /Optional	Regional Definition	Regional Reporting	Not included
239 00 00 Volunteer Hours of Service	M	Number of hours provided by volunteers to an education program that addresses palliative issues.	Report hours provided by volunteers to an education program. Include hours provided by students who have completed the organizations volunteer screening process. Volunteer hours can be reported under Palliative Care Interdisciplinary Education, OR at the organizational level.	Reporting volunteer hours under Palliative Care Interdisciplinary Education AND at organizational level
452 60 00 Not Uniquely Identified Service Recipient Interactions	M	Number of palliative care education sessions delivered individually to front line health care staff	Count 1 for each education event that is provided individually, to a front line health care staff member. Figure is cumulative, through the fiscal year	Education to registered clients Group education events
491 60 10 Group Participants, Not Uniquely Identified SR Attendance	M	Number of attendances at formal group education sessions by anonymous individuals	Count 1 for each anonymous individual who attends a group education session. Figure is cumulative, through the fiscal year.	Unique clients Visits

OHRS Account	Mandatory /Optional	Regional Definition	Regional Reporting	Not included
491 ** 20 Grp Participants, Uniquely Identified SR Attendance	M	Number of attendances at formal group education sessions by registered individuals	Count 1 for each client who is accepted to an Education program, who attends a group education session. Clients are accepted if they are eligible to receive education, and have a unique client record with the agency. Clients are reported under age categories - Elderly - Adult - Pediatric - Age Unknown Figure is cumulative, through the fiscal year.	Anonymous individuals
492 00 *0 Group Sessions	M	Number of group sessions that provide palliative education.	Count the number of formal sessions where palliative education is delivered to two or more individuals. Group sessions are formal, material in length, and planned. If a group session includes more than 1 service provider, count 1 session total. Group participants may be uniquely identified and/or not uniquely identified.	Number of service providers Number of attendances Number of participants Education session tailored to a single family group

Education – Palliative Care Interdisciplinary

Education – Palliative Care Physician				
Program Description:	For CSS, this service provides advanced palliative education primarily to <u>physicians</u> only. The focus is on supporting health care providers to attain competency with advanced palliative care skills. The services can be provided in the format of group session and one-on-one physician mentoring.			

OHRS Account	Mandatory / Optional	Regional Definition	Regional Reporting	Not included
452 60 00 Not Uniquely Identified Service Recipient Interactions	M	Number of palliative care education sessions delivered individually to physicians	Count 1 for each palliative education event that is provided individually, to a physician. Figure is cumulative, through the fiscal year	Education to registered clients Group Education Events
491 ** 20 Grp Participants, Uniquely Identified SR Attendance	M	Number of attendances at formal <u>group</u> education sessions, by <u>physicians</u>	Count 1 for each physician who is accepted to an education program, who attends a group education session. Physicians are accepted if they are eligible to receive education, and have a unique client record with the agency. Figure is cumulative, through the fiscal year.	Anonymous Individuals Non-physicians receiving palliative education
492 00 *0 Group Sessions	M	Number of group <u>sessions</u> that provide palliative education to physicians.	Count the number of formal sessions where palliative education is delivered to two or more physicians. Group sessions are formal, material in length, and planned. If a group session includes more than 1 service provider/educator, count 1 session total. Group participant physicians may be uniquely identified and/or not uniquely identified.	Number of service providers Number of attendances Number of physician participants Education session tailored to a single family group

Education – Palliative Care Pain and Symptom Management

| Program Description: | For CSS, this service provides education to support service providers, in home care providers (CCACs and contracted providers), long-term care homes, community support services and primary care by providing access to Palliative Pain and Symptom Management Consultants. These consultants are nurses (RN or RN/EC) with palliative care expertise and training. This service provides consultation, education, mentorship and linkages to palliative care resources across the continuum of care. The service may include assisting health service providers in the application of the Model to Guide Hospice Palliative Care, assessment tools and best practice guidelines; consultation to service providers in person, by telephone, by videoconference or through e-mail regarding care, e.g. assessment and management of pain and other symptoms case-based education and mentoring for service providers; helping to build capacity among front line service providers in the delivery of palliative care; and linking providers with specialized hospice palliative care resources.

For this service, the individuals who have the illness (registered with the healthcare organization) will not be the intended client, but may be present during a coaching situation. The goal of the service is not to serve individuals directly, therefore, anonymous individuals will be reported under most situations. |
|---|---|

OHRS Account	Mandatory/ Optional	Regional Definition	Regional Reporting	Not included
239 00 00 Volunteer Hours of Service	M	Number of hours provided by Palliative and Pain Management Consultant volunteers to an education program for health service providers.	Report hours provided by Palliative and Pain Management volunteers to a palliative care pain and symptom management education program.

Volunteer hours can be reported under education, OR at the organizational level. | Reporting volunteer hours under physician education AND at organizational level |
| 452 60 00 Not Uniquely Identified Service Recipient Interactions | M | Number of education sessions delivered individually to health service providers | Count 1 for each palliative care pain and symptom management education event that is provided individually, to a health service provider.

Figure is cumulative, through the fiscal year | Education to registered clients

Group education events |
| 491 60 10 Group Participants, Not Uniquely Identified SR Attendance | M | Number of attendances at formal group education sessions by anonymous health service providers | Count 1 for each anonymous health service provider who attends a group palliative care pain and symptom management education session.

Figure is cumulative, through the fiscal year. | Unique clients

Visits |

OHRS Account	Mandatory/ Optional	Regional Definition	Regional Reporting	Not included
491 ** 20 Grp Participants, Uniquely Identified SR Attendance	M	Number of attendances at formal group education sessions, by health service providers	Count 1 for each health service provider who is accepted to an education program, who attends a group education session. Health service providers are accepted if they are eligible to receive education, and have a unique client record with the agency. Figure is cumulative, through the fiscal year.	Anonymous individuals Non-physicians receiving palliative education
492 00 *0 Group Sessions	M	Number of group sessions that provide palliative education to health service providers.	Count the number of formal sessions where palliative care pain and symptom management education is delivered to two or more health service providers. Group sessions are formal, material in length, and planned. If a group session includes material from more than 1 educator, count 1 session total. Group participant service providers may be uniquely identified and/or not uniquely identified.	Number of health service providers Number of attendances Number of physician participants Education session tailored to a single family group

Education – Palliative Care Pain and Symptom Management

Foot Care Services	
Program Description	Programs that arrange for individuals trained for foot care to provide services to clients to maintain their foot health. Service includes trimming toe nails, monitoring the condition of feet, soaking and may include massaging feet.

OHRS Account	Mandatory/ Optional	Regional Definition	Regional Reporting	Not included
239 00 00 Volunteer Hours of Service	M	Number of hours provided by volunteers to a foot care program	Report hours provided by volunteers to a foot care program Include hours provided by students who have completed the organizations volunteer screening process. Volunteer hours for day services can be reported under foot care services, OR at the organizational level.	Reporting volunteer hours under foot care services AND at organizational level
406 ** 20 Ind. Currently Waiting for Service Initiation	M	Number of <u>individuals</u> accepted for foot care services who are currently on program waitlist. The number reflects clients waiting to receive foot care services on the day OHRS report is created.	Report number of clients who have been accepted to a foot care services program but are on a waitlist to begin service. Clients are accepted if they are eligible to receive service and have a unique client record with the agency Reported figure is a point in time snapshot. It is <u>not</u> cumulative throughout the year.	Total number of clients who waited for foot care services throughout the year Number of days on waitlist
407 ** 20 Days Waited for Service Initiation	M	Number of <u>days</u> clients waited to receive foot care services.	Count begins when a client is accepted to service, and continues until client receives a foot care service appointment. Clients are accepted if they are eligible to receive foot care service, and have a unique client record with the agency. Reported figure is cumulative, and reflects all clients who waited for foot care services.	Number of days between scheduled appointments/clinic visits Number of days waited by clients who have not received their first foot care appointment

OHRS Account	Mandatory/ Optional	Regional Definition	Regional Reporting	Not included
449 ** ** Visit Face to Face – Contracted Out	M	Number of foot care service appointments delivered to clients, through a contracted third party.	Report the number of appointments for foot care services that are delivered by a contracted third party nurse. Foot care services are based on client need, and include trimming toe nails, monitoring condition of feet, soaking and foot massage.	Cancelled appointments Anonymous client service
450** ** Visit Face to Face – In House	M	Number of foot care service appointments delivered to clients, through an agency staff nurse.	Report the number of appointments for foot care services that are delivered through an agency staff nurse. Foot care services are based on client need, and include trimming toe nails, monitoring condition of feet, soaking and foot massage.	Cancelled appointments Anonymous client service
455 ** ** Ind. Served by Functional Centre	M	Number of unique clients who receive foot care services	Report the number of clients in a foot care program who have received services one or more times in a fiscal year. Clients are accepted to a foot care services program and have a unique client record in the agency database. Each client is counted a <u>maximum of once</u> in the fiscal year. Clients are counted every year they receive foot care services, <u>after</u> their first appointment in the fiscal year. Clients are reported under age categories - Elderly - Adult - Pediatric - Age Unknown Reported figure is <u>cumulative</u>, through the fiscal year.	Number of clients registered in foot care services program Number of caregivers/support persons Number of foot care appointments Anonymous clients Individuals Served by CSS Organization (S855 ** **)

OHRS Account	Mandatory/ Optional	Regional Definition	Regional Reporting	Not included
489 ** ** New Referral	M	Number of clients referred to a foot care services program	Report number of newly referred clients, who are accepted to receive foot care services. Clients are accepted if they are eligible to receive foot care services, and have a unique client record with the agency. If client is referred to more than one new service, count 1 referral in each appropriate functional centre. Count a new referral if previously discharged clients return to program. Clients are reported under age categories - Elderly - Adult - Pediatric - Age Unknown Figure is <u>cumulative</u>, through the fiscal year.	Unique referral events Clients already in the program Caregiver/support person
506 ** ** Ind. Received First Service	M	Number of clients who have received their first foot care services appointment.	Report the number of new clients accepted to a foot care services program who have received their first foot care appointment in the fiscal year. Report under age categories - Elderly - Adult - Pediatric - Age Unknown Figure is <u>cumulative</u>, through the fiscal year.	Clients waiting for service Clients who have previously received foot care services at the agency Clients who receive assessment or intake only

Foot Care Services

OHRS Account	Mandatory/ Optional	Regional Definition	Regional Reporting	Not included
512 ** ** Assessment Complete/Outcome	M	Total number of formal assessments completed by your agency for clients receiving foot care services.	Report the number of new formal assessments your agency completes for clients in a foot care services program, as well as the outcome. Formal assessments include: - RAI assessments CHA, HC, PS, OCAN - Falls Risk Assessment - Caregiver Distress Count each formal assessment and re-assessment. Report the assessment under the service area most relevant to client's presenting need. - Assessments are reported by their outcome: Eligible In-Home – Client Declined - Eligible In-Home – Admitted - Eligible – Adult Day - Eligible – Supportive Housing - Eligible – Enhanced Respite - Eligible In-Home – Other Organizations - Assessment Incomplete – Eligibility Not Determined, Process Stopped Reported figure is cumulative, through the fiscal year.	Demographic information collected at intake (DOB, full name, address) Assessments for person other than the client or registered caregiver One assessment counted under multiple services

Foot Care Services

OHRS Account	Mandatory/ Optional	Regional Definition	Regional Reporting	Not included
513 ** ** Service Discharge	M	Number of clients discharged from a foot care services program.	A client is discharged from the program when they are no longer registered to receive service. Report the number of discharged clients and the reason for the discharge. Service discharge reasons include: - Service Plan Complete - Age Limit Reached - Death while in the care of organization - Death while in hospital - Admitted to LTC Home Facility - Hospitalized > 14 days - Client Preference - Community Services - Vacation > 30 days - Other Individuals may be discharged from a foot care services program, but continue to receive other CSS programs and services.	File closure

Foot Care Services

Homemaking				
Program Description		Homemaking services are provided to clients in need of assistance in the upkeep of their homes. Clients continue to live safely in the community, but require assistance with the regular upkeep of their homes. Clients receive assistance with specific household tasks such as laundry, dusting, vacuuming, meal preparation, changing linens, and washing floors.		

OHRS Account	Mandatory/ Optional	Regional Definition	Regional Reporting	Not included
239 00 00 Volunteer Hours of Service	M	Number of hours provided by volunteers to a homemaking program	Report hours provided by volunteers to a homemaking program. Include hours provided by students who have completed the organizations volunteer screening process. Volunteer hours for a homemaking program can be reported under homemaking, OR at the organizational level.	Reporting volunteer hours under homemaking services AND at organizational level
406 ** 10 Ind. Currently Waiting for Initial Assessment	M	Number of individuals who are currently waiting for initial assessment to access a homemaking program.	Report the number of individuals currently waiting to receive their initial assessment to determine eligibility for a homemaking program. Count the number of individuals who have an application/referral date to a homemaking program, who have not received an initial assessment to determine program eligibility. Reported figure is a point in time snapshot. It is not cumulative throughout the year.	Clinical Abstract Count Clients waiting for service initiation Number of days waiting for assessment Total number of individuals who waited for initial assessment
407 ** 20 Days Waited for Service Initiation	M	Number of days clients waited to begin receiving homemaking services.	Count begins when a client is accepted to service, and continues until they receive hours of care. Clients are accepted if they are eligible to receive service, and have a unique client record with the agency. Reported figure is cumulative and reflects all clients who wait for homemaking service.	Number of days waited between regularly scheduled homemaking visits Number of days waited by clients who have not received their first homemaking hour of care

OHRS Account	Mandatory/ Optional	Regional Definition	Regional Reporting	Not included
453 ** ** Hours of Care/Hours of Service – Contracted Out	M	Number of hours of direct service provided to clients by a contracted third party.	Report the total hours of direct service provided by third party contracted individuals/groups to homemaking clients. 1 hour of direct service is counted as 1 If service is provided to more than 1 individual at the same time (ex. couple, family members), count only 1 hour of direct service time.	Third party travel/admin time
453 ** ** Hours of Care/Hours of Service – In House	M	Number of hours of direct service provided to clients by agency staff.	Report the total hours of direct service provided by agency staff to homemaking clients. 1 hour of direct service is counted as 1 If service is provided to more than 1 individual at the same time (ex. couple, family members), count only 1 hour of direct service time.	Staff travel/admin time
455 ** ** Ind. Served by Functional Centre	M	Number of unique clients in a homemaking program.	Report the number of clients accepted to a homemaking program who receive 1 or more hours of care in a fiscal year. Clients are accepted to a program and have a unique client record in the agency database. Each client is counted a maximum of once in a fiscal year. Clients are counted every year they receive homemaking services, after their first hour of care in that fiscal year. Reported figure is cumulative, through the fiscal year.	Number of clients admitted Number of clients waiting Number of caregivers/support person Number of hours of care Anonymous clients Individuals Served by CSS Organization (S855 ** **)

Homemaking

OHRS Account	Mandatory/ Optional	Regional Definition	Regional Reporting	Not included
489 ** ** New Referral	M	Number of clients referred to a homemaking program.	Report number of newly referred clients, who are accepted to receive homemaking services. Clients are accepted if they are eligible to receive homemaking service, and have a unique client record with the agency. If client is referred to more than one new service, count 1 referral in each appropriate functional centre. Count a new referral if a previously discharged client returns to program. Clients are reported under age categories - Elderly - Adult - Pediatric - Age Unknown Figure is cumulative, through the fiscal year.	Unique referral events Clients already active in program Caregiver or support person
506 ** ** Individuals Received First Service	M	Number of individuals who have received homemaking services for the first time	Report the number of new clients accepted to the program who received their hour of service in the fiscal year. Report under age categories - Elderly - Adult - Pediatric - Age Unknown Figure is cumulative, through the fiscal year.	Clients waiting for service Clients who have previously received services in a homemaking program

Homemaking

OHRS Account	Mandatory/ Optional	Regional Definition	Regional Reporting	Not included
512 ** ** Assessment Complete/Outcome	M	Total number of formal assessments completed by your agency for clients attending receiving homemaking services.	Number of formal assessments your agency completes for clients accepted to a homemaking program as well as the outcome. Formal assessments include: - RAI assessments CHA, HC, PS, OCAN - Falls Risk Assessment - Caregiver Distress Count each formal assessment and re-assessment. Clients receiving homemaking services will receive a scheduled re-assessment every 18 months or sooner depending on client need. Report the assessment under service area most relevant program regardless of the number of services the client is receiving. Assessments are reported by their outcome: - Eligible In-Home – Client Declined - Eligible In-Home – Admitted - Eligible – Adult Day - Eligible – Supportive Housing - Eligible – Enhanced Respite - Eligible In-Home – Other Organizations - Assessment Incomplete – Eligibility Not Determined, Process Stopped Reported figure is cumulative through the fiscal year.	Demographic information collected at regular intake (DOB, full name, address) Assessments for person other than the registered client One assessment reported under multiple services

Homemaking

OHRS Account	Mandatory/ Optional	Regional Definition	Regional Reporting	Not included
513 ** ** Service Discharge	M	Number of clients discharged from a homemaking program.	A client is discharged from the program when they are no longer registered to receive service. Report the number of discharged clients, and the reason for the discharge. Service discharge reasons include: - Service Plan Complete - Age Limit Reached - Death while in the care of organization - Death while in hospital - Admitted to LTC Home Facility - Hospitalized > 14 days - Client Preference - Community Services - Vacation > 30 days - Other Individuals may be discharged from the program, but continue to receive other CSS services.	File Closure
955 ** ** Individuals Served	M	Number of individuals served in a priority program.	Report each client under 1 of the following demographic categories. Select the most relevant category based on the client's presenting condition, at the time of service referral: 955 80 10 Individuals Served – Physical Disability 955 80 15 Individuals Served – Cognitive Impairment 955 80 20 Individuals Served – Frail and/or Elderly 955 80 25 Individuals Served– Living w/affects of HIV/AIDS Total of all demographic categories should equal total number of individuals served in day services for the reporting period.	

Meals Delivery				
Program Description	Meals Delivery programs provide nutritious food and social and safety checks to clients to support their health and independence in their home. Meals are delivered by trained volunteers who provide personal contact and safety checks. Clients are provided with hot or frozen meal selections.			

OHRS Account	Mandatory/ Optional	Regional Definition	Regional Reporting	Not included
239 00 00 Volunteer Hours of Service	M	Number of hours provided by volunteers to a meals delivery program.	Report hours provided by volunteers to a meals delivery program Include hours provided by students who have completed the organizations volunteer screening process.	Reporting volunteer hours under meals delivery AND at organizational level
248 ** ** Meals Delivered	M	Number of meals provided to clients in a meals delivery program.	Report the total number of meals provided to clients of a meals delivery program. Count 1 for each hot, fresh or frozen, 3-course meal provided to clients. Agency may report hot, fresh, and frozen meals in separate statistical accounts, or combined as a *total meals* figure. Side dishes may be counted as 0.5 meals. A side dish includes a salad, soup, or dessert purchased separately from a standard 3 course meal. 2 side dishes may be counted as 1 total meal.	Cancelled meals Social visit and health checks done by staff or volunteers Reporting separate and combined meal totals Meals provided to anonymous individuals
406 ** 20 Ind. Currently Waiting for Service Initiation	M	Number of clients who are currently waiting to begin receiving meal delivery services. The number reflects clients waiting to receive their first service on the day OHRS report is created.	Report the number of clients who have been accepted to a meals delivery program but are currently waiting for their first meal delivery. Clients are accepted if they are eligible to receive service and have a unique client record with the agency. Reported figure is a point in time snapshot. It is not cumulative throughout the year.	Number of clients who waited for meals delivery program throughout the year Number of days on waitlist

OHRS Account	Mandatory/ Optional	Regional Definition	Regional Reporting	Not included
407 ** 20 Days Waited for Service Initiation	M	Number of <u>days</u> clients waited to receive their first service in a meals delivery program.	Report the number of days all clients waited to receive service in a meals delivery program. Count begins when a client is accepted to service and continues until the client receives their first meal service. Clients are accepted if they are eligible to receive meals delivery services, and have a unique client record with the agency. An agency may take up to 2 business days to process new client intake. Reported figure is <u>cumulative</u> and reflects all clients who waited for meals delivery.	Number of days between regularly delivered meals Number of days waited by clients waiting for first meal delivery
455 ** ** Ind. Served by Functional Centre	M	Number of unique clients who receive meal delivery services.	Report the number of clients accepted to meals delivery program who receive one or more meals in a fiscal year. Clients are accepted to a meals delivery program and have a unique client record in the agency database. Each client is counted a maximum of once in the fiscal year. Clients are counted every year they access meals delivery services, <u>after</u> they their first meal in that fiscal year. Clients are reported under age categories - Elderly - Adult - Pediatric - Age Unknown Reported figure is <u>cumulative</u>, through the fiscal year.	Number of clients registered in meals delivery program Number of caregiver or support persons Number of meals delivered Anonymous clients Individuals Served by CSS Organization (S855 ** **)

Meals Delivery

OHRS Account	Mandatory/ Optional	Regional Definition	Regional Reporting	Not included
489 ** ** New Referral	M	Number of clients referred to a meals delivery program.	Report number of newly referred clients, who are accepted to receive meals delivery services. Clients are accepted if they are eligible to receive meals delivery services and have a unique client record with the agency. If client is referred to more than one new service, count 1 referral in each appropriate functional centre. Count a new referral if previously discharged clients return to program. Clients are reported under age categories - Elderly - Adult - Pediatric - Age Unknown Figure is cumulative, through the fiscal year.	Unique referral events Clients already in the program Caregiver or support person
506 ** ** Ind. Received First Service	M	Number of clients who have received their first service in a meals delivery program.	Report the number of new clients accepted to the meals delivery program who have received their first meal in the fiscal year. Report under age categories - Elderly - Adult - Pediatric - Age Unknown Figure is cumulative, through the fiscal year.	Clients waiting for service Clients who have previously received meals in a meals delivery program at the agency Clients who receive assessment/intake only

Meals Delivery

OHRS Account	Mandatory/ Optional	Regional Definition	Regional Reporting	Not included
512 ** ** Assessment Complete/Outcome	M	Total number of formal assessments completed by your agency for clients receiving meals delivery services.	The number of formal assessments your agency completes for clients accepted to a meals delivery program as well as the assessment outcome. Formal assessments include: - RAI assessments CHA, HC, PS, OCAN - Falls Risk Assessment - Caregiver Distress Count each formal assessments <u>and</u> re-assessments. Report the assessment under the service area most relevant to client's presenting need. Assessments are reported by their outcome: - Eligible In-Home – Client Declined - Eligible In-Home – Admitted - Eligible – Adult Day - Eligible – Supportive Housing - Eligible – Enhanced Respite - Eligible In-Home – Other Organizations - Assessment Incomplete – Eligibility Not Determined, Process Stopped Reported figure is <u>cumulative</u>, through the fiscal year.	Demographic information collected at intake (DOB, full name, address) Assessments for persons other than the registered client or caregiver One assessment counted under multiple services

Meals Delivery

OHRS Account	Mandatory/ Optional	Regional Definition	Regional Reporting	Not included
513 ** ** Service Discharge	M	Number of clients discharged from a meals delivery program.	A client is discharged from the program when they are no longer registered to receive service. Report the number of discharged clients and the reason for the discharge. Service discharge reasons include: - Service Plan Complete - Age Limit Reached - Death while in the care of organization - Death while in hospital - Admitted to LTC Home Facility - Hospitalized > 14 days - Client Preference - Community Services - Vacation > 30 days - Other Clients who have not received service for 1 year are discharged from meals delivery programs. Clients may be discharged from a meals delivery program, but continue to receive other CSS programs and services.	File closure

Meals Delivery

Non-Urgent Transportation	
Program Description:	Transportation programs arrange rides to medical appointments, shopping, social activities and programs. Staff and volunteers rely on agency vehicles, private cars, and public transportation to assist clients to attend programs and services to support health and social wellbeing.

OHRS Account	Mandatory / Optional	Regional Definition	Regional Reporting	Not included
239 00 00 Volunteer Hours of Service	M	Number of hours provided by volunteers to a non-urgent transportation program	Report hours provided by volunteers to a non-urgent transportation program Include hours provided by students who have completed the organizations volunteer screening process. Volunteer hours for day services can be reported under transportation, OR at the organizational level.	Reporting volunteer hours under transportation AND at organizational level
406 ** 20 Ind. Currently Waiting for Service Initiation	M	Number of clients accepted for non-urgent transportation service who are currently waiting for their first service.	Report number of clients who have been accepted to a non-urgent transportation program but are waiting to begin service. Clients are accepted if they are eligible to receive service and have a unique client record with the agency The number reflects clients waiting to receive non-urgent transportation services on the day OHRS report is created. Reported figure is a point in time snapshot. It is not cumulative throughout the year.	Total number of clients who waited for non-urgent transportation program throughout the year Number of days on waitlist
407 ** 20 Days Waited for Service Initiation	M	Number of days clients waited to receive service in a non-urgent transportation program.	Report the number of days waited by clients, to received service in a non-urgent transportation program. Clients are accepted if they are eligible to receive transportation service and have a unique client record with the agency. Reported figure is cumulative and reflect all clients who waited for transportation services.	Number of days between ad-hoc requested trips Unmet needs Number of days waited by clients who have no received their first service

OHRS Account	Mandatory / Optional	Regional Definition	Regional Reporting	Not included
449 ** ** Visit Face to Face – Contracted Out	M	Number of one-way trips provided to clients by a contracted third party.	Report the number of one-way trips provided by a contracted third party to clients attending medical appointments, grocery shopping, social activities and programs. Count 1 for each client who receives a one-way trip. Round trips are counted as 2 for each client - one for each leg of journey. When a vehicle makes multiple stops before reaching the trip destination, count 1 (per client for that leg of the journey). When more than one client is in the vehicle, this can be counted to reflect the number of clients in the vehicle.	Cancelled trips Caregiver, support person or escort who accompanies client Number of stops on trip leg
450** ** Visit Face to Face – In House	M	Number of one-way trips provided by agency staff/volunteers to clients.	Report the total number of one-way trips provided by agency staff/volunteers to clients attending medical appointments, grocery shopping, social activities and programs. Count 1 for each client who receives a one-way trip. Round trips are counted as 2 for each client - one for each leg of journey. When a vehicle makes multiple stops before reaching the trip destination, count 1 (per client for that leg of the journey). When more than one client is in the vehicle, this can be counted to reflect the number of clients in the vehicle.	Cancelled trips Caregiver, support person or escort who accompanies client Number of stops on trip leg

Non Urgent Transportation

OHRS Account	Mandatory / Optional	Regional Definition	Regional Reporting	Not included
455 ** ** Ind. Served by Functional Centre	M	Number of unique clients who access non-urgent transportation.	Report the number of clients accepted to non-urgent transportation program who have completed one or more trips in a fiscal year. Clients are accepted to a non-urgent transportation program and have a unique client record in the agency database. Each client is counted a <u>maximum of once</u> in the fiscal year. Clients are counted every year they use non-urgent transportation services, <u>after</u> they their first trip in that fiscal year. Clients are reported under age categories - Elderly - Adult - Pediatric - Age Unknown Reported figure is <u>cumulative</u>, through the fiscal year.	Number of clients registered in non-urgent transportation program Number of caregivers, support persons, or escorts Number of trips Anonymous clients Individuals Served by CSS Organization (S855 ** **)
489 ** ** New Referral	M	Number of clients referred to a non-urgent transportation program	Report number of newly referred clients, who are accepted to receive non-urgent transportation services. Clients are accepted if they are eligible to receive non-urgent transportation service, and have a unique client record with the agency. If client is referred to more than one new service, count 1 referral in each appropriate functional centre. Count a new referral if previously discharged clients return to program. Clients are reported under age categories - Elderly - Adult - Pediatric - Age Unknown Figure is <u>cumulative</u>, through the fiscal year.	Unique referral events Clients already in the program Caregiver, support person or escort

Non Urgent Transportation

OHRS Account	Mandatory / Optional	Regional Definition	Regional Reporting	Not included
506 ** ** Ind. Received First Service	M	Number of individuals who have completed their first trip in a non-urgent transportation program.	Report the number of new clients accepted to the non-urgent transportation program who have received their first trip in the fiscal year. Report under age categories - Elderly - Adult - Pediatric - Age Unknown Figure is cumulative, through the fiscal year.	Clients waiting for service Clients who have previously received non-urgent transportation service at the agency Clients who receive assessment or intake only
512 ** ** Assessment Complete/Outcome	M	Total number of formal assessments completed by your agency for clients using non-urgent transportation services.	Report the number of new formal assessments your agency completes for clients to a non-urgent transportation program, as well as the outcome. Formal assessments include: - RAI assessments CHA, HC, PS, OCAN - Falls Risk Assessment - Caregiver Distress Count each formal assessment and re-assessment. Report the assessment under the service area most relevant to client's presenting need. - Assessments are reported by their outcome: Eligible In-Home – Client Declined - Eligible In-Home – Admitted - Eligible – Adult Day - Eligible – Supportive Housing - Eligible – Enhanced Respite - Eligible In-Home – Other Organizations - Assessment Incomplete – Eligibility Not Determined, Process Stopped Reported figure is cumulative, through the fiscal year.	Demographic information collected at intake (DOB, full name, address) Assessments for person other than the client or registered caregiver One assessment counted under multiple services

Non Urgent Transportation

OHRS Account	Mandatory / Optional	Regional Definition	Regional Reporting	Not included
513 ** ** Service Discharge	M	Number of clients discharged from a non-urgent transportation program.	A client is discharged from the program when they are no longer registered to receive service. Report the number of discharged clients and the reason for the discharge. Service discharge reasons include: - Service Plan Complete - Age Limit Reached - Death while in the care of organization - Death while in hospital - Admitted to LTC Home Facility - Hospitalized > 14 days - Client Preference - Community Services - Vacation > 30 days - Other Individuals may be discharged from a non-urgent transportation program, but continue to receive other CSS programs and services.	File closure

Non Urgent Transportation

Tracking Unmet Needs:

As a regional program requirement, agencies providing non-urgent transportation for CSS have agreed to track instances where the agency is unable to fulfill a client ride request. Agencies are required to count these unmet need events and provide additional details in the form of reason codes. This will help create greater understanding of client need and program trends. Unmet need information is not reported to OHRS but rather to the regional non-urgent transportation collaborative. Unmet Needs is critically important in supporting regional planning for this service.

To avoid potential confusion between OHRS reported "wait" information (where an individual is waiting to receive their first service,) and regional unmet needs information (where an agency is unable to meet a service request event for a client), the Champlain unmet needs definition and reason code descriptions are listed below:

Champlain Non-Urgent Transportation - Tracking Unmet Needs	
Unmet Need: Agency is unable to fulfill the ride request	
Reason Code	**Description**
No Driver	No driver is available (includes both paid and volunteer).
No Vehicle	A paid driver is available to drive, but no agency vehicle is available.
Inclement Weather	Agency cancelled drive due inclement weather.
Agency Cancelled	Agency cancelled drive for other reason (emergency, vehicle breakdown, etc.)
No Accessible Vehicle	No wheelchair accessible vehicle is available. *Note: this code is only to be used by agencies that do have a wheelchair accessible vehicle but no space is available in accessible vehicles.*
Short Notice	No driver available, request made with less than 3 working days' (72 hours) notice.
After Hours Appointment	No driver available, appointment is taking place outside of the agency's regular transportation hours.
Client Cancelled (short notice)	Client cancelled ride with less than 24 hours' notice. *Note: some agencies invoice clients for these cancellations, so a separate code is essential.*
Client Cancelled	Client cancelled ride *Note: to be used for cancellations when more than 24 hours' notice is provided*

Overnight Stay Care				
Program Description:	An integrated support service which provides overnight service in a group setting for clients with Alzheimer disease and related disorders. This service is to provide short-term support or temporary relief for families of the client, such as during weekends. Components of the service include accommodation, meals, social activities, assistance with the activities of daily living and certain health care assistance, e.g. monitoring essential medications.			

OHRS Account	Mandatory /Optional	Regional Definition	Regional Reporting	Not included
401 ** ** Inpatient/Resident Admission	M	Number of individuals who were officially admitted to an agency that will provide overnight stay care	Once admitted to the agency, the individual is considered a client who may be registered in programs and services. Report the number of individuals who were admitted to an agency that provides overnight stay care services. Count 1 for each unique client admission. Reported figure is cumulative and reflects all clients who are admitted to an agency that provides overnight stay care.	Overnight stay care program admissions
403** ** Inpatient/Resident Days	M	Total number of days clients receive service in an overnight stay care program.	Report the actual number of days where registered clients received services in an overnight stay care program. Count 1 for each calendar day a client receives service. Count 1 day for each client, regardless of number of service component interactions that occur in a 24-hour period. Resident day may be counted if client is present, but receiving necessary support from family/significant other, and has not cancelled day with the agency.	Program spaces Resident day cancelled by client request

OHRS Account	Mandatory /Optional	Regional Definition	Regional Reporting	Not included
406 ** 10 Ind. Currently Waiting for Initial Assessment	O	Number of individuals who are currently waiting for initial assessment to access an overnight stay care program.	Number of clients waiting to receive their initial assessment in an overnight stay care program. Report the number of individuals who have an application/referral date to an overnight stay care program, who have not yet had an initial assessment completed to determine program eligibility. Reported figure is a point in time snapshot. It is not cumulative throughout the year.	Clinical abstract count Individuals waiting for service initiation Number of days waiting for assessment Total number of clients who waited for initial assessment
407 ** 20 Days Waited for Service Initiation	M	Number of days clients waited to receive overnight stay care services.	Count begins when a client is accepted to service, and continues until client receives a resident day. Clients are accepted if they are eligible to receive service, and have a unique client record with the agency. Reported figure is cumulative and reflects all clients who wait for assisted living services.	Resident days cancelled by client Number of days waited by clients who have not received their first resident day

Overnight Stay Care

OHRS Account	Mandatory /Optional	Regional Definition	Regional Reporting	Not included
410 ** ** Resident Discharges	M	Number of clients discharged from an agency that provides overnight stay care.	Report the number of clients who are discharged from the agency that provides overnight stay care. A discharged client will no longer receive any of the services offered by the agency. Report the number of discharged clients, and the reason for the discharge. Service discharge reasons include: - Service Plan Complete - Age Limit Reached - Death while in the care of organization - Death while in hospital - Admitted to LTC Home Facility - Hospitalized > 14 days - Client Preference - Community Services - Vacation > 30 days - Other	Clients who continue to receive any CSS services at agency
411** ** Resident Death	M	Number of clients who died while admitted to an overnight stay care provider agency.	Report the number of clients who died while admitted to an overnight stay care agency. Reported figure is cumulative through the fiscal year.	Former clients who were previously discharged from agency.

Overnight Stay Care

OHRS Account	Mandatory /Optional	Regional Definition	Regional Reporting	Not included
455 ** ** Ind. Served by Functional Centre	M	Number of unique clients who receive overnight stay care.	Number of clients accepted to an overnight stay care program who receive services at least one time in a fiscal year. Clients are accepted to an overnight stay care program and have a unique client record in the agency database. Each client is counted a maximum of once in a fiscal year. Clients are counted every year they receive assisted living services, after their first hour of service in that fiscal year. Reported figure is cumulative, through the fiscal year.	Number of clients admitted Number of clients waiting Individuals receiving indirect service (e.g. caregiver) Number of days services received Anonymous clients Individuals Served by CSS Organization (S855 ** **)
489 ** ** New Referral	M	Clients referred to an assisted living services program.	Report number of newly referred clients, who are accepted to receive overnight stay care services. Clients are accepted if they are eligible to receive overnight stay care, and have a unique client record with the agency. If client is referred to more than one new service, count 1 referral in each appropriate functional centre. Count a new referral if a previously discharged client returns to program. Clients are reported under age categories - Elderly - Adult - Pediatric - Age Unknown Figure is cumulative, through the fiscal year.	Unique referral events Clients already active in program Caregiver/support person

Overnight Stay Care

OHRS Account	Mandatory /Optional	Regional Definition	Regional Reporting	Not included
506 ** ** Ind. Received First Service	M	Individuals who have received their first resident day in an overnight stay care program.	Report the number of new clients accepted to the program who received their resident day in the fiscal year. Report under age categories - Elderly - Adult - Pediatric - Age Unknown Figure is cumulative, through the fiscal year.	Clients waiting for service Clients who have previously received overnight stay care in the program
512 ** ** Assessment Complete/Outcome	M	Total number of formal assessments completed by your agency for clients receiving overnight stay care.	Number of formal assessments your agency completes for clients accepted to an overnight stay care program as well as the outcome. Formal assessments include: - RAI assessments CHA, HC, PS, OCAN - Falls Risk Assessment - Caregiver Distress Count each formal assessment and re-assessment. Report the assessment under the program most relevant to the client need, regardless of the number of services the client is receiving. Assessments are reported by their outcome: - Eligible In-Home – Client Declined - Eligible In-Home – Admitted - Eligible – Adult Day - Eligible – Supportive Housing - Eligible – Enhanced Respite - Eligible In-Home – Other Organizations - Assessment Incomplete – Eligibility Not Determined, Process Stopped Reported figure is cumulative through the fiscal year.	Demographic information collected at regular intake (DOB, full name, address) Assessments for person other than the registered assisted living services client One assessment reported under multiple services

Overnight Stay Care

OHRS Account	Mandatory /Optional	Regional Definition	Regional Reporting	Not included
955 ** ** Individuals Served	M	Number of individuals served in a priority program	Report each client under 1 of the following demographic categories. Select the most relevant category based on the client's presenting condition, at the time of service referral: 955 80 10 Individuals Served – Physical Disability 955 80 15 Individuals Served – Cognitive Impairment 955 80 20 Individuals Served – Frail and/or Elderly 955 80 22 Individuals Served – High Risk Seniors 955 80 25 Individuals Served– Living w/effects of HIV/AIDS Total of all demographic categories should equal total number of individuals served in respite for the reporting period.	

Overnight Stay Care

Personal Support and Independence Training - ABI

Program Description:				

OHRS Account	Mandatory /Optional	Regional Definition	Regional Reporting	Not included
406 ** 10 Ind. Currently Waiting for Initial Assessment	M	Number of individuals who are currently waiting for initial assessment to access an ABI - personal support and independence training program.	Number of individuals waiting to receive their initial assessment to determine eligibility for an ABI - personal support and independence training program. Report the number of individuals who have an application/referral date to an attendant services program, who have not yet had an initial assessment completed to determine program eligibility. Reported figure is a point in time snapshot. It is not cumulative throughout the year. Report in each quarter of the fiscal year.	Clinical Abstract Count Clients waiting for service initiation Number of days waiting for assessment Total number of individuals who waited for initial assessment
407 ** 20 Days Waited for Service Initiation	M	Number of days clients waited to receive ABI - personal support and independence training services.	Count begins when a client is accepted to service, and continues until client receives their first hour of service. Clients are accepted if they have been assessed, are eligible to receive ABI - personal support and independence training services, and have a unique client record with the agency. Reported figure is cumulative and reflects all clients who wait for ABI - personal support and independence training services.	Number of days waited between scheduled respite events. Days waited by individuals who have not been assessed
453 ** ** Hours of Care/Hours of Service - Contracted Out		The number of hours of direct service provided by a contracted third party, to clients in an attendant care program.	Report the total hours of care provided by a contracted third party, to registered attendant care clients. 1 hour of direct service is counted as 1 If service is provided to more than 1 individual at the same time (ie. couple, family members), count only 1 hour of direct service time.	Number of individuals served Number of caregivers

OHRS Account	Mandatory /Optional	Regional Definition	Regional Reporting	Not included
454 ** ** Hours of Care/Hours of Service – In House	M	The number of hours of direct service provided by agency staff to clients in an attendant care program.	Report the total hours of respite provided by staff, to registered attendant care clients. 1 hour of direct service is counted as 1 If service is provided to more than 1 individual at the same time (ex. couple, family members), count only 1 hour of direct service time.	Number of individuals served Number of caregivers
455 ** ** Ind. Served by Functional Centre	M	Number of unique clients who receive attendant care services.	Number of clients accepted to an attendant care program who receive services at least one time in a fiscal year. Clients are accepted to an attendant care program and have a unique client record in the agency database. Each client is counted a maximum of once in a fiscal year. Clients are counted every year they receive respite services, after their first hour of service in that fiscal year. Reported figure is cumulative, through the fiscal year.	Number of clients admitted Number of clients waiting Individuals receiving indirect service (e.g. caregiver) Number of days services received Anonymous clients Individuals Served by CSS Organization (S855 ** **)

Personal Support and Independence Training (Attendant Care)

OHRS Account	Mandatory /Optional	Regional Definition	Regional Reporting	Not included
489 ** ** New Referral	M	Clients referred to an attendant care program.	Report number of newly referred clients, who are accepted to receive attendant care services. Clients are accepted if they are eligible to receive attendant care, and have a unique client record with the agency. If client is referred to more than one new service, count 1 referral in each appropriate functional centre. Count a new referral if a previously discharged client returns to program. Clients are reported under age categories - Elderly - Adult - Pediatric - Age Unknown Figure is cumulative, through the fiscal year.	Unique referral events Clients already active in program Caregiver/support person
506 ** ** Ind. Received First Service	M	Individuals who have received their first hour of attendant care services	Report the number of new clients accepted to the program who received their first hour of attendant care service in the fiscal year. Report under age categories - Elderly - Adult - Pediatric - Age Unknown Figure is cumulative, through the fiscal year.	Clients waiting for service Clients who have previously received attendant care in the program

Personal Support and Independence Training (Attendant Care)

OHRS Account	Mandatory /Optional	Regional Definition	Regional Reporting	Not included
512 ** ** Assessment Complete/Outcome	M	Total number of formal assessments completed by your agency for clients receiving attendant care services.	Number of formal assessments your agency completes for clients accepted to an attendant care program as well as the outcome. Formal assessments include: - RAI assessments CHA, HC, PS, OCAN - Falls Risk Assessment - Caregiver Distress Count each formal assessment and re-assessment. Report the assessment under the program most relevant to the client need, regardless of the number of services the client is receiving. Assessments are reported by their outcome: - Eligible In-Home – Client Declined - Eligible In-Home – Admitted - Eligible – Adult Day - Eligible – Supportive Housing - Eligible – Enhanced Respite - Eligible In-Home – Other Organizations - Assessment Incomplete – Eligibility Not Determined, Process Stopped Reported figure is cumulative through the fiscal year.	Demographic information collected at regular intake (DOB, full name, address) Assessments for person other than the registered attendant care client One assessment reported under multiple services

Personal Support and Independence Training (Attendant Care)

OHRS Account	Mandatory /Optional	Regional Definition	Regional Reporting	Not included
513 ** ** Service Discharge	M	Number of clients discharged from an attendant care program.	A client is discharged from the program when they are no longer registered to receive service. Report the number of discharged clients, and the reason for the discharge. Service discharge reasons include: - Service Plan Complete - Age Limit Reached - Death while in the care of organization - Death while in hospital - Admitted to LTC Home Facility - Hospitalized > 14 days - Client Preference - Community Services - Vacation > 30 days - Other Individuals may be discharged from the program, but continue to receive other CSS services. Clients who have not received services in 30 days are discharged from a respite program.	File Closure
955 ** ** Individuals Served	M	Number of individuals served in a priority program	Report each client under 1 of the following demographic categories. Select the most relevant category based on the client's presenting condition, at the time of service referral: 955 80 10 Individuals Served – Physical Disability 955 80 15 Individuals Served – Cognitive Impairment 955 80 20 Individuals Served – Frail and/or Elderly 955 80 25 Individuals Served– Living w/effects of HIV/AIDS Total of all demographic categories should equal total number of individuals served in respite for the reporting period.	

Personal Support and Independence Training (Attendant Care)

Program Description:	Attendant Care or Personal Support/ Independence Training provides physical assistance by a trained attendant to those with a physical disability for activities of daily living. Attendant services is limited to non-medical services. This program provides non-medical physical assistance for routine activities of daily living such as transferring, showering, dressing or undressing and meals/feeding. Clients rely on these services to address barriers presented by a physical disability. Because of the nature of clients' disabilities, services are highly complex and involve the regular use of equipment and advanced care procedures including but not limited to: transfers using mechanical lifts, tube feeding, bowel & bladder care, ostomy care and respiratory care. The tasks completed by trained and supervised attendants exceed those approved by the CCAC for community Personal Support Workers.

OHRS Account	Mandatory /Optional	Regional Definition	Regional Reporting	Not included
406 ** 10 Ind. Currently Waiting for Initial Assessment	M	Number of individuals who are currently waiting for initial assessment to access an attendant care program.	Number of individuals waiting to receive their initial assessment to determine eligibility for an attendant care program. Report the number of individuals who have an application/referral date to an attendant services program, who have not yet had an initial assessment completed to determine program eligibility. Reported figure is a point in time snapshot. It is not cumulative throughout the year. Report in each quarter of the fiscal year.	Clinical Abstract Count Clients waiting for service initiation Number of days waiting for assessment Total number of individuals who waited for initial assessment
407 ** 20 Days Waited for Service Initiation	M	Number of days clients waited to receive attendant care services.	Count begins when a client is accepted to service, and continues until client receives their first hour of service. Clients are accepted if they have been assessed, are eligible to receive attendant care services, and have a unique client record with the agency. Reported figure is cumulative and reflects all clients who wait for respite services.	Number of days waited between scheduled respite events. Days waited by individuals who have not been assessed

OHRS Account	Mandatory /Optional	Regional Definition	Regional Reporting	Not included
453 ** ** Hours of Care/Hours of Service - Contracted Out		The number of hours of direct service provided by a contracted third party, to clients in an attendant care program.	Report the total hours of care provided by a contracted third party, to registered attendant care clients. 1 hour of direct service is counted as 1 If service is provided to more than 1 individual at the same time (ie. couple, family members), count only 1 hour of direct service time.	Number of individuals served Number of caregivers
454 ** ** Hours of Care/Hours of Service – In House	M	The number of hours of direct service provided by agency staff to clients in an attendant care program.	Report the total hours of respite provided by staff, to registered attendant care clients. 1 hour of direct service is counted as 1 If service is provided to more than 1 individual at the same time (ex. couple, family members), count only 1 hour of direct service time.	Number of individuals served Number of caregivers
455 ** ** Ind. Served by Functional Centre	M	Number of unique clients who receive attendant care services.	Number of clients accepted to an attendant care program who receive services at least one time in a fiscal year. Clients are accepted to an attendant care program and have a unique client record in the agency database. Each client is counted a maximum of once in a fiscal year. Clients are counted every year they receive respite services, after their first hour of service in that fiscal year. Reported figure is cumulative, through the fiscal year.	Number of clients admitted Number of clients waiting Individuals receiving indirect service (e.g. caregiver) Number of days services received Anonymous clients Individuals Served by CSS Organization (S855 ** **)

Personal Support and Independence Training (Attendant Care)

OHRS Account	Mandatory /Optional	Regional Definition	Regional Reporting	Not included
489 ** ** New Referral	M	Clients referred to an attendant care program.	Report number of newly referred clients, who are accepted to receive attendant care services. Clients are accepted if they are eligible to receive attendant care, and have a unique client record with the agency. If client is referred to more than one new service, count 1 referral in each appropriate functional centre. Count a new referral if a previously discharged client returns to program. Clients are reported under age categories - Elderly - Adult - Pediatric - Age Unknown Figure is cumulative, through the fiscal year.	Unique referral events Clients already active in program Caregiver/support person
506 ** ** Ind. Received First Service	M	Individuals who have received their first hour of attendant care services	Report the number of new clients accepted to the program who received their first hour of attendant care service in the fiscal year. Report under age categories - Elderly - Adult - Pediatric - Age Unknown Figure is cumulative, through the fiscal year.	Clients waiting for service Clients who have previously received attendant care in the program

Personal Support and Independence Training (Attendant Care)

OHRS Account	Mandatory /Optional	Regional Definition	Regional Reporting	Not included
512 ** ** Assessment Complete/Outcome	M	Total number of formal assessments completed by your agency for clients receiving attendant care services.	Number of formal assessments your agency completes for clients accepted to an attendant care program as well as the outcome. Formal assessments include: - RAI assessments CHA, HC, PS, OCAN - Falls Risk Assessment - Caregiver Distress Count each formal assessment and re-assessment. Report the assessment under the program most relevant to the client need, regardless of the number of services the client is receiving. Assessments are reported by their outcome: - Eligible In-Home – Client Declined - Eligible In-Home – Admitted - Eligible – Adult Day - Eligible – Supportive Housing - Eligible – Enhanced Respite - Eligible In-Home – Other Organizations - Assessment Incomplete – Eligibility Not Determined, Process Stopped Reported figure is cumulative through the fiscal year.	Demographic information collected at regular intake (DOB, full name, address) Assessments for person other than the registered attendant care client One assessment reported under multiple services

Personal Support and Independence Training (Attendant Care)

OHRS Account	Mandatory /Optional	Regional Definition	Regional Reporting	Not included
513 ** ** Service Discharge	M	Number of clients discharged from an attendant care program.	A client is discharged from the program when they are no longer registered to receive service. Report the number of discharged clients, and the reason for the discharge. Service discharge reasons include: - Service Plan Complete - Age Limit Reached - Death while in the care of organization - Death while in hospital - Admitted to LTC Home Facility - Hospitalized > 14 days - Client Preference - Community Services - Vacation > 30 days - Other Individuals may be discharged from the program, but continue to receive other CSS services. Clients who have not received services in 30 days are discharged from a respite program.	File Closure
955 ** ** Individuals Served	M	Number of individuals served in a priority program	Report each client under 1 of the following demographic categories. Select the most relevant category based on the client's presenting condition, at the time of service referral: 955 80 10 Individuals Served – Physical Disability 955 80 15 Individuals Served – Cognitive Impairment 955 80 20 Individuals Served – Frail and/or Elderly 955 80 25 Individuals Served– Living w/effects of HIV/AIDS Total of all demographic categories should equal total number of individuals served in respite for the reporting period.	

Personal Support and Independence Training – Acquired Brain Injury (ABI)
Program Description:	Pertaining to services to assist individuals living with an acquired brain injury, with routine personal hygiene activities, activities of daily living, which may include homemaking services, and train the client to carry out these activities. This may also include personal support, respite and the core components of independence training service; through working with clients and/or family members. The skills that may be taught include physical development and health, sensory-motor development, communications and social skills, emotional and spiritual development, independent living skills and behavioural management. This service is provided for clients living with families as well as those living in institutions and making arrangements for living in the community. The services are provided at the client's residence and may be on a continuous basis.

OHRS Account	Mandatory /Optional	Regional Definition	Regional Reporting	Not included
406 ** 10 Ind. Currently Waiting for Initial Assessment	M	Number of individuals who are currently waiting for initial assessment to access an ABI personal support and independence training program.	Number of individuals waiting to receive their initial assessment to determine eligibility for an ABI personal support and independence training program. Report the number of individuals who have an application/referral date to an attendant services program, who have not yet had an initial assessment completed to determine program eligibility. Reported figure is a point in time snapshot. It is not cumulative throughout the year. Report in each quarter of the fiscal year.	Clinical Abstract Count Clients waiting for service initiation Number of days waiting for assessment Total number of individuals who waited for initial assessment
407 ** 20 Days Waited for Service Initiation	M	Number of days clients waited to receive ABI personal support and independence training services.	Count begins when a client is accepted to service, and continues until client receives their first hour of service. Clients are accepted if they have been assessed, are eligible to receive ABI personal support and independence training service, and have a unique client record with the agency. Reported figure is cumulative and reflects all clients who wait for ABI personal support and independence training services.	Number of days waited between scheduled respite events. Days waited by individuals who have not been assessed

OHRS Account	Mandatory /Optional	Regional Definition	Regional Reporting	Not included
453 ** ** Hours of Care/Hours of Service - Contracted Out		The number of hours of direct service provided by a contracted third party, to clients in an ABI personal support and independence training program.	Report the total hours of care provided by a contracted third party, to registered ABI personal support and independence training clients. 1 hour of direct service is counted as 1 If service is provided to more than 1 individual at the same time (ie. couple, family members), count only 1 hour of direct service time.	Number of individuals served Number of caregivers
454 ** ** Hours of Care/Hours of Service – In House	M	The number of hours of direct service provided by agency staff to clients in an ABI personal support and independence training program.	Report the total hours of respite provided by staff, to registered ABI personal support and independence training clients. 1 hour of direct service is counted as 1 If service is provided to more than 1 individual at the same time (ie. couple, family members), count only 1 hour of direct service time.	Number of individuals served Number of caregivers
455 ** ** Ind. Served by Functional Centre	M	Number of unique clients who receive ABI personal support and independence training services.	Number of clients accepted to an ABI personal support and independence training program who receive services at least one time in a fiscal year. Clients are accepted to an ABI personal support and independence training program and have a unique client record in the agency database. Each client is counted a maximum of once in a fiscal year. Clients are counted every year they receive respite services, after their first hour of service in that fiscal year. Reported figure is cumulative, through the fiscal year.	Number of clients admitted Number of clients waiting Individuals receiving indirect service (e.g. caregiver) Number of days services received Anonymous clients Individuals Served by CSS Organization (S855 ** **)

OHRS Account	Mandatory /Optional	Regional Definition	Regional Reporting	Not included
489 ** ** New Referral	M	Clients referred to an ABI personal support and independence training program.	Report number of newly referred clients, who are accepted to receive ABI personal support and independence training services. Clients are accepted if they are eligible to receive ABI personal support and independence training, and have a unique client record with the agency. If client is referred to more than one new service, count 1 referral in each appropriate functional centre. Count a new referral if a previously discharged client returns to program. Clients are reported under age categories - Elderly - Adult - Pediatric - Age Unknown Figure is cumulative, through the fiscal year.	Unique referral events Clients already active in program Caregiver/support person

OHRS Account	Mandatory /Optional	Regional Definition	Regional Reporting	Not included
491 ** 20 Grp Participants, Uniquely Identified SR Attendance	M	Number of attendances at formal group ABI personal support and independence training sessions, by clients.	Report the number of client attendances at formal ABI personal support and independence training group sessions. Count 1 for each client who is accepted to a ABI personal support and independence training program, who attends a group session. Clients are accepted if they are eligible to receive ABI personal support and independence training, and have a unique client record with the agency. Clients are reported under age categories - Elderly - Adult - Pediatric - Age Unknown Figure is cumulative, through the fiscal year.	Anonymous Individuals ABI personal support and independence training session tailored to a single individual or family group
492 00 *0 Group Sessions	M	Number of formal group ABI personal support and independence training sessions.	Count the number of formal sessions where ABI personal support and independence training is delivered to two or more individuals. ABI personal support and independence training groups are formal, material in length, and are planned and delivered to two or more service recipients, at the same time If a group session includes more than 1 service provider, count 1 session total.	# of service providers # of attendances # of participants ABI personal support and independence training sessions tailored to a single individual or family group

OHRS Account	Mandatory /Optional	Regional Definition	Regional Reporting	Not included
506 ** ** Ind. Received First Service	M	Individuals who have received their first hour of ABI personal support and independence training services	Report the number of new clients accepted to the program who received their first hour of ABI personal support and independence training service in the fiscal year. Report under age categories - Elderly - Adult - Pediatric - Age Unknown Figure is cumulative, through the fiscal year.	Clients waiting for service Clients who have previously received ABI personal support and independence training in the program
512 ** ** Assessment Complete/Outcome	M	Total number of formal assessments completed by your agency for clients receiving ABI personal support and independence training services.	Number of formal assessments your agency completes for clients accepted to an ABI personal support and independence training program as well as the outcome. Formal assessments include: - RAI assessments CHA, HC, PS, OCAN - Falls Risk Assessment - Caregiver Distress Count each formal assessment and re-assessment. Report the assessment under the program most relevant to the client need, regardless of the number of services the client is receiving. Assessments are reported by their outcome: - Eligible In-Home – Client Declined - Eligible In-Home – Admitted - Eligible – Adult Day - Eligible – Supportive Housing - Eligible – Enhanced Respite - Eligible In-Home – Other Organizations - Assessment Incomplete – Eligibility Not Determined, Process Stopped Reported figure is cumulative through the fiscal year.	Demographic information collected at regular intake (DOB, full name, address) Assessments for person other than the registered ABI personal support and independence training client One assessment reported under multiple services

OHRS Account	Mandatory /Optional	Regional Definition	Regional Reporting	Not included
513 ** ** Service Discharge	M	Number of clients discharged from an ABI personal support and independence training program.	A client is discharged from the program when they are no longer registered to receive service. Report the number of discharged clients, and the reason for the discharge. Service discharge reasons include: - Service Plan Complete - Age Limit Reached - Death while in the care of organization - Death while in hospital - Admitted to LTC Home Facility - Hospitalized > 14 days - Client Preference - Community Services - Vacation > 30 days - Other Individuals may be discharged from the program, but continue to receive other CSS services. Clients who have not received services in 30 days are discharged from a respite program.	File Closure
955 ** ** Individuals Served	M	Number of unique clients served in an ABI priority program	Report the number of clients served in an ABI priority program. Count 1 for each client who receives ABI Personal Support/Independence Training under ABI Individualized Funding Reported figure should match total for *Individuals Served S455 ** ***	Non-ABI personal support/independence training clients

Respite				
Program Description:	The provision of short or long-term significant others relief. The service is provided at the residence of the service recipients and may include homemaking, some personal care, light housekeeping, attendant care, monitoring, supervision, and/or activation.			

OHRS Account	Mandatory /Optional	Regional Definition	Regional Reporting	Not included
406 ** 10 Ind. Currently Waiting for Initial Assessment	M	Number of individuals who are currently waiting for initial assessment to access a respite program.	Number of individuals waiting to receive their initial assessment to determine eligibility for a respite program. Report the number of individuals who have an application/referral date to a respite program, who have not yet had an initial assessment completed to determine program eligibility. Reported figure is a point in time snapshot. It is <u>not</u> cumulative throughout the year.	Clinical Abstract Count Clients waiting for service initiation Number of days waiting for assessment Total number of individuals who waited for initial assessment
407 ** 20 Days Waited for Service Initiation	M	Number of <u>days</u> clients waited to receive respite services.	Count begins when a client is accepted to service, and continues until client receives their first hour of service. Clients are accepted if they have been assessed, are eligible to receive respite service, and have a unique client record with the agency. Reported figure is cumulative and reflects all clients who wait for respite services.	Number of days waited between scheduled respite events. Days waited by individuals who have not been assessed

OHRS Account	Mandatory /Optional	Regional Definition	Regional Reporting	Not included
453 ** ** Hours of Care/Hours of Service - Contracted Out		The number of hours of direct service provided by a contracted third party, to clients in a respite program.	Report the total hours of respite provided by a contracted third party, to registered respite clients. Service is provided at the residence of the service recipient, and includes homemaking, some personal care, light housekeeping, attendant care, monitoring, supervision or activation. 1 hour of direct service is counted as 1 If service is provided to more than 1 individual at the same time (ex. couple, family members), count only 1 hour of direct service time.	Number of individuals served Number of caregivers
454 ** ** Hours of Care/Hours of Service – In House	M	The number of hours of direct service provided by agency staff to clients in a respite program.	Report the total hours of respite provided by staff, to registered respite clients. Service is provided at the residence of the service recipient, and includes homemaking, some personal care, light housekeeping, attendant care, monitoring, supervision or activation. 1 hour of direct service is counted as 1 If service is provided to more than 1 individual at the same time (ex. couple, family members), count only 1 hour of direct service time.	Number of individuals served Number of caregivers
455 ** ** Ind. Served by Functional Centre	M	Number of unique clients who receive respite services.	Number of clients accepted to a respite program who receive services at least one time in a fiscal year. Clients are accepted to a respite program and have a unique client record in the agency database. Each client is counted a maximum of once in a fiscal year. Clients are counted every year they receive respite services, after their first hour of service in that fiscal year. Reported figure is cumulative, through the fiscal year.	Number of clients admitted Number of clients waiting Individuals receiving indirect service (e.g. caregiver) Number of days services received Anonymous clients Individuals Served by CSS Organization (S855 ** **)

OHRS Account	Mandatory /Optional	Regional Definition	Regional Reporting	Not included
489 ** ** New Referral	M	Clients referred to a respite program.	Report number of newly referred clients, who are accepted to receive respite services. Clients are accepted if they are eligible to receive respite, and have a unique client record with the agency. If client is referred to more than one new service, count 1 referral in each appropriate functional centre. Count a new referral if a previously discharged client returns to program. Clients are reported under age categories - Elderly - Adult - Pediatric - Age Unknown Figure is cumulative, through the fiscal year.	Unique referral events Clients already active in program Caregiver/support person
506 ** ** Ind. Received First Service	M	Individuals who have received their first hour of respite services	Report the number of new clients accepted to the program who received their first hour of respite service in the fiscal year. Report under age categories - Elderly - Adult - Pediatric - Age Unknown Figure is cumulative, through the fiscal year.	Clients waiting for service Clients who have previously received respite in the program

Respite

OHRS Account	Mandatory /Optional	Regional Definition	Regional Reporting	Not included
512 ** ** Assessment Complete/Outcome	M	Total number of formal assessments completed by your agency for clients receiving respite services.	Number of formal assessments your agency completes for clients accepted to a respite program as well as the outcome. Formal assessments include: - RAI assessments CHA, HC, PS, OCAN - Falls Risk Assessment - Caregiver Distress Count each formal assessment and re-assessment. Report the assessment under the program most relevant to the client need, regardless of the number of services the client is receiving. Assessments are reported by their outcome: - Eligible In-Home – Client Declined - Eligible In-Home – Admitted - Eligible – Adult Day - Eligible – Supportive Housing - Eligible – Enhanced Respite - Eligible In-Home – Other Organizations - Assessment Incomplete – Eligibility Not Determined, Process Stopped Reported figure is cumulative through the fiscal year.	Demographic information collected at regular intake (DOB, full name, address) Assessments for person other than the registered respite client One assessment reported under multiple services

Respite

OHRS Account	Mandatory /Optional	Regional Definition	Regional Reporting	Not included
513 ** ** Service Discharge	M	Number of clients discharged from a respite program.	A client is discharged from the program when they are no longer registered to receive service. Report the number of discharged clients, and the reason for the discharge. Service discharge reasons include: - Service Plan Complete - Age Limit Reached - Death while in the care of organization - Death while in hospital - Admitted to LTC Home Facility - Hospitalized > 14 days - Client Preference - Community Services - Vacation > 30 days - Other Individuals may be discharged from the program, but continue to receive other CSS services. Clients who have not received services in 30 days are discharged from a respite program.	File Closure
955 ** ** Individuals Served	M	Number of individuals served in a priority program	Report each client under 1 of the following demographic categories. Select the most relevant category based on the client's presenting condition, at the time of service referral: 955 80 10 Individuals Served – Physical Disability 955 80 15 Individuals Served – Cognitive Impairment 955 80 20 Individuals Served – Frail and/or Elderly 955 80 25 Individuals Served– Living w/effects of HIV/AIDS Total of all demographic categories should equal total number of individuals served in respite for the reporting period.	

Respite

Service Arrangement				
Program Description:	Service arrangement/coordination programs match clients with workers who assist with jobs in the client's home that they cannot undertake or arrange themselves. The job may be regular, occasional or one time only, based on client need, and may include home maintenance, repair and homemaking and respite services.			

OHRS Account	Mandatory /Optional	Regional Definition	Regional Reporting	Not included
239 00 00 Volunteer Hours of Service	M	Number of hours provided by volunteers to a service arrangement program	Report hours provided by volunteers to a service arrangement program. Include hours provided by students who have completed the organizations volunteer screening process. Volunteer hours for the program can be reported under visiting and service arrangement, OR at the organizational level.	Reporting volunteer hours under service arrangement AND at organizational level
451 ** ** Visit Non-Face to Face – In-House	M	Number of worker/client matches made by telephone.	Report the total number of matches made through telephone or email, to link service arrangement clients with workers who assist with jobs in the client home. The matched worker completes a job that the client is unable to undertake on their own. Agencies may match clients with brokered workers, contractors, or volunteers to provide these services. Workers may provide a variety of services such as home maintenance, light household repairs, homemaking and respite services. Count 1 when a registered client is successfully matched with a worker. If 2 or more different client needs are matched during the same call or 24 hour period, count 1 for each need matched.	Ongoing service events between worker/client Hours worked by worker Hours of support received by client Internal referrals to LHIN funded services

OHRS Account	Mandatory /Optional	Regional Definition	Regional Reporting	Not included
450 ** ** Visit Face to Face In-House	M	Number of worker/client matches made in-person.	Report the total number of matches made in person, to link service arrangement clients with workers who assist with jobs in the client home.	Ongoing service events between worker/client
			The matched worker completes a job that the client is unable to undertake on their own.	Hours worked by worker
			Agencies may match clients with brokered workers, contractors, or volunteers to provide these services.	Hours of support received by client
			Workers may provide a variety of services such as home maintenance, light household repairs, homemaking and respite services.	Internal referrals to LHIN funded services
			Count 1 when a registered client is successfully matched with a worker.	
			If 2 or more different client needs are matched during the same visit or 24 hour period, count 1 for each need matched.	
406 ** 20 Individuals Currently Waiting for Service Initiation	M	Number of individuals accepted to a service arrangement program, who are currently on program waitlist.	Report the number of clients waiting to receive their first service arrangement match, on the day OHRS report is created.	Total number of clients who waited for a service arrangement program throughout the year
			Count clients who have been accepted to a service arrangement program and are on a waitlist to receive their first worker match.	
			Clients are accepted if they are eligible to receive service, and have a unique client record with the agency.	Number of days on waitlist
			Reported figure is a point in time snapshot. It is not cumulative throughout the year.	Clients waiting for additional worker matches.
407 ** 20 Days Waited for Service Initiation	M	The total days waited to receive an appropriate match.	Count begins when a client is accepted to service, and continues until client is successfully matched with a worker to meet their need.	
			Clients are accepted if they are eligible to receive service arrangement services, and have a unique client record with the agency.	
			Reported figure is cumulative and reflects all clients who waited for service arrangement.	

OHRS Account	Mandatory /Optional	Regional Definition	Regional Reporting	Not included
455 ** ** Ind. Served by Functional Centre		Number of unique clients who receive service arrangement.	Number of clients accepted to a service arrangement program who receive one or more worker matches in a fiscal year. Clients are accepted to a service arrangement program and have a unique client record in the agency database. Each client is counted a maximum of once in the fiscal year. Clients are counted every year they are matched with a new worker, <u>after</u> they their first worker match in that fiscal year. Clients are reported under age categories - Elderly - Adult - Pediatric - Age Unknown Reported figure is <u>cumulative</u>, through the fiscal year.	Number of clients registered in a service arrangement program Number of caregiver or support persons Number of worker matches Anonymous clients Individuals Served by CSS Organization (S855 ** **)
489 ** ** New Referral		Number of clients referred to a service arrangement program	Report number of newly referred clients, who are accepted to receive service arrangement. Clients are accepted if they are eligible to receive service arrangement and have a unique client record with the agency. If client is referred to more than one new service, count 1 referral in each appropriate functional centre. Count a new referral if previously discharged clients return to program. Clients are reported under age categories - Elderly - Adult - Pediatric - Age Unknown Figure is <u>cumulative</u>, through the fiscal year.	Unique referral events Clients already in the program Caregiver or support person

Service Arrangement

OHRS Account	Mandatory /Optional	Regional Definition	Regional Reporting	Not included
506 ** ** Ind. Received First Service		Number of clients who have received their first worker match in a service arrangement program.	Report the number of new clients accepted to the service arrangement program who have received their first worker match in the fiscal year. Report under age categories - Elderly - Adult - Pediatric - Age Unknown Figure is <u>cumulative,</u> through the fiscal year.	Clients waiting for service Clients who have previously received worker matches in the service arrangement program at the agency Clients who receive assessment/intake only
512 ** ** Assessment Complete/Outcome		Number of formal assessments completed by your agency for clients receiving service arrangement.	The number of formal assessments your agency completes for clients accepted to a service arrangement program as well as the assessment outcome. Formal assessments include, but aren't limited to: - RAI assessments CHA, HC, PS, OCAN - Falls Risk Assessment - Caregiver Distress Count each formal assessments <u>and</u> re-assessments. Report the assessment under the service area most relevant to client's presenting need. Assessments are reported by their outcome: - Eligible In-Home – Client Declined - Eligible In-Home – Admitted - Eligible – Adult Day - Eligible – Supportive Housing - Eligible – Enhanced Respite - Eligible In-Home – Other Organizations - Assessment Incomplete – Eligibility Not Determined, Process Stopped Reported figure is <u>cumulative</u>, through the fiscal year.	Demographic information collected at intake (DOB, full name, address) Assessments for persons other than the registered client or caregiver One assessment counted under multiple services

OHRS Account	Mandatory /Optional	Regional Definition	Regional Reporting	Not included
513 ** ** Service Discharge		Number of clients discharged from a service arrangement program.	A client is discharged from the program when they are no longer registered to receive service. Report the number of discharged clients and the reason for the discharge. Service discharge reasons include: - Service Plan Complete - Age Limit Reached - Death while in the care of organization - Death while in hospital - Admitted to LTC Home Facility - Hospitalized > 14 days - Client Preference - Community Services - Vacation > 30 days - Other Individuals may be discharged from a service arrangement program, but continue to receive other CSS programs and services. Clients with no new match activity for 1 year will be discharged from a service arrangement program.	File closure

Service Arrangement

Social and Congregate Dining	
Program Description:	Programs and services that promote health and wellness, and provide social activities based on needs of client groups with the goal of maintaining or promoting their wellness. The services, may or may not include a nutritious meal, are for clients who are either in receipt of or eligible to receive community support services. The social activities may include recreation activities such as swimming, cards and crafts. Specific Exercise Initiatives and Goal Oriented Falls Prevention Initiatives are reported under this program. These program activities are reported within regular program accounts, and ALSO reported separately under priority program accounts.

OHRS Account	Mandatory/ Optional	Regional Definition	Regional Reporting	Not included
239 00 00 Volunteer Hours of Service	M	Number of hours provided by volunteers to a day service program	Report hours provided by volunteers to a social and congregate dining program. Include hours provided by students who have completed the organizations volunteer screening process.	Reporting volunteer hours under social and congregate dining AND at organizational level
406 ** 20 Ind. Currently Waiting for Service Initiation	M	Number of clients accepted to social and congregate dining who are currently on program waitlist.	Number of clients waiting to start in the program on the day OHRS report is created. Report clients who have been accepted to a social and congregate dining program but are on a waitlist to begin service. Clients are accepted if they are eligible to receive service, and have a unique client record with the agency. Reported figure is a point in time snapshot. It is not cumulative throughout the year.	Total number of clients who waited for program throughout the year Number of days on waitlist
407 ** 20 Days Waited for Service Initiation	M	Number of days clients waited to begin a social and congregate dining program	Count begins when a client is accepted to service, and continues until client attend program activities. Clients are accepted if they are eligible to receive service, and have a unique client record with the agency. Reported figure is cumulative and reflects all clients who wait for Day Programs.	Number of days between regularly scheduled social and congregate dining events Number of days waited by clients who have not attended their first social and congregate dining program

OHRS Account	Mandatory/ Optional	Regional Definition	Regional Reporting	Not included
455 ** ** Ind. Served by Functional Centre	M	Number of unique clients in a social and congregate dining program	Number of clients accepted to a social and congregate dining program who attended 1 or more days in a fiscal year. Clients are accepted to a program and have a unique client record in the agency database. Each client is counted a maximum of once in a fiscal year. Clients are counted every year they attend a social and congregate dining event, after their first attendance in that fiscal year. Reported figure is cumulative, through the fiscal year.	Number of clients admitted Number of clients waiting Number of caregivers/support person Number of days attended Anonymous clients Individuals Served by CSS Organization (S855 ** **)
483 ** ** Attendance Days	M	Number of days attended by clients of social and congregate dining program.	Report the number of client attendances in a social and congregate dining program at all sites your agency operates. Include client attendances for Specific and Goal Oriented Initiatives. Count 1 attendance day for each client, every time they attend a social and congregate dining program. Count 1 attendance day for each client, regardless of length attended the program.	Cancelled attendances Program spaces Number of group events

Social and Congregate Dining

OHRS Account	Mandatory/ Optional	Regional Definition	Regional Reporting	Not included
489 ** ** New Referral	M	Number of clients referred to a social and congregate dining program.	Report number of newly referred clients, who are accepted to receive social and congregate dining program services. Clients are accepted if they are eligible to receive day service, and have a unique client record with the agency. If client is referred to more than one new service, count 1 referral in each appropriate functional centre. Count a new referral if a previously discharged client returns to program. Clients are reported under age categories - Elderly - Adult - Pediatric - Age Unknown Figure is cumulative, through the fiscal year.	Unique referral events Clients already active in program Caregiver or support person
506 ** ** Ind. Received First Service	M	Number of clients who have attended a social and congregate dining program for the first time.	Report the number of new clients accepted to the program who received their support encounter in the fiscal year. Report under age categories - Elderly - Adult - Pediatric - Age Unknown Figure is cumulative, through the fiscal year.	Clients waiting for service Clients who have previously attended social and congregate dining programs at the agency

Social and Congregate Dining

OHRS Account	Mandatory/ Optional	Regional Definition	Regional Reporting	Not included
512 ** ** Assessment Complete/Outcome	M	Total number of formal assessments completed by your agency for clients attending a social and congregate dining program.	Number of formal assessments your agency completes for clients accepted to a social and congregate dining program, as well as the outcome. Formal assessments include: - RAI assessments CHA, HC, PS, OCAN - Falls Risk Assessment - Caregiver Distress Count each formal assessment and re-assessment. Report the assessment under service area most relevant program regardless of the number of services the client is receiving. Assessments are reported by their outcome: - Eligible In-Home – Client Declined - Eligible In-Home – Admitted - Eligible – Adult Day - Eligible – Supportive Housing - Eligible – Enhanced Respite - Eligible In-Home – Other Organizations - Assessment Incomplete – Eligibility Not Determined, Process Stopped Reported figure is cumulative through the fiscal year.	Demographic information collected at regular intake (DOB, full name, address) Assessments for person other than the registered client One assessment reported under multiple services

Social and Congregate Dining

OHRS Account	Mandatory/ Optional	Regional Definition	Regional Reporting	Not included
513 ** ** Service Discharge	M	Number of clients discharged from a social and congregate dining program.	A client is discharged from the program when they are no longer registered to receive service. Report the number of discharged clients, and the reason for the discharge. Service discharge reasons include: - Service Plan Complete - Age Limit Reached - Death while in the care of organization - Death while in hospital - Admitted to LTC Home Facility - Hospitalized > 14 days - Client Preference - Community Services - Vacation > 30 days - Other Individuals may be discharged from a social and congregate dining program, but continue to receive other CSS services.	File Closure
955 ** ** Individuals Served	M	Number of individuals served in a priority program.	Report each client under 1 of the following demographic categories. Select the most relevant category based on the client's presenting condition, at the time of service referral: 955 80 10 Individuals Served – Physical Disability 955 80 15 Individuals Served – Cognitive Impairment 955 80 20 Individuals Served – Frail and/or Elderly 955 80 25 Individuals Served– Living w/affects of HIV/AIDS Total of all demographic categories should equal total number of individuals served in day services for the reporting period.	

OHRS Account	Mandatory/ Optional	Regional Definition	Regional Reporting	Not included
955 80 30 – Individuals Served – Specific Initiatives	M	Number of individuals served in a specific initiative exercise program.	Report the number of individuals who were served in a specific initiative exercise program. Count 1 for each unique individual who is served in a specific initiative exercise program. Reported figure is cumulative through the fiscal year. The individuals included are also counted in 455 ** ** Individuals Served by Functional Centre	Number of clients served in regular social and congregate dining programs.
955 80 31 – Individuals Served – Goal Oriented Initiatives	M	Number of individuals served in a goal oriented Falls Prevention program.	Report the number of individuals who were served in a goal oriented falls prevention program. Count 1 for each unique individual who is served in a goal oriented falls prevention program. Reported figure is cumulative through the fiscal year. The individuals included are also counted in 455 ** ** Individuals Served by Functional Centre	Number of clients served in regular social and congregate dining programs
955 80 48 Attendance Days – Specific Initiatives – Exercise Program	M	Number of client attendances at specific initiative exercise programs.	Report total number of client attendances at specific initiative exercise programs Count 1 for each unique individual who is served in a specific initiative exercise program Specific Initiative exercise program attendances should also be included in 483 ** ** Attendance Days counts, as part of the agency's overall social and congregate dining program figures.	Attendance at other social and congregate dining events
955 80 49 – Attendance Days – Special Initiatives – Goal Oriented Initiatives	M	Number of client attendances at goal oriented falls prevention program.	Report total number of client attendances at goal oriented falls prevention programs. Count 1 for each unique individual who is served in a goal oriented falls prevention program. Goal oriented falls prevention program attendance days should also be included in 483 ** ** Attendance Days counts, as part of the agency's overall social and congregate dining program figures.	Attendance at other social and congregate dining events

OHRS Account	Mandatory/ Optional	Regional Definition	Regional Reporting	Not included
955 ** ** Individuals Served	M	Number of individuals served in a priority program.	Report each social and congregate dining client under 1 of the following demographic categories. Select the most relevant category based on the client's presenting condition, at the time of service referral: 955 80 10 Individuals Served – Physical Disability 955 80 15 Individuals Served – Cognitive Impairment 955 80 20 Individuals Served – Frail and/or Elderly 955 80 25 Individuals Served– Living w/affects of HIV/AIDS Total of all demographic categories should equal total number of individuals served in day services for the reporting period.	

Social and Congregate Dining

	Visiting and Social Safety			
Program Description	Services that provide a contact to clients on a regular basis to check on their health, safety and social needs. Clients may be isolated seniors, physically disabled adults, persons with Alzheimer disease or other dementias, or their significant others. The contact can be through a phone call or in-person. In-person visits are made to the client's home and volunteers may also perform shopping or take the client out for daily living activities, e.g. banking, social event.			

OHRS Account	Mandatory /Optional	Regional Definition	Regional Reporting	Not included
239 00 00 Volunteer Hours of Service	M	Number of hours provided by volunteers to a visiting and social safety program	Report hours provided by volunteers to a visiting and social safety program. Include hours provided by students who have completed the organizations volunteer screening process. Volunteer hours for the program can be reported under visiting and social safety services, OR at the organizational level.	Reporting volunteer hours under visiting and social safety services AND at organizational level
448 ** * Visit Non-Face to Face – Contracted Out	M	Number of support conversations between a contracted third party and clients by phone to check on health, safety, and social needs of the client.	Report the total number of support conversations between a contracted third party and clients by phone, to check on the health, safety, and social needs of the client. Count a maximum of 1 conversation to address a single need, per day, per client, regardless of number of separate interactions. When a contracted third party provides more than 1 service or check for a client in the same visit, count 1 total. Count interactions between client and contracted third party that last 5 minutes or longer Reported figure is <u>cumulative</u>, through the fiscal year	Voicemail Conversations with anonymous clients Support conversations between volunteers and clients

OHRS Account	Mandatory /Optional	Regional Definition	Regional Reporting	Not included
451 ** ** Visit Non-Face to Face – In-House	M	Number of support conversations between agency staff/volunteers and clients by phone to check on health, safety and social needs of the client.	Report the total number of support conversations between agency staff/volunteers and clients by phone, to check on the health, safety, and social needs of the client. Count a maximum of 1 conversation to address a single need, per day, per client, regardless of number of separate interactions. When staff or volunteers provide more than 1 service or check for a client in the same visit, count 1 total. Count interactions between client and agency staff/volunteers that last 5 minutes or longer Reported figure is cumulative, through the fiscal year	Voicemail Conversations with anonymous clients
449 ** ** Visit Face to Face – Contracted Out	M	Number of support conversations between a contracted third party and clients, in-person at a client's home to check on the health, safety and social needs of the client.	Report the total number of support conversations between a contracted third party and clients, in-person at a client's homes to check on the health, safety, and social needs of the client. Count a maximum of 1 conversation to address a single need, per day, per client, regardless of number of separate interactions. When a contracted third party provides more than 1 service or check for a client in the same visit, count 1 total. Count interactions between client and contracted third party that last 5 minutes or longer Reported figure is cumulative, through the fiscal year	Support conversations with anonymous clients Support conversations between volunteers and clients
450 ** ** Visit Face to Face In-House	M	Number of support conversations between agency staff/volunteers and clients, in-person at client's home, to check on health, safety, and social needs of the client.	Report the total number of support conversations between agency staff/volunteers and clients, in-person at the client's homes, to check on health, safety, and social needs of the client. Count a maximum of 1 conversation to address a single need, per day, per client, regardless of number of separate interactions. When staff or volunteers provide more than 1 service or check for a client in the same visit, count 1 total. Count interactions between client and agency staff/volunteers last 5 minutes or longer	Conversations with anonymous clients

OHRS Account	Mandatory /Optional	Regional Definition	Regional Reporting	Not included
406 ** 20 Individuals Currently Waiting for Service Initiation	M	Number of individuals accepted to a visiting and social safety program, who are currently on program waitlist.	Report the number of clients waiting to receive visiting and social safety services, on the day OHRS report is created. Count clients who have been accepted to a visiting and social safety program and are on a waitlist to begin service. Clients are accepted if they are eligible to receive service, and have a unique client record with the agency Reported figure is a point in time snapshot. It is not cumulative throughout the year.	Total number of clients who waited for visiting and social safety program throughout the year Number of days on waitlist
407 ** 20 Days Waited for Service Initiation	M	Number of days waited by clients, to begin receiving visiting and social safety services.	Count begins when a client is accepted to service, and continues until client receives a support conversation. Clients are accepted if they are eligible to receive visiting and social safety program services, and have a unique client record with the agency. Reported figure is cumulative and reflects all clients who waited for visiting and social safety programs.	Number of days between ad-hoc requested support conversations Number of days waited by clients who have not received their first support conversation

OHRS Account	Mandatory /Optional	Regional Definition	Regional Reporting	Not included
455 ** ** Ind. Served by Functional Centre		Number of unique clients who receive visiting and social safety services.	Number of clients accepted to visiting and social safety programs who receive one or more support conversations in a fiscal year. Clients are accepted to a visiting and social safety program and have a unique client record in the agency database. Each client is counted a maximum of once in the fiscal year. Clients are counted every year they access visiting and social safety services, <u>after</u> they their first support conversation in that fiscal year. Clients are reported under age categories - Elderly - Adult - Pediatric - Age Unknown Reported figure is <u>cumulative</u>, through the fiscal year.	Number of clients registered in visiting and social safety program Number of caregiver or support persons Number of support conversations Anonymous clients Individuals Served by CSS Organization (S855 ** **)
489 ** ** New Referral		Number of clients referred to a visiting and social safety program	Report number of newly referred clients, who ar receive visiting and social safety services. Clients are accepted if they are eligible to receive visiting and social safety services and have a unique client record with the agency. If client is referred to more than one new service, count 1 referral in each appropriate functional centre. Count a new referral if previously discharged clients return to program. Clients are reported under age categories - Elderly - Adult - Pediatric - Age Unknown Figure is <u>cumulative</u>, through the fiscal year.	Visiting and Social Safety Unique referral events Clients already in the program Caregiver or support person

OHRS Account	Mandatory /Optional	Regional Definition	Regional Reporting	Not included
506 ** ** Ind. Received First Service		Number of individuals who have received their first support conversation in a visiting and social safety program.	Report the number of new clients accepted to the visiting and social safety program who have received their first support conversation in the fiscal year. Report under age categories - Elderly - Adult - Pediatric - Age Unknown Figure is cumulative, through the fiscal year.	Clients waiting for service Clients who have previously received support conversations in the visiting and social safety program at the agency Clients who receive assessment/intake only
512 ** ** Assessment Complete/Outcome		Number of formal assessments completed by your agency for clients receiving visiting and social safety program services.	The number of formal assessments your agency clients accepted to a visiting and social safety pr the assessment outcome. Formal assessments include, but aren't limited to: - RAI assessments CHA, HC, PS, OCAN - Falls Risk Assessment - Caregiver Distress Count each formal assessments and re-assessments. Report the assessment under the service area most relevant to client's presenting need. Assessments are reported by their outcome: - Eligible In-Home – Client Declined - Eligible In-Home – Admitted - Eligible – Adult Day - Eligible – Supportive Housing - Eligible – Enhanced Respite - Eligible In-Home – Other Organizations - Assessment Incomplete – Eligibility Not Determined, Process Stopped Reported figure is cumulative, through the fiscal year.	Visiting and Social Safety Demographic information collected at intake (DOB, full name, address) Assessments for persons other than the registered client or caregiver One assessment counted under multiple services

OHRS Account	Mandatory /Optional	Regional Definition	Regional Reporting	Not included
513 ** ** Service Discharge		Number of clients discharged from a visiting and social safety program.	A client is discharged from the program when they are no longer registered to receive service. Report the number of discharged clients and the reason for the discharge. Service discharge reasons include: - Service Plan Complete - Age Limit Reached - Death while in the care of organization - Death while in hospital - Admitted to LTC Home Facility - Hospitalized > 14 days - Client Preference - Community Services - Vacation > 30 days - Other Individuals may be discharged from a visiting and social safety program, but continue to receive other CSS programs and services.	File closure

Visiting and Social Safety

	Visiting Hospice Services			

Program Description:	A support service where volunteers are recruited, matched with service recipients and supervised to provide emotional, social and spiritual support to those who are living with a life-threatening or terminal illness and their families. The services may be offered in group counselling format. This service is not professional grief counseling. Volunteers may also provide respite and bereavement support. The primary target of bereavement support is significant others of individuals who were receiving hospice services but the individual who has the illness may be the support target in some situations. Generally, the SR will be matched with one volunteer. The case manager will usually be a nurse or a trained professional who may provide coaching and support to the volunteers. More than one volunteer may be provided where a volunteer is required to stay with a service recipient for long periods of time, and on occasion for 24-hour periods. The hospice volunteer supplements the support of family or in some situations, is the only source of support for the SR.

OHRS Account	Mandatory /Optional	Regional Definition	Regional Reporting	Not included
239 00 00 Volunteer Hours of Service	M	Number of hours provided by volunteers to a visiting hospice services program	Report hours provided by volunteers to a visiting hospice services program Include hours provided by students who have completed the organizations volunteer screening process. Volunteer hours can be reported under visiting hospice services, OR at the organizational level.	Reporting volunteer hours under visiting hospice services AND at organizational level
406 ** 20 Ind. Currently Waiting for Service Initiation	M	Number of individuals accepted for visiting hospice services who are currently waiting to receive their first support encounter. The number reflects clients waiting to receive visiting hospice services on the day OHRS report is created.	Report number of clients who have been accepted to a visiting hospice service program but are waiting to begin receiving service. Clients are accepted if they are eligible to receive service and have a unique client record with the agency Reported figure is a point in time snapshot. It is not cumulative throughout the year.	Total number of clients who waited for visiting hospice program throughout the year Number of days on waitlist

OHRS Account	Mandatory /Optional	Regional Definition	Regional Reporting	Not included
407 ** 20 Days Waited for Service Initiation	M	Number of <u>days</u> clients waited to receive service in a visiting hospice services program.	Report the number of days waited by clients to receive a support encounter in a visiting hospice services program. Count begins when a client is accepted to service, and continues until client receives their support visit. Clients are accepted if they are eligible to receive visiting hospice services and have a unique client record with the agency. Reported figure is <u>cumulative</u>, throughout the fiscal year.	Number of days between scheduled service appointments. Number of days waited by clients who have not received their first support encounter
448 ** ** Visit Non-Face to Face – Contracted Out	M	Number of 2-way phone or email support encounters between a contracted third party, and client families living with a life threatening or terminal illness.	Report the number of phone/email support encounters provided by a contracted third party, to clients in a visiting hospice services program. Support encounters are events that provide emotional, social, and spiritual help for clients and families living with life threatening or terminal illness. Services may also include respite and bereavement support. Count 1 support encounter for each unique service event. Count 1 support encounter total, if service is provided to multiple family members in same visit/event. Support encounters for family and significant other may be continued and reported for up to 2 months, following their death.	Professional grief counselling Voicemail 1-way email Volunteer training

Visiting Hospice Services

OHRS Account	Mandatory /Optional	Regional Definition	Regional Reporting	Not included
451** ** Visit Non-Face to Face – In-House	M	Number of 2-way phone or email support encounters between trained volunteers/staff, and client families living with a life threatening or terminal illness.	Report the number of phone/email support encounters provided by a staff/volunteers, to clients in a visiting hospice services program. Support encounters are events that provide emotional, social, and spiritual help for clients and families living with life threatening or terminal illness. Services may also include respite and bereavement support. Count 1 support encounter for each unique service event. Count 1 support encounter total, if service is provided to multiple family members in same visit/event. Support encounters for family and significant other may be continued and reported for up to 2 months, following their death.	Professional grief counselling Voicemail 1-way email Volunteer training
449 ** ** Visit Face to Face – Contracted Out	M	Number of in-person supportive encounter between a contracted third party and client families living with a life threatening or terminal illness	Report the number of in-person support encounters provided by a contracted third party, to clients in a visiting hospice services program. Support encounters are events that provide emotional, social, and spiritual help for clients and families living with life threatening or terminal illness. Services may also include respite and bereavement support. Count 1 support encounter for each unique service event. Count 1 support encounter total, if service is provided to multiple family members in same visit/event. Support encounters for family and significant other may be continued and reported for up to 2 months, following their death.	Professional grief counselling Volunteer training

OHRS Account	Mandatory /Optional	Regional Definition	Regional Reporting	Not included
450 ** ** Visit Face to Face – In-House	M	Number of in-person supportive encounter between trained volunteers/staff and client families living with a life threatening or terminal illness	Report the number of in-person support encounters provided by a staff/volunteers, to clients in a visiting hospice services program. Support encounters are events that provide emotional, social, and spiritual help for clients and families living with life threatening or terminal illness. Services may also include respite and bereavement support. Count 1 support encounter for each unique service event. Count 1 support encounter total, if service is provided to multiple family members in same visit/event. Support encounters for family and significant other may be continued and reported for up to 2 months, following their death.	Professional grief counselling Volunteer training
455 ** ** Ind. Served by Functional Centre	M	Number of unique clients who received visiting hospice services.	Report the number of clients accepted to visiting hospice services who receive 1 or more support encounters in a fiscal year. Clients are accepted to a visiting hospice program, and have a unique client record in the agency database. Each client is counted a maximum of 1 time in the fiscal year Clients are reported under age categories - Elderly - Adult - Pediatric - Age Unknown Clients are counted every year they receive visiting hospice services, after they receive their first support encounter in that fiscal year. Reported figure is cumulative, through the fiscal year.	Number of clients registered in non-urgent transportation program Number of caregivers, support persons, or escorts Number of support encounters Anonymous clients Individuals Served by CSS Organization (S855 ** **)

OHRS Account	Mandatory /Optional	Regional Definition	Regional Reporting	Not included
489 ** ** New Referral	M	Number of clients referred to receive support in a visiting hospice services program.	Report number of newly referred clients, who are accepted to receive visiting hospice services. Clients are accepted if they are eligible to receive service as individuals living with a life threatening or terminal illness, and have a unique client record with the agency. If client is referred to more than one new service, count 1 referral in each appropriate functional centre. Clients are reported under age categories - Elderly - Adult - Pediatric - Age Unknown Figure is <u>cumulative</u>, through the fiscal year.	Unique referral events Clients already in the program Caregiver/Support person
506 ** ** Ind. Received First Service	M	Number of individuals who have received their first support encounter.	Report the number of clients accepted to the visiting hospice program, who have received their support encounter in the fiscal year. Report under age categories - Elderly - Adult - Pediatric - Age Unknown Figure is <u>cumulative</u>, through the fiscal year.	Clients waiting for service Clients who have previously received visiting hospice services at the agency Clients who receive assessment or intake only

Visiting Hospice Services

OHRS Account	Mandatory /Optional	Regional Definition	Regional Reporting	Not included
511 ** ** File Closed	M	Number of individuals who will no longer receive any services at the organization. Note: Support encounters for family and significant other may be continued and reported in the client record for up to 2 months, following the client's death.	Count 1 for each individual whose client record is closed at an agency. Include clients who have been discharged from all programs, and the reason for the file closure. File closure reasons include: - Service Plan Complete - Age Limit Reached - **Death while in the care of organization** - Death while in hospital - Admitted to LTC Home Facility - Hospitalized > 14 days - Client Preference - Community Services - Vacation > 30 days - Other In the event of a client death, report *File Closed – Death while in the care of organization*, under AC 82990. Reported figure is <u>cumulative</u>, through the fiscal year.	Clients who continue to receive any services at agency

Visiting Hospice Services

OHRS Account	Mandatory /Optional	Regional Definition	Regional Reporting	Not included
512 ** ** Assessment Complete/Outcome	M	Total number of formal assessments completed by your agency for clients receiving visiting hospice services.	Report the number of new formal assessments your agency completes for clients to a visiting hospice services program, as well as the outcome. Formal assessments include: - RAI assessments CHA, HC, PS, OCAN - Falls Risk Assessment - Caregiver Distress Count each formal assessment <u>and</u> re-assessment. Report the assessment under the service area most relevant to client's presenting need. - Assessments are reported by their outcome: Eligible In-Home – Client Declined - Eligible In-Home – Admitted - Eligible – Adult Day - Eligible – Supportive Housing - Eligible – Enhanced Respite - Eligible In-Home – Other Organizations - Assessment Incomplete – Eligibility Not Determined, Process Stopped Reported figure is <u>cumulative</u>, through the fiscal year.	Demographic information collected at intake (DOB, full name, address) Assessments for person other than the client or registered caregiver One assessment counted under multiple services

Visiting Hospice Services

OHRS Account	Mandatory /Optional	Regional Definition	Regional Reporting	Not included
513 ** ** Service Discharge	M	Number of clients discharged from a visiting hospice services program. Note: Support encounters for family and significant other may be continued and reported in the client record for up to 2 months, following the client's death.	A client is discharged from the program when they are no longer registered to receive service. Report the number of discharged clients and the reason for the discharge. Service discharge reasons include: - Service Plan Complete - Age Limit Reached - **Death while in the care of organization** - Death while in hospital - Admitted to LTC Home Facility - Hospitalized > 14 days - Client Preference - Community Services - Vacation > 30 days - Other Family members who had been receiving visiting hospice services may be discharged from a visiting hospice program, but continue to receive other CSS programs and services.	File closure

Visiting Hospice Services