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Introduction

This document will help facilities that submit data to the Continuing Care Reporting System (CCRS) at the Canadian Institute for Health Information (CIHI) review their facility-specific RUG Weighted Patient Day (RWPD) reports.



These CMI values are also available in the CIHI product [Resource Utilization Groups III \(RUG-III 44-Group\) Grouping Methodology: Flow Charts, SAS Code, and CMI Values, CCRS Version](#).

Please note that the RUG-III (44-group) CMI values will be used as examples throughout this document.

CCRS RUG-III (34-group) grouping methodology

CCRS data reported for Ontario long-term care (LTC) facilities is grouped using the 34-group version of RUG-III. See the CIHI methodology product [Resource Utilization Groups III \(RUG-III\) \(34-Group\) Grouping Methodology: Flowcharts, SAS Code and CMI Values, CCRS Version](#) for details.

CCRS Ontario LTC RUG-III (34-group) CMI values

The Ontario Ministry of Health and Long-Term Care produces fiscal year-specific CMI values for use in Ontario LTC facilities. The CMI is a cost weight reflecting the relative resource use of an individual within a specific RUG group compared with the overall average resource use for all Ontario LTC residents. The CMI is not a direct measure of the cost of care. More accurately, the CMI provides a means to account for differences in the way that resources are used by groups of residents with distinct therapeutic needs.

The CCRS RUG-III (34-group) Ontario CMI values are available as a separate document in the Resources section of CCRS eReports.

These CMI values are also available in the CIHI product [RUG-III \(34-Group\) Grouping Methodology and CMI Values](#).

The top part of Figure 1 shows a fictitious timeline of CCRS activities for a resident's period of care. The bottom part of Figure 1 illustrates how the CCRS activities are converted into corresponding RWPD events in the resident's RWPD report.

Figure 1 CCRS data and corresponding RWPD data

CCRS RWPD report dates

From 2014–2015 onward, the RWPD reports will be run quarterly after the final CCRS data submission deadline. All RWPD reports (Facility RWPD, Comparative RWPD and Trending RWPD) are cumulative throughout a fiscal year (e.g., the Q2 reports cover Q1 and Q2). RWPD dates and reporting periods for 2014–2015 are shown in Table 1.

- If an assessment in the CCRS database is found to contain incorrect information, submit a correction to it (see the CCRS Data Submission User Manual).

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You may access RWPD reports through the CCRS eReports home page by selecting “RWPD Reports” on the lower left-hand side.

Figure 2 CCRS eReports landing page



Facility RWPD Reports are updated quarterly and contain summary and detailed facility- and resident-specific RWPD information for a particular facility. Only those individuals who have permission to access a particular facility's RWPD report will be able to access this report for that facility in CCRS eReports.

Comparative RWPD Reports are updated quarterly and contain summary facility RWPD information for a particular jurisdiction. All individuals who have access to a particular jurisdiction's RWPD reports will be able to access Comparative RWPD Reports for that jurisdiction in CCRS eReports.

Trending RWPD Reports are updated annually and contain summary facility RWPD information for the past several fiscal years for a particular facility. As with Comparative RWPD Reports, all individuals who have access to a particular jurisdiction's RWPD reports will be able to access Trending RWPD Reports for all facilities within that jurisdiction in CCRS eReports.

Because CMI values can change annually, all reports can be run using different sets of CMI values. Further details are provided in the following sections.

Facility RWPD Report

Please see Appendix 1 for an example of a Facility RWPD Report using fictitious data.

In the Facility RWPD Report, you can select 1 fiscal year to display your report results by. You are also required to select 1 facility

RUG Methodology: You cannot modify this option, as it is associated with the facility that is displayed. This defaults to the RUG-III (44-group) IM option, which means groups are assigned using the RUG-III (44-group) index-maximizing approach. For the Ontario residential care sector, this option defaults to the RUG-III (34-group) IM option, which means groups are assigned using the RUG-III (34-group) index-maximizing approach.

Health Record Number: This gives you the option to select a specific resident's health record number to display in the Facility RWPDP Report. By default, this option displays all records in the report unless you make a selection.

URI: This gives you the option to select a specific resident's Unique Registration Identifier (URI) to display in the Facility RWPDP Report. By default, this option displays all records in the report unless you make a selection.

Date of Entry: This selection is not functional at this point and will always have the value "All."

There are several RWPDP metrics in this report, which are described in detail in the following sections.

The date the report was extracted is also displayed in the lower left-hand corner of this report.

Please note that these metrics are updated each fiscal quarter with any new data submitted to CCRS, including data for historical fiscal years. CIHI advises RWPDP report users to save RWPDP reports in their secure network folders (associated with their organization) each fiscal quarter.

Please also note that there may be several pages in the report; you can access additional pages by scrolling to the bottom of the report and clicking on the linked page numbers in the lower left-hand corner.

Facility RWPD Report cover page — Facility summary

The first page of the Facility RWPD Report contains a summary of the facility's resident RWPD events for a specified time period. In the example in Figure 3, the reporting period includes all of fiscal year 2014–2015.

This page also provides information relating to the RWPD data, such as the RWPD time period covered. Each cell (1) through (20) shown in Figure 3 is described in Table 2.

Figure 3 Facility summary

Facility Code: 50001

Facility Name: CCRS Facility (fictitious test data)

CMI Fiscal Year: 2014

RUG Methodology: RUG-III (44-Group) Index Maximizing

Period Covered: Apr. 1, 2014, to Mar. 31, 2015

RUG

Patient Days (PD) (1)

Table 2 Facility summary

Cell	Details
<p>Patient Days (1)</p>	<p>Each day that a resident is reported as staying in a facility counts as 1 patient day.</p> <p>When an assessment is associated with a period of care, the patient days are called assessed patient days. If there is no assessment covering the period, the patient days are considered unassessed.</p> <p>Considerations</p> <p>CCRS guidelines require that an admission assessment be completed within 14 days of admission. For ongoing periods of care, assessments must be completed at least every 92 days.</p>
<p>Patient Days Assessed on Time (2)</p>	

Cell	Details
Patient Days Unassessed 13 (5)	<p>This is the sum of patient days that could not be associated with an assessment where the episode of care was less than or equal to 13 days. This situation occurs when a resident is admitted to a facility for 13 days or less and does not receive an assessment.</p> <p>Patient Days Unassessed 13 (5) = 25</p> <p>Considerations</p> <p>Verify that this number represents unassessed short-stay residents for whom no assessment was completed.</p> <p>Review the resident RWPD report and locate residents having unassessed 13 patient days (see Table 4, column M).</p>
Patient Days Unassessed 14 (6)	<p>This is the sum of patient days that could not be associated with an assessment where the episode of care was 14 days or more. This situation occurs when a resident is admitted to a facility for 14 days or more and does not have an assessment completed.</p> <p>Patient Days Unassessed 14 (6) = 38</p> <p>Considerations</p> <p>The ideal situation is to have patient days unassessed 14 equal to 0, which indicates completion of assessment and discharge records per CCRS guidelines.</p> <p>Review the resident RWPD report and locate residents having unassessed 14 patient days (see Table 4, column N).</p>
Patient Days Unassessed (Total) (7)	<p>This is the total number of patient days that could not be associated with a RUG group.</p> <p>Patient Days Unassessed (Total) (7) = Patient Days Unassessed 13 (5) + Patient Days Unassessed 14 (6) = 25 + 38 = 63</p>
Patient Days (Total) (8)	<p>This is the total number of patient days for your facility within the reporting period. It includes both assessed and unassessed patient days for your facility.</p> <p>Patient Days (Total) (8) = Patient Days Assessed (Total) (4) + Patient Days Unassessed (Total) (7) = 1,503 + 63 = 1,566</p>
RUG Weighted Patient Day (RWPD) (9)	<p>RWPDs are patient days weighted using an appropriate cost weight.</p> <p>Assessed patient days are weighted using the CMI for the RUG group associated with each patient day.</p> <p>Unassessed 13 patient days are weighted using the facility-assessed CMI value, while unassessed 14 patient days are weighted using the lowest CMI value.</p>
RWPD Assessed on Time (10)	<p>This is the sum of all weighted patient days for RWPD events assessed on time (see cell 2).</p> <p>RWPD Assessed on Time (10) = 1,087.6279</p>
RWPD Assessed Late (11)	<p>This is the sum of all weighted patient days for RWPD events assessed late (see cell 3).</p> <p>RWPD Assessed Late (11) = 43.7160</p>

Cell	Details
RWPD Assessed (Total) (12)	<p>This is the sum of RWPDs for assessed patient days (see Table 4, column L).</p> $\text{RWPD Assessed (Total) (12)} = \text{RWPD Assessed on Time (10)} + \text{RWPD Assessed Late (11)} = 1,087.6279 + 43.7160 = 1,131.3439$
RWPD Unassessed 13 (13)	<p>This is the sum of RWPDs for unassessed patient days from episodes of less than or equal to 13 patient days (see Table 4, column M).</p> <p>See Table 4, column M for information on how these unassessed patient days are weighted.</p> $\text{RWPD Unassessed 13 (13)} = 18.8181$
RWPD Unassessed 14 (14)	<p>This is the sum of RWPDs for unassessed patient days from episodes of 14 or more patient days (see Table 4, column N for information on how these unassessed patient days are weighted).</p> $\text{RWPD Unassessed 14 (14)} = 14.6642$
RWPD Unassessed (Total) (15)	<p>This is the sum of all weighted unassessed 13 (cell 13) and unassessed 14 (cell 14) patient days that were not associated with an assessment.</p> $\text{RWPD Unassessed (Total) (15)} = \text{RWPD Unassessed 13 (13)} + \text{RWPD Unassessed 14 (14)} = 18.8181 + 14.6642 = 33.4823$
RWPD (Total) (16)	<p>This is the total RWPDs for your facility.</p> <p>It includes patient days associated with a RUG group (assessed) and those patient days that were not associated with a RUG group (unassessed).</p> $\text{RWPD (Total) (16)} = \text{RWPD Assessed (Total) (12)} + \text{RWPD Unassessed (Total) (15)} = 1,131.3439 + 33.4823 = 1,164.8262$
CMI Value (17)	<p>The CMI is defined for each facility based on the patient days and RWPD values. See cells 18 and 19 below.</p>
CMI Value Assessed (Total) (18)	<p>The facility-assessed CMI is the facility-assessed RWPDs divided by the total patient days assessed. This CMI covers assessed periods of care only.</p> $\text{CMI Value Assessed (Total) (18)} = \text{RWPD Assessed (Total) (12)} \div \text{Patient Days Assessed (Total) (4)} = 1,131.3439 \div 1,503 = 0.7527$ <p>Considerations</p> <p>The facility-assessed CMI for your facility gives an indication of the relative complexity of residents. For Ontario CCC facilities, the average assessed resident has a CMI of 1.0000.</p>

Cell	Details
CMI Value (Total) (19)	<p>The facility total CMI is the facility total RWPDs divided by the facility total patient days. This CMI covers assessed and unassessed periods of care.</p> <p style="text-align: center;">CMI Value (Total) (19) = RWPD (Total) (16) ÷ Patient Days (Total) (8) = 1,164.8262 ÷ 1,566 = 0.7438</p> <p>Considerations</p> <p>The facility total CMI for your facility gives an indication of the relative complexity of residents.</p>
Discharge Assumed Notice (20)	<p>This note is generated only if there is at least one discharge assumed for missing assessment/discharge events within the resident RWPD report. These events are created when data was expected by CIHI but was not received; either the resident was discharged but a discharge record was not submitted and accepted successfully, or the resident is still in the facility but an assessment was missed.</p> <p>Considerations</p> <p>If the count is not 0, review the resident RWPD report for discharge assumed events (see Table 5).</p>

Facility RWPD Report — Resident details

The pages following the Facility RWPD Report cover page contain details of RWPD events for each resident in the facility during the reporting period. Each column [A] through [N] shown in Table 3 is described in Table 4. Additional information for Event [E] is contained in Table 5.

Category 50001 (see Appendix 1)

, to March 31, 2013

Column	Details
RUG Weighting Period Start Date [F]	<p>This date marks the start of the period covered by the RWPD event.</p> <p>The RUG weighting period start date [F] is the</p> <ul style="list-style-type: none"> • Date of entry [C] for admissions or re-entry events; • Discharge date [D] for discharge events; and • Associated assessment date [I] for assessment events. <p>For late assessment events, the RUG weighting period start date [F] is the first date that patient days are considered late:</p> <ul style="list-style-type: none"> • 14 days after the date of entry [C]; and • 92 days after the associated assessment date [I] of the prior assessment.
RUG Weighting Period End Date [G]	<p>This date marks the end of the period covered by the RWPD event.</p> <p>RWPD reporting periods and RUG weighting period end date [G]</p> <p>If the resident continues to have resident status at the end of the RWPD reporting period (she or he has not been discharged from the facility), the RUG weighting period end date will be set as the day after the RWPD reporting period.</p> <p>For example, for Q2 RWPD reports, the RWPD reporting period is April 1 through September 30. If the RWPD event continues into Q3, the RUG weighting period end date will be set to October 1 for the Q2 RWPD report.</p> <p>Considerations</p> <p>This field is blank for discharge events.</p>

Column	Details
Patient Days [H]	This is the number of patient days covered by the RWPD event.

Column	Details
	For most RWPD events, the

The events created within the RWPD process are described in Table 5 below.

Events directly related to assessments are described first:

- Initial admission assessment
- Full or annual assessment
- Significant change in status assessment

Considerations

The **RUG weighting period start date [F]** and **associated assessment date [I]** for these events are the assessment reference date.

The **RUG weighting period end date [G]** is

-

Table 5 Event [E] description and related RWPD details

Event	Description
<p>Admission</p>	<p>Admission events are created to mark the start of a period of care. Information about the admission is submitted to CCRS using the CCRS admission/re-entry record.</p> <p>The admission event may be for an assessed or unassessed period of care. For assessed periods of care, the admission event is weighted using information from the admission assessment.</p> <p>Considerations</p> <p>The RUG weighting period start date [F] for these events is the admission/re-entry date (AB1). The RUG weighting period end date [G] is</p> <ul style="list-style-type: none"> •

Event	Description
Discharge assumed f	

Event	Description
Re-entry	<p>Re-entry events are created to mark the continuation of a period of care interrupted by a resident's earlier discharge from the facility. Information about the re-entry is submitted to CCRS using the CCRS admission/re-entry form.</p> <p>The RUG group and associated CMI value from the most recent assessment prior to discharge are used to weight patient days for these events.</p> <p>Considerations</p> <p>The RUG weighting period start date [F] for these events is the re-entry date on the admission/re-entry form (AB1).</p> <p>The RUG weighting period end date [G] is</p> <ul style="list-style-type: none"> • The date of the next assessment (if the next assessment occurs within the RWPD reporting period); • The date of the next discharge (if the next discharge occurs within the RWPD reporting period); • The RWPD reporting period end date (if the next assessment or discharge occurs after the RWPD reporting period); or • The RWPD reporting period end date (for all other re-entry events not described above).
Start of fiscal	

Event	Description
Start of fiscal year (cont'd)	<p>The RWPD unassessed 13 [M] and RWPD unassessed 14 [N] values will be blank for assessed periods.</p> <p>If the period of care is unassessed and the episode (admission to discharge) covers 13 patient days or less,</p> <ul style="list-style-type: none"> • CMI [K] = CMI value assessed (total) (18); and • RWPD unassessed 13 [M] = patient days [H] × CMI [K]. <p>The associated assessment date [I], RUG [J], RWPD assessed [L] and RWPD unassessed 14 [N] columns are blank.</p> <p>If the period of care is unassessed and the episode (admission to discharge) covers 14 patient days or more,</p> <ul style="list-style-type: none"> • CMI [K] = lowest CMI; and • RWPD unassessed 14 [N] = patient days [H] × CMI [K]. <p>The associated assessment date [I], RUG [J], RWPD assessed [L] and RWPD unassessed 13 [M] columns are blank.</p>

Comparative RWPD Reports

Please see Appendix 2 for an example of a Comparative RWPD Report using fictitious data.

In the Comparative RWPD Report, you may select 1 fiscal year to display your report results by. Once the results are displayed, you may be able to choose from 4 further selections at the top of the report:

CMI Fiscal Year: This gives you the option to modify the Case Mix Index (CMI) values assigned to the RUGs for assessments in the facility displayed in the report. This option defaults to the CMI fiscal year associated with the fiscal year originally selected. A subsequent fiscal year can be selected instead so that the CMI assignment will be made using the CMI values associated with that fiscal year. For example, if fiscal year 2013–2014 is selected before the results are displayed, the report will, by default, use

Sector: This gives you the option to display results for the hospital-based or residential sector for Ontario, if you have access to this jurisdiction for Comparative RWPD Reports. You may also select “Total” to display both sectors simultaneously.

Once the results of your Trending RWPD Report are displayed, you may be able to choose from 2 further selections at the top of the report:

Facility: This gives you the option to select a specific facility within the jurisdiction that you have access to. By default, the first facility in the alphabetized list of facilities for that jurisdiction will be displayed.

CMI: This gives you the option to display specific sections of the Trending RWPD Report using different CMI values.

- If you select “Current Fiscal Year,” you will see only Section A, which displays the facility results using the CMI values for the current fiscal year relative to the fiscal year originally selected before the report was run.
- If you select “Last Fiscal Year,” you will see only Section B, which displays the facility results using the CMI values for the last fiscal year relative to the fiscal year originally selected before the report was run.
- If you select “RWPD Event Year,” you will see only Section C, which displays the facility results using the CMI values for the respective fiscal years for each year displayed.

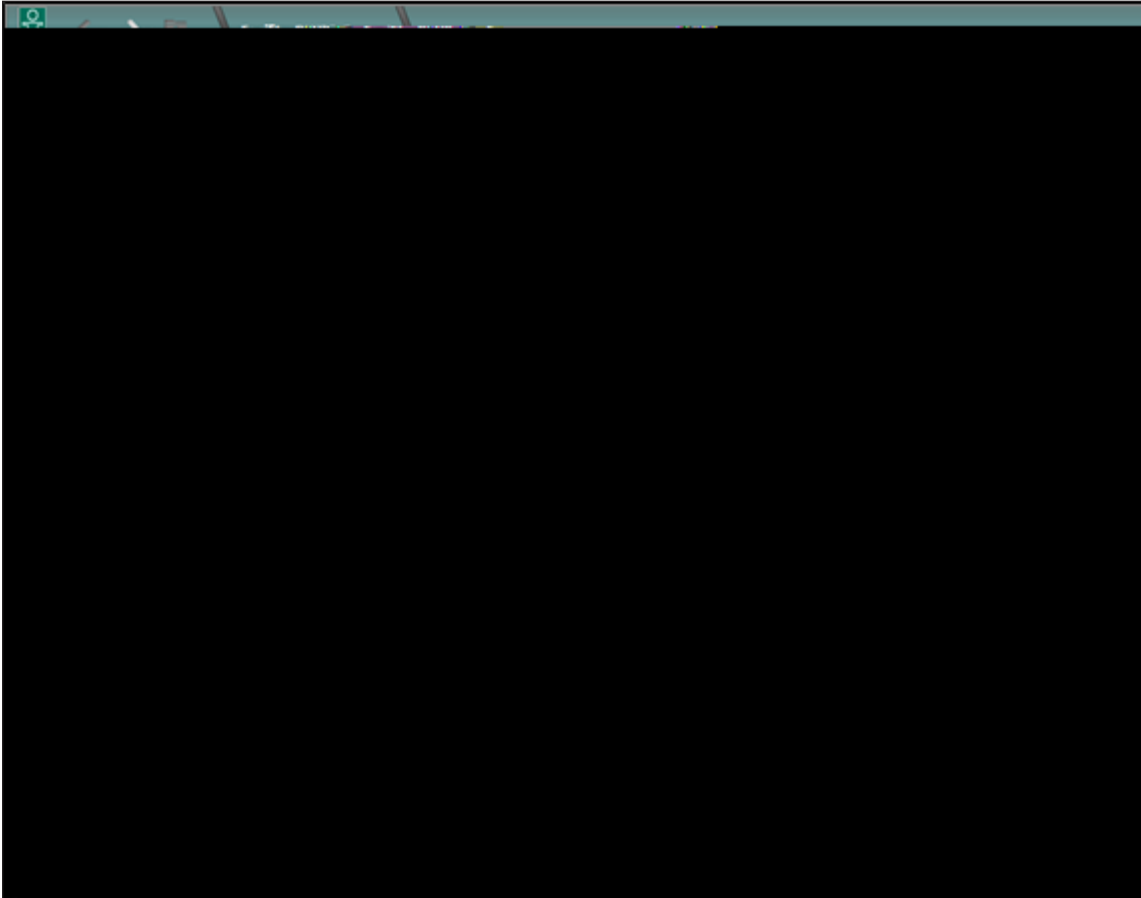
By default, all 3 sections will be displayed when you select the option “(All).”

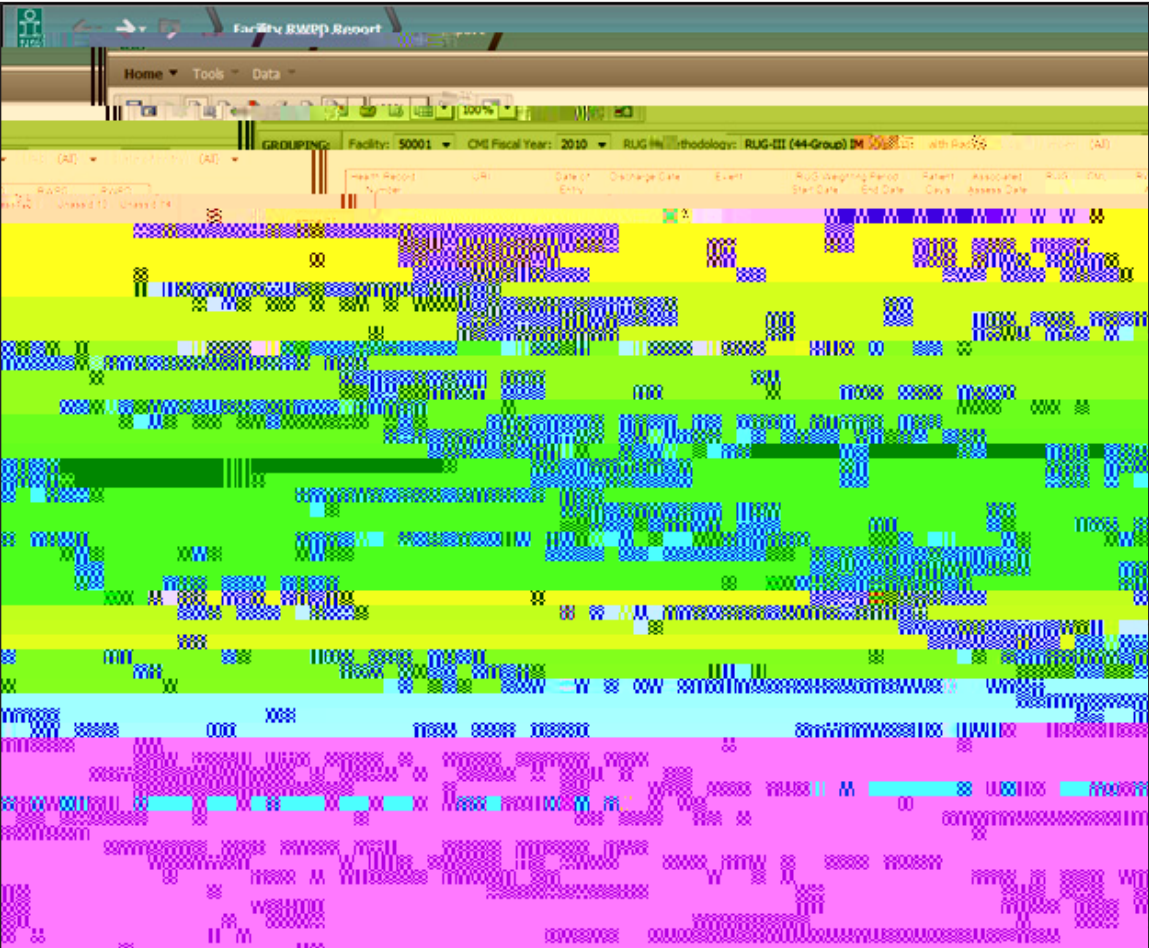
All 3 sections of the Trending RWPD Report contain the same metrics for the facility and each fiscal year:

- Total PD: Refers to the total patient days.
- Total Unassessed PD: Refers to the total patient days associated with unassessed residents.
- Total Unassessed 13 PD: Refers to the total unassessed patient days where the residents were discharged after staying 13 days or less.
- Total Unassessed 14 PD: Refers to the total unassessed patient days where the residents were discharged after staying 14 days or more.
- CMI Used: Refers to the fiscal year CMI value used.
- Facility-Assessed RWPD: Refers to the RUG weighted patient days for assessed patient days.
- Facility-Assessed CMI: Refers to the CMI value for assessed patient days.

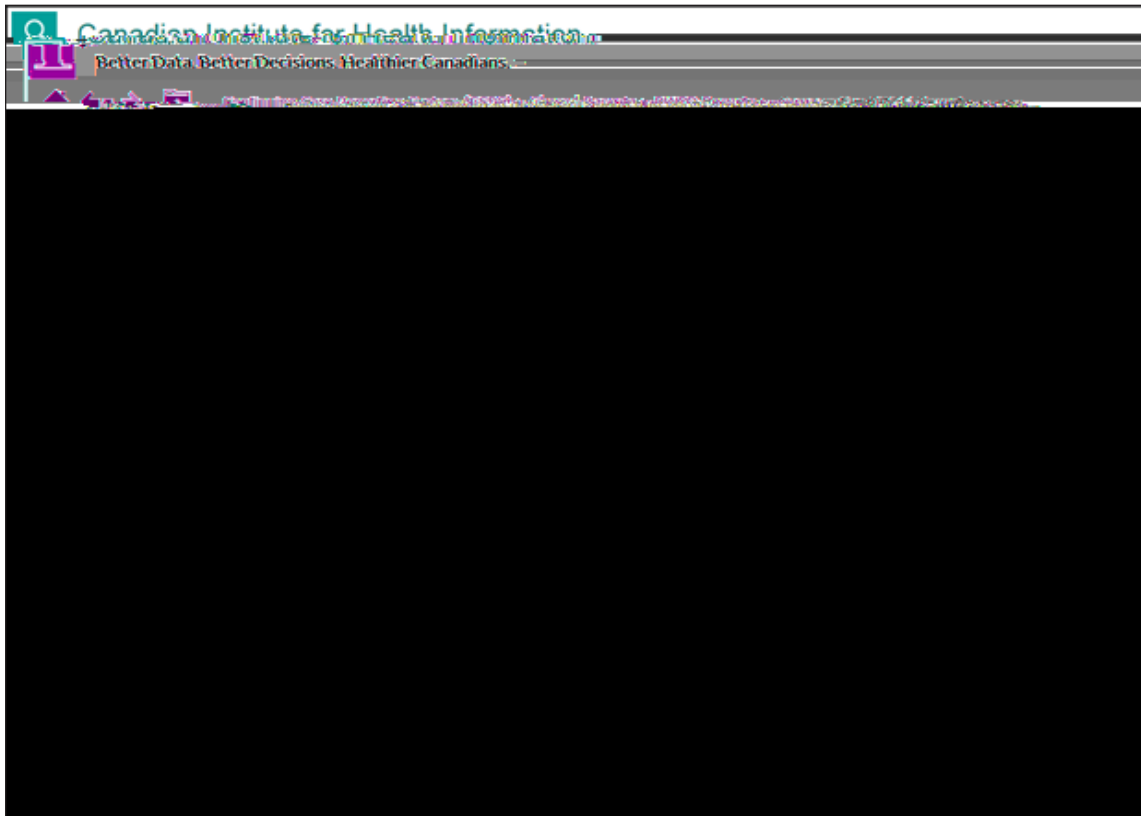
- Overall Assessed CMI: Refers to the CMI value for assessed patient days for the jurisdiction the facility belongs to. In Ontario, this value is further broken down by sector (Ontario LTC facilities see the overall assessed CMI value for all Ontario LTC facilities, while Ontario CCC facilities see the overall assessed CMI value for Ontario CCC facilities).
- Facility Total RWPDP: Refers to the RUG weighted patient days for all patient days.
- Facility Total CMI: Refers to the CMI value for all patient days.
- Overall Total CMI: Refers to the CMI value for all patient days for the jurisdiction the facility belongs to. For example, the trending report for an AlbesnMCID 1339 RLould showio LTC12 1339 w 11 0 0 11 83 442.9y11 83 4421Clue for assese2 440.991eAa00snMCID

Appendix 1: Example of a 2010–2011 Facility RWPD Report (fictitious data)





Appendix 2: Example of a 2014–2015 Comparative RWPD Report (fictitious data)



Appendix 3: Example of a 2014–2015 Trending RWPD Report (fictitious data)

