CHRIS 2.4.0/HPG 3.2.0
Final Release Notes for External Partners
V1.0

Organization:	Ontario Association of Community Care Access Centers (OACCAC)
Division:	Business Technology Solutions
Version:	0.2
Version Date:	June 12, 2014
Prepared by:	OACCAC

Revision Log

Version No.	Version Date	Changed by/Input from	Summary of Change
1.0	June 13, 2014	Sid Suwandaratne	Final Release Notes for External Partners posted

Table of Contents

1. Executive Summary

This document provides specific information on the Enhancements and Provincial Data Updates included in CHRIS Release 2.4.0 and HPG Release 3.2.0 for External Partners, scheduled to be deployed on June 18, 2014.

This section provides an executive summary of the projects / major changes and other enhancements included in R2.4.

1.1 Major Enhancements

R2.4 Project	Overview
CCAC Referral Phase 2	Expand on the CCAC Referral functionality built in R2.3: • updating to the current RM&R Acute to CCAC Provincial Referral Standard (October 2013) • sharing referral updates between referring organization and CCAC With the purpose of reducing the time from referral to patient discharge from hospital
eReferral to Community for Non HICs	Extend the eReferral to Community functionality for non-Health Information Custodians With the purpose of automating the referral and response process for CSSAs providing another large set of community services
Automated Service Provider E&S Ordering Phase 1	Implement a system to system interface to support the automated requesting of medical equipment and supplies by service providers for their assigned clients, with the purpose of reducing the work and time associated with the ordering of the many equipment and supply items needed by CCAC clients.

1.2 Other Enhancements

This release also includes APR and Consent enhancements, a number of Provincial Data Updates, and a number of defect corrections across the application.

1.3 Phone Management Enhancements

SMA #	580611 - HNHB
Affects	Client Services

Description	***Expand Client Contact Phone Extension to 6 characters***
	Presently, users can record phone extensions up to 5 characters for Personal Contacts and Community Contacts.
	In R2.4, this field is expanded to 6 characters.

2. CCAC Referral Phase 2

> ⚠️ This project includes enhanced integration for system to system communication of eReferrals from acute hospitals to CCACs. This functionality will be go through a pilot at a hospital site, after which it will available to other CCACs and other hospitals through a planned deployment process.

2.1 Business Need

The CCAC Referral project is being driven by both internal and external business needs. CCACs are looking for a better method of receiving hospital referrals in a timely manner. The Ministry of Health and LHINs are looking to automate the referral process from Acute to CCAC as part of the larger RM&R strategy for the province. The Provincial RM&R Committee is a key partner and stakeholder of this work.

In May 2013, the Provincial RM&R Group agreed on a Provincial Referral Standard in an effort to standardize referral information from the Hospitals to the CCAC and Complex Continuing Care / Rehab facilities. In addition, a Provincial Referral Standard was also established for referrals from the CCAC to LTCH.

Phase 1 of the CCAC Referral project implemented a system to system integration for (acute) hospitals to refer clients to the CCAC, based on the August 2013 Provincial Referral Standard, as defined by the Provincial RM&R Committee.

The Provincial RM&R Committee updated the Acute to CCAC Provincial Referral Standard in October 2103, and the CHRIS CCAC Referral functionality needs to be updated to this current standard. There are important new fields that will be of use to receiving CCACs.

In addition, some hospitals are requesting that they receive referral updates from the CCAC, and that they be able to send notice of a referral cancellation electronically.

Phase I of the project provided system to system integration with only hospitals, using the Acute to CCAC pathway. The Provincial RM&R Committee supports the use of the CCAC Referral for other referring organizations as well. Emergency Services organizations are requesting that they be able to send referrals to their local CCAC electronically. Other referring partners to be considered in future phases include Primary Care, CSSAs, and other referral sources.

2.2 Solution Overview

Phase 2 of this project updates the CCAC Referral to the October 2013 Provincial Referral Standard, and also implements bi-directional referral updates between CCACs and their referring partners, for those organizations that choose to implement referral updates.

As a provincial RM&R solution, CHRIS published an interface standard based on the Acute to CCAC Provincial Referral Standard, which will be used by all hospitals when submitting referral information. This will be expanded to include the new fields in the October 2013 Referral Standard.

This standard interface is used to integrate incoming referrals with CHRIS which allows information to flow directly into CHRIS where users can manage these referrals. As a result, CHRIS will be able to work with any integration partners to receive referral information.

Phase 1 of this project defined the interface for incoming referrals from Hospitals to CCAC.

Phase 2 adds the messaging required for referring organization initiated referral cancellations, and the communication of referral updates from CCACs back to their referring organizations.

Benefits

This solution will benefit referring organizations and CCACs as follows:

- Improved referral process

- Many methods of communications are standardized into a single process for referring a client to CCAC

- Process is more reliable and is expected to reduce time between referral and admission for service

2.3   Functionality

2.1   CCAC Referral Enhancements

SMA #	N/A
Affects	Acute Hospitals
Description	***Modifications to CCAC Referral to align with provincial referral standards*** For release 2.4, the following modifications were made to the CCAC Referral functionality to align with the Provincial Referral Standards from the Provincial RM&R Committee: 1. The Secondary Alternate Contact Person was removed This item was rarely used and was optional information 2. A new 'Other' option was added to the existing Male and Female gender choices This will allow better integration with hospital information systems.

3. eReferral to Community for Non-HICs

> ⚠️ **HPG 3.2 Browser Support for External Users**
>
> It is important to note that the browser support for external users of HPG is different that of CCACs users as CCACs use more systems supported by the OACCAC.
>
> HPG 3.2 will support Internet Explorer 8, 9, 10, and 11. HPG 3.2 does not require Internet Explorer to be run in compatibility mode. Generally, HPG 3.2 will support Internet Explorer with a couple of known exceptions:
>
> 1. A Referral to Community (R2C) user can see the list of R2C referrals but will get a message telling them they need to upgrade their browser to see the details of the referral
> 2. The icon for the calendar pop up used to enter dates in the referral search will not react to a user's mouse click. Users will need to client on the date box to activate the calendar.

3.1 Business Need

Community support services play a critical role in many care plans. While CHRIS gives CCACs end to end functionality for eReferrals to Community Support Services Agency (CSSA), this functionality is only in place for CSSAs that have a HIC status. CCACs can record referrals in CHRIS for CSSAs with a non HIC status, however communicating the referral; supporting documentation; status updates etc is managed outside of CHRIS resulting in duel processes for CCACs.

The eReferral to Community for non HICs project enhances the functionality in CHRIS allowing CCACs a full end to end solution for non HIC CSSAs.

3.2 Solution Overview

CHRIS R2.4 aims to extend the eReferral to Community functionality to CSSAs offering non-HIC services. The following changes are required in CHRIS and HPG:

- Enable electronic communication between the CCACs and CSSAs for non-HIC services.
- Application templates for each community service type and by HIC and non HIC status can be managed locally by the CCAC in CHRIS Maintenance.
- Sharing of Documents and Assessments for each community service type and by HIC and non HIC status can be managed locally by the CCAC in CHRIS Maintenance.

Benefits

Enabling the electronic communication between CHRIS and CSSAs will provide the following benefits:

- Allow CSSAs to receive and respond to referrals for both HIC and non-HIC services.
- Minimize the potential for PHI leak since referrals and documents are sent electronically, thus bypassing manual process of faxing or mailing sensitive documents.

- Ability for CCACs to locally define the content of CSSA applications ensuring that CSSAs receive the necessary information.

- Ability to share appropriate documents and information with CSSAs.

- Ability to share appropriate assessments with CSSAs.

- Provide users with the ability to view all referrals (contracted and non-contracted) within a client record.

- Enhance decision support by providing the ability to report on I&R Intake activities and eReferral key indicators including number and type of eReferrals and Agency Response type (e.g., accepted, rejected) for all populations.

3.3   Functionality

💡 For information on the enhanced **eReferral to Community for Non-HICs** functionality, please refer to the Members Portal, following the CHRIS R2.4 Business Functional Overviews on March 26, 27, 2014.

3.4   eReferral to Community Enhancements

SMA #	eReferral to Community for Non HICs
Affects	CSSA External Partners using HPG Referral Management
Description	**HPG Referral Management – Referral Documents tab** In R2.3, the Documents tab under HPG Referral Management is always enabled. In R2.4, the Documents tab will be enabled when one or both of Share_Assessments or Share_Documents flags = Yes for the Community Service. If both flags = No, the Documents tab will be disabled.

3.5   eReferral to Community Defect Resolutions

SMA #	eReferral to Community Project
Affects	CSSA External Partners using HPG Referral Management
Description	**HPG Referral Management – CSSA Admits – Additional Information** In R2.3 and previous releases, the Additional Information field defaults to a standard text message. In R2.4, this field will be empty by default.
SMA #	583653 - NE
Affects	CSSA External Partners using HPG Referral Management

Description	**_HPG Referral Management – CSSA Admits as of date in past_**
	Currently a CSSA can Admit a client in HPG Referral Management, with an Admit Date prior to the Service Authorization Date, and the Referral Date. The CHRIS Service End Date is set to the CSSA Admit Date. The CHRIS Assignment Date Ended is also set to the CSSA Admit Date.
	This is fixed in R2.4. The following business rule have been added:
	• Admit Date >= Applied / Accept Date

4. Automated Service Provider E&S Ordering

> ⚠️ The **Automated Service Provider E&S Ordering** functionality will be implemented concurrently with CHRIS R2.4, in a Disabled state. It will be deployed to individual CCACs and service provider partner(s) through a planned provincial deployment process.

4.1 Business Need

One role of the CCAC is to coordinate the provision of medical equipment and supplies that are needed as part of the client treatment and support. Often it is the service providers in the field who identify the supplies and equipment that are required for clients. As a result, CCACs receive requests from the service providers for medical equipment and supplies orders on a regular basis. The types of orders that CCACs receive varies by the type of services that a client is receiving. Typically, medical supplies are ordered by nursing providers with a few exceptions. For equipment rentals and rentals, it is typically therapy disciplines that make these requests.

Currently, CCACs maintain their own item catalogues and have forms that Service Providers use to submit their requests to the CCACs, either by fax, HPG or phone. Once the CCAC receives the requisition, they must enter the requisition into CHRIS, review the delivery information, verify the validity of the requisition against the client, add any relevant finance charges, specify any line item specific information required, and finally approve the requisition that is then sent to the vendor. All CCACs have various practices for entering and triaging requisitions but some common areas of inefficiency have been identified:

- A lot of time is spent by the CCAC staff managing requisitions received from Service Providers. Between the months of June and August 2013, there were approximately 260,000 requisitions entered across the province and of these an approximate average of 69% were recorded as being entered at the provider's request. In the same time frame, approximately 1.5 million line items were entered and an approximate average of 76% of the line items belonged to requisitions that were requested by a service provider

- For each requisition whether received from a Service Provider or initiated by the CCAC, users must review the delivery information to determine if a delivery finance charge is required and if so add the appropriate delivery finance charge to the requisition.

- Purchase Orders are manually sent to the vendor(s) once the requisition is approved.

4.2 Solution Overview

The main objective of this solution is to make the process of ordering medical equipment and supplies more efficient by reducing the time spent by CCACs entering requisitions. This will be achieved by the following:

- Allow CCACs to manage their item catalogues for Service Providers ordering.

- Enable providers to electronically submit requisitions generated in their system to CHRIS via system to system integration.

- Allow CCACs to flag clients that are receiving medical supplies and/or equipment from a different funding source.

- Allow CCACs to automate the addition of delivery finance charges to purchase orders.

- Ability to send Purchase Orders notifications to the vendor automatically once the requisition is approved.

Benefits

- Reduce the time spent by CCAC staff entering requisitions that are requested by Service Providers.
- Reduce use of paper and faxing and improve order tracking and communication between the CCAC/SPOs/Vendors.
- Give users better visibility to clients that are receiving alternate funding for equipment and supplies.
- Improved accuracy for delivery charges.
- Reduce the time spent and ensure compliance when sending Purchase Orders to vendor(s).

4.3   Automated Service Provider E&S Ordering

SMA #	**N/A**
Affects	Equipment and Supply Vendors
Description	The CCAC Reference Number will be added to the Purchase Order Message that is sent to vendors. This applies to the PDF and PXML versions only; it will NOT be added to the flat file version.

5. Other Changes

5.1 APR Efficiency Enhancements

SMA #	402120 - NSM
Affects	Service Providers using APR
Description	***Enhanced APR Report – Provider First Visit Date*** APR Report content is being enhanced to include clearer First Visit Date information: • The field label for First Visit Date in the report header is being changed to "First Visit Date (1st paid visit)", to reflect the source of this information • A new field is being added to the Provider Details section of the APR Report, called Provider First Visit Date. Providers can now send their actual First Visit Date with their first APR Report submitted. This is now viewable on the APR Report Details in CHRIS.
SMA #	402133, 475573 - NSM
Affects	Service Providers using APR
Description	***Enhanced APR Report – Client Needs and Service Plan Update*** APR Report content is being enhanced to include some additional information in the Client Needs and Service Plan Update section: • New Start Date column, representing the start date of a new client need • Goal Description field increased from 50 to 250 characters • Progress Update field increased from 250 to 500 characters • New Last Updated column, representing the date that the provider last updated the goal information
SMA #	491652 - NSM
Affects	Service Providers using APR
Description	***Enhanced APR Report - Identification of New Frequencies*** Currently, when a Provider submits a request for a new Frequency, which is subsequently approved by the CCAC, there is no way for the provider system to associate the new frequency returned by the CCAC with their new frequency request. In R2.4, Providers will be able to optionally submit a Frequency Reference with any new Frequency being requested. When the CCAC approves a new Frequency, the Frequency Change Report will include both the new Frequency ID (from CHRIS) and the provider Frequency Reference.

SMA #	491642 - NSM
Affects	Service Providers using APR
Description	**Enhanced APR Communication** In R2.3, the system sends a Frequency Change report for every APR report that has been reviewed, whether or not there are any changes to provider frequencies. In R2.4, the CCAC user will have a new option under Report Authorization – Send Frequency Change. This option is checked and is display only when the submitted report contains any frequency changes. Frequency Change Report will only be created and sent when this option is selected and the user selects Apply Change Request (indicating that the user has finished reviewing the request).

SMA #	491642 - NSM
Affects	Service Providers using APR
Description	**Enhanced Frequency Change Report (for APR only)** A new section is being added to the Frequency Change report titled "Provider Report Service Change Request/Response". The new section includes: • Provider Report identifiers (date, author, type, etc) • Grid of Request Type, Description and (CCAC) Response for each frequency related provider request The new section, when present, will be located immediately above the Frequency section of the Frequency Change Report. The new section is present for Frequency Change Reports created through the APR Report Review process.

5.2 Service & Provider Management

SMA #	APR Enhancements Project
Affects	Service Providers
Description	**Align Offer Refusal Reasons in PXML with those in HPG Offer Management** Wording and choice of Service Offer Refusal Reasons is slightly different in PXML than in HPG Offer Management function than in CHRIS. Some choices in HPG Offer Management were inactive in CHRIS. The choice of refusal reasons in PXML and HPG Offer Management is being updated to match the selection and wording of those available in CHRIS. Offer refusal reasons that are for CCAC only use or are system choices will be available in CHRIS only.

SMA #	491630 - NSM
Affects	Service Providers

Description	**Enhanced Provider Discharge Communication**
	Frequency Change Reports and updated Service Referrals will now include Provider Discharge information, when a user discharges a Provider. The Discharge Date and Discharge Disposition fields will both be included.
	The Provider End Date will also be included.

5.2.1 Defect Resolutions

5.1 Purchased Services

SMA #	524843 - WW
Affects	Service Providers
Description	***Add Service – Verbal Offer Response Date reverts to System Date***
	In R2.3 and previous releases, when a user identifies the service as Verbal Confirmation when Adding a Service, and selects provider response = Refuse, the user is prompted for Response Date. When the service is Saved, the system saves the Response Date as today's date.
	The issue is being fixed in R2.4.

5.2 Medical Equipment & Supplies

SMA #	488831 - SE
Affects	E&S Vendors
Description	***End Equipment Rental – incorrect Pickup Address on PXML***
	When an equipment rental is ended, and the equipment needs to be picked up by the vendor, the system is incorrectly sending the original Delivery Address, rather than the End Rental Pick-Up Address on the PXML transaction.
	The information is correct on the Purchase Order Update PDF report.
	The issue is fixed in R2.4.

6. Provincial Data Updates

6.1 Complex Care / Rehab Bed Type Changes

⚠️ New bed types will be deployed as Inactive in CHRIS, but Active in BBM. Individual CCACs will request specific bed types be enabled as needed within their LHIN, via SMA through the provincial deployment process for Complex Care / Rehab. CCACs will work with their partner complex care hospitals when new bed types are being deployed.

6.1.1 Bed Types in CHRIS & BBM

SMA #	266639 – MH; Provincial MIS Client Services Working Group
Affects	Rehab Hospitals using HPG Referral Management
Description	New bed type of "Assess and Restore" added to CHRIS: • Referral Type = Complex Care Restorative • BBM Resource Type = "Assess and Restore" Complex Care Restorative referrals will now have a choice of 3 bed types: • Assess and Restore • Restorative Care • General CC/Rehab This new bed type is being configured to allow CCACs to track client referral and placement into LHIN funded transitional beds that are not part of either the LTC Convalescent Care bed pool, or the Complex Continuing Care bed pool. These beds have different names across the province, but Assess and Restore was a common name. A new SRC was created for use with Assess & Restore referrals, to clearly separate Restorative referrals from Assess & Restore referrals, for local and provincial reporting. This bed type is being deployed in R2.3 Production in March 2014.
SMA #	517515 - NSM
Affects	Rehab Hospitals using HPG Referral Management
Description	New bed type of "Extensive Care (Medically Complex)" added to CHRIS: • Referral Type = Complex Care Medically Complex • BBM Resource Type = "Extensive Care (Medically Complex)" This new bed type is intended to be used for clients whose medical needs are significantly more than the normal Medically Complex patient. This new bed type is being deployed in R2.3 Production in March 2014.

6.2   Service Related Table Changes

6.2.1   **Purchased Services**

⚠️	New service choices will be deployed as Inactive. Individual CCACs will request specific services / service delivery types be enabled via SMA, as needed for their CCAC. CCACs will notify service providers when new service choices are being deployed.

SMA #	575253 - NSM
Affects	Service Providers
Description	Added new Service Delivery Types for Personal Support & Homemaking, under Home Care Referral Type • Hourly Enhanced Personal Support • Functional Centre: In Home – Personal Support • MIS Code: 725 35 4010
SMA #	598076 – HNHB; WW
Affects	Service Providers

Description	Added new Service Type for Home Care Referral type:
	• Multi-disciplinary Palliative Care Team
	• SAF Code: 46
	The nursing specific Activity Codes have configured for SAF Code 46:
	   • 10 – Assistance with Personal Care
	   • 11 – Dressing
	   • 12 – Injection
	   • 13 – Vital Signs
	   • 19 – Other Treatment
	
	Added new Service Delivery Types for Multi-disciplinary Palliative Care Team – Home Care:
	• Multi-disciplinary service (non discipline specific for use when Palliative Care Team determines and manages which disciplines / services need to see the client
	• Visit Bereavement Support
	• Phone Bereavement Support
	• Visit Psycho-Social/Spiritual Support
	• Phone Psycho-Social/Spiritual Support
	• Visit Clinical Nurse Specialist
	• Phone Clinical Nurse Specialist
	• Visit Palliative Nurse Clinician
	• Phone Palliative Nurse Clinician
	NO Service Functional Centre assignment has been configured for any of these service delivery types.
	
	Contract Management Note: When community teams authorize this service using the

	generic service delivery type, the availability of the discipline / service specific service delivery types supports the configuration of service / discipline specific Provider Billing Codes, using the Service Delivery Override feature.
SMA #	616439 - ESC
Affects	Service Providers
Description	Added new Service Type for Home Care Referral type: • Restorative Care Residential Service (in Retirement Home) • SAF Code: 47 No service specific Activity Codes have been added for this service. Added new Service Delivery Types for Restorative Care Residential Service (in Retirement Home) – Home Care: • One day residential stay NO Service Functional Centre assignment has been configured for any of this service delivery type. The ESC LHIN is funding ESC CCAC for overnight stays in Retirement Homes, as a replacement for Assess and Restore hospital beds that have been closed. This service will support the authorization and tracking of this service.
SMA #	625404 - ESC
Affects	Service Providers

Description	Added new Service Delivery Type for Service Type Nurse Practitioner under Home Care Referral Type.
	
	• Phone Palliative
	    o Functional Centre: In home Nursing Visits (725 30 4011)
	
	Updated display order of three Service Delivery Types for Service Type Nurse Practitioner under Home Care Referral. This change was made to ensure all 'Phone' service delivery types are listed after Visit and Hourly service delivery types for the service:
	
	• Phone Integrated Palliative HC home
	• Phone Primary Care
	• Phone Nursing
	
	Added new Service Delivery Type for Service Type Respiratory Therapy under Home Care Referral Type.
	
	• Phone home
	    o Functional Centre: In home Respiratory Services (725 30 4035)
	
	This Service Type was added between R2.3 and R2.4 in April 2014.

SMA #	634310 - MH

Affects	Service Providers
Description	Updated <u>SAF Code</u> for <u>Service Type</u> Complex Wound multi-disciplinary consultation. This was previously not populated and was required for provider to submit billing: • SAF Code: 48 This Service Type was added between R2.3 and R2.4 in April 2014.
SMA #	Frequencies Efficiencies
Affects	Service Providers
Description	Updated the <u>Service Type</u> short descriptions for four <u>Service Types</u> that were un-populated. These short descriptions are displayed on the Service Calendar to identify the service the frequency relates to and were showing up empty for these services. For <u>Service Type</u> Self-Managed Home Care (TeleHomeCare) under Other Reimbursed Programs Referral Type: • TELEHC For <u>Service Type</u> Self-Managed Home Care (TeleHomeCare) under Home Care Referral Type: • TELEHC For <u>Service Type</u> Group Exercise Programs-CCAC under Other Reimbursed Programs Referral Type: • EXERCISE For <u>Service Type</u> Group Falls Prevention Programs-CCAC under Other Reimbursed Programs Referral Type: • FALLSPREV
SMA #	629327 - MH
Affects	Service Providers

Description	Added three new <u>Service Delivery Types</u>:
	
	• For <u>Service Type</u> Enterostomal Therapy under Home Care Referral Type
	   o Service Delivery Type: Visit Community Clinic
	      ▪ Functional Centre: Community Clinics/Program-General (72 51 020)
	• For <u>Service Type</u> Occupational Therapy under Home Care Referral Type
	   o Service Delivery Type: Visit Community Clinic
	      ▪ Functional Centre: Community Clinics/Program-General (72 51 020)
	• For <u>Service Type</u> Nutritional Services under Home Care Referral Type
	   o Service Delivery Type: Visit Community Clinic
	      ▪ Functional Centre: Community Clinics/Program-General (72 51 020)
	
	Added new <u>Service Delivery Location</u> to represent Community Clinics:
	
	• Community Clinic

All three new service delivery types added above have been assigned the Service Delivery Location of 'Community Clinic'.

Updated the Service Delivery Location for the following existing Service Delivery Types that represent Community Clinics with Service Delivery Location 'Community Clinic':

- For Service Type Chiropody, Service Delivery Type: Visit Community Footcare Clinic
    - Formerly 'Therapy Day Clinic'
- For Service Type Chiropody, Service Delivery Type: Hourly Community Footcare Clinic
    - Formerly 'Therapy Day Clinic'
        - pendinFor Service Type Nutritional Services, Service Delivery Type: Hourly Community Clinic
    - Formerly 'Therapy Day Clinic'
- For Service Type Enterostomal Therapy, Service Delivery Type: Hourly Community Clinic
    - Formerly 'Therapy Day Clinic'
- For Service Type Occupational Therapy, Service Delivery Type: Hourly Community Clinic
    - Formerly 'Therapy Day Clinic'

6.2.2 Community Services (for eReferral to Community)

⚠️ New community services will be deployed as Inactive. Individual CCACs will request specific community services to be enabled via SMA, as needed for their CCAC. CCACs will notify community service agencies when new services are being deployed.

SMA #	613425 - CHAM
Affects	Community Service Providers
Description	Added a new Service Type for Community Services Referral type: • ABI Outreach Program This Service Type was added between R2.3 and R2.4 in April 2014.
SMA #	609298 - HNHB
Affects	Community Service Providers

Description	Updated the description of <u>Service Types</u>: • Service Type Description: Hospice Care – Residential 　o　Formerly 'Hospice Care' • Service Type Description: Hospice Care – Visiting 　o　Formerly 'Visiting - Hospice Services'
SMA #	607032 - CE
Affects	Community Service Providers
Description	Updated the description of <u>Service Type</u>: • Service Type Description: Diabetes Education Program 　o　Formerly 'Diabetic Education Program'
SMA #	No SMA
Affects	Community Service Providers
Description	Updated the description of two community services to be consistent with naming of services under <u>Other Reimbursed Programs</u> Referrals: • Service Type Description: Group Exercise Programs 　o　Formerly 'Group Exercises Programs' • Service Type Description: Group Falls Prevention Programs 　o　Formerly 'Falls Prevention Programs'

6.3 Allergies

SMA #	623417 – CHAM; 607859 – CHAM; 601653 – CW; 607861 – CHAM; 621897 – TC; 623420 – CHAM; 629552 – HNHB; 622760 – SE; 628353 - CHAM
Affects	Service Providers
Description	Updates for Allergy Type = Drug: • Updated <u>Drug Allergy</u>: 　Generic Name: Sulfamethoxazole & Trimethoprim 　Brand Name: Septra, Bactrim 　　Formerly 'Septra' • Added a new <u>Drug Allergy</u>: 　Generic Name: Neomycin 　Brand Name: - - • Added new <u>Drug Allergy</u>: 　Generic Name: Colchicine 　Brand Name: Colcrys • Added new <u>Drug Allergy</u>: 　Generic Name: Glycol 　Brand Name: - - • Added new <u>Drug Allergy</u>: 　Generic Name: Ramipril 　Brand Name: Altace

- Added new Drug Allergy:
  Generic Name: Picosulfate sodium – magnesium oxide – citric acid
  Brand Name: Pico-Salax
- Added new Drug Allergy:
  Generic Name: Nitroglycerin
  Brand Name: - -

Updates for Other Allergy Types:

- Added a new Environmental Allergy:

  Name: Smoke

  Description: Cigarette/Cigar

- Added a new Food Allergy:

  Name: Sesame seeds

  Description: - -

6.4 Discharge Disposition Related Table Changes

SMA #	505459 - CW
Affects	Service Providers

Description	Changes were made to align discharge dispositions across the Referral, Service, and Provider Discharge disposition reasons where applicable in Home Care, School, Other Reimbursed Programs, Community Services, and Placement Referral Types.
	
	Referral Discharge Dispositions:
	• For Community Services:
	 o For Discharge Disposition: Died in Residential Hospice (preferred place of death), updated Discharge Disposition Code: DEIDRHP
	  o Formerly 'DIEDRH'
	 o Added Discharge Disposition: Died in Residential Hospice
	  o HCDB Code: 20
	  o Discharge Disposition Code: DIEDRH
	• For Home Care Referral:
	 o Inactivated Discharge Disposition: Died (while under CCAC Care)
	 o For Discharge Disposition: Died in LTCH (preferred place of death), updated Discharge Disposition Code: DIEDLTCP
	  o Formerly 'DIEDLTC'
	 o Added Discharged Disposition: Died in LTCH
	  o HCDB Code: 20
	  o Discharge Disposition Code: DIEDLTC

- o For <u>Discharge Disposition</u>: Died in Residential Hospice (preferred place of death), updated <u>Discharge Disposition Code</u>: DEIDRHP

  - o Formerly 'DIEDRH'

- o Added <u>Discharge Disposition</u>: Died in Residential Hospice

  - o HCDB Code: 20

  - o Discharge Disposition Code: DIEDRH

- For Long Term Placement Referrals:

  - o For <u>Discharge Disposition</u>: Secondary Placement Became Final updated <u>HCDB Code</u>: 40

    - o Formerly HCDB Code: - -

Service Discharge Dispositions:

- For School Referrals:

  - o Added <u>Discharge Disposition</u>: Service Delivery Change

    - o HCDB Code: 90

  - o Added <u>Discharge Disposition</u>: Service Incomplete – change in service specialty

    - o HCDB Code: 90

  - o Updated <u>Discharge Disposition Description</u>: Other

    - o Formerly 'Other MIS'

- For Home Care Referrals:

  - o Added <u>Discharge Disposition</u>: Service Delivery Change

    - o HCDB Code: 90

  - o Updated <u>Discharge Disposition Description</u>: Other

    - o Formerly 'Other MIS'

  - o Updated <u>Discharge Disposition Description</u> and <u>HCDB Code</u>: Service Incomplete – change in service specialty (HCDB Code: 90)

    - o Formerly 'Service Incomplete – change in service specialty (non MIS)' (HCDB Code: - -)

- For Other Reimbursed Programs Referrals:

  - o Added <u>Discharge Disposition</u>: Service Delivery Change

    - o HCDB Code: 90

  - o Added <u>Discharge Disposition</u>: Service Incomplete – change in service specialty

    - o HCDB Code: 90

- o Updated Discharge Disposition Description: Other
    - o Formerly 'Other MIS'

For Provider Discharge Dispositions:

- For School Referrals:
    - o Added Discharge Disposition: Change Provider Due to Patient Move within LHIN (Service not discharged)
        - o HCDB Code: - -
    - o Added Discharge Disposition: Service Delivery Change
        - o HCDB Code: - -
    - o Updated Discharge Disposition Description: Other (Provider and service discharged)
        - o Formerly 'Other MIS'
    - o Updated Discharge Disposition Description: Provider turnback (Service not discharged)
        - o Formerly 'Provider turnback (non MIS)'
    - o Updated Discharge Disposition Description: Contract change (Service not discharged)
        - o Formerly 'Contract change (non MIS)'
    - o Updated Discharge Disposition Description: Other (Service not discharged)
        - o Formerly 'Other (non MIS)'
- For Home Care Referrals:
    - o Added Discharge Disposition: Change Provider Due to Patient Move within LHIN (Service not discharged)
        - o HCDB Code: - -
    - o Added Discharge Disposition: Service Delivery Change
        - o HCDB Code: - -
    - o Updated Discharge Disposition Description: Other (Provider and service discharged)
        - o Formerly 'Other MIS'
    - o Updated Discharge Disposition Description: Provider turnback (Service not discharged)
        - o Formerly 'Provider turnback (non MIS)'
    - o Updated Discharge Disposition Description: Contract change (Service not discharged)

- o Formerly 'Contract change (non MIS)'

  - o Updated Discharge Disposition Description: Other (Service not discharged)

    - o Formerly 'Other (non MIS)'

- For Other Reimbursed Programs Referrals:

  - o Added Discharge Disposition: Change Provider Due to Patient Move within LHIN (Service not discharged)

    - o HCDB Code: - -

  - o Added Discharge Disposition: Service Delivery Change

    - o HCDB Code: - -

  - o Updated Discharge Disposition Description: Other (Provider and service discharged)

    - o Formerly 'Other (MIS)'

  - o Updated Discharge Disposition Description: Provider turnback (Service not discharged)

    - o Formerly 'Provider turnback (non MIS)'

  - o Updated Discharge Disposition Description: Contract change (Service not discharged)

    - o Formerly 'Contract change (non-MIS)'

  - o Updated Discharge Disposition Description: Other (Service not discharged)

    - o Formerly 'Other (non MIS)'

SMA #	605563 - SW
Affects	Service Providers
Description	Added new Equipment and Supply Discharge Disposition: • Client Refused Delivery

SMA #	609151 - NE
Affects	Service Providers
Description	Added new Discharge Disposition for Short Stay Interim Placement Referral: • Withdrawn – client admitted to long term placement o HCDB Code: 100 Added new Facility Choice Disposition for Short Stay Interim Placement Referral withdraw: • CCAC Withdraw – Client admitted to long term placement