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Continuing Care Reporting System: Case Mix Resource Utilization Groups version 3 and RUG Weighted Patient Days—Resource Materials and FAQ, 2014–2015

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Introduction

The Canadian Institute for Health Information (CIHI) maintains and updates the Resource Utilization Groups version III (RUG-III) grouping and weighting methodologies. CIHI also produces RUG Weighted Patient Day (RWPD) reports on a quarterly basis for facilities that submit data to the Continuing Care Reporting System (CCRS). RWPD reports are used to

- Review completeness of CCRS data;
- Measure relative patient acuity; and
- Inform resource usage.

Following the release of the RWPD reports, the CCRS and Case Mix teams frequently receive questions regarding how RWPD reports are produced and how to interpret the facility- and resident-level RWPD information provided in them. This document is intended to address the most frequently asked questions received from CCRS clients.

Reference Materials for RUG-III and RWPD

Several Case Mix documents and education products are available as general reference materials describing the RUG-III grouping and RWPD weighting methodologies:

Documents

Resource Utilization Groups III (RUG-III) (44-Group) Grouping Methodology: Flowcharts, SAS Code and CMI Values

The [RUG-III \(44-group\) grouping methodology](#) may be used to support facility, regional or provincial/territorial service planning and analysis of resource utilization in continuing care. It can be used by clinicians, facility coordinators and vendors. This product is available to Core Plan members through [CIHI's eStore](#). It includes RUG-44 SAS code, flowcharts, test data and CMI values.

RUG-III (34-Group) Grouping Methodology

The [RUG-III \(34-group\) grouping methodology](#) is used to support Ontario long-term care facility service planning and analysis of resource utilization. It can be used by clinicians, facility coordinators and vendors. This product is available to Core Plan members through [CIHI's eStore](#). It includes RUG-34 SAS code, flowcharts, test data and CMI values.

CCRS Technical Document for RWPD Methodology

The RWPD technical document describes how the RWPD calculations are performed for a specified reporting period. This document is intended for vendors that develop data submission software for facilities. It also provides detailed information on how the reports are created to better enable facilities to review their CCRS RWPD reports.

This document is available on [CIHI's Case Mix web page](#) and will be available in the Resources section of CCRS eReports.

Continuing Care Reporting System: Interpreting RUG Weighted Patient Day Reports

An interpreting guide is available to facilitate understanding of facility-specific and comparative RWPDP reports.

This document is available on [CIHI's Case Mix web page](#) and will be available in the Resources section of CCRS eReports.

Education

All CIHI education products are developed using the RUG-III (44-group) methodology.

CCRS Case Mix Fundamentals of RUG-III and RWPDP Self-Study Course (1 Hour)

This course will focus on the RUG-III grouping methodology and explain how it was developed and how it can be used. Examples and exercises will be used to discuss how this methodology is applied to Resident Assessment Instrument–Minimum Data Set 2.0 (RAI-MDS 2.0) assessment data submitted to CCRS.

This product is available to Core Plan members in [CIHI's Learning Centre](#).

Introduction to RUG Weighted Patient Days for CCRS Self-Study Course (1 Hour)

This course will describe how CCRS data is used to produce RWPDP reports. Examples and exercises will be used to highlight simple RWPDP derivation as well as areas where there are data quality problems.

This product is available to Core Plan members in [CIHI's Learning Centre](#).

CCRS Case Mix Webinar Series

Webinars are in development for RUG-III, CCRS's case mix system.

Once developed, registration for this product will be available to Core Plan members in [CIHI's Learning Centre](#).

CCRS Calculating RUG-III Self-Study Course (3 Hours)

This course was developed to provide detailed information about the RUG-III grouping methodology: what it is, why it's used and how it works. The primary objective of the course is to describe the four steps of CIHI's RUG-III grouping methodology. Using case study examples, this course will demonstrate how the 44-group version of the RUG-III grouping methodology is used to assign a RUG group to RAI-MDS 2.0 assessments submitted to CCRS.

This product is available to Core Plan members in [CIHI's Learning Centre](#).

Frequently Asked Questions

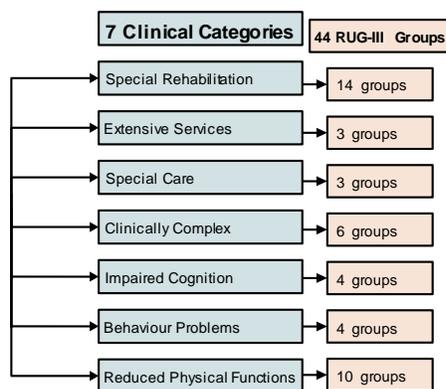
What is the RUG-III grouping methodology?

The RUG-III grouping methodology is used to categorize RAI-MDS 2.0 assessment data submitted by participating organizations to CCRS. Assessments are categorized into specific groups based on similar clinical and resource utilization characteristics. Application of the RUG-III grouping methodology provides an estimate, or sample, of the resources used by each group, which can be used for planning, resource allocation, data quality and funding purposes.

What are RUG categories?

There are seven RUG-III categories, based on clinical complexity and resource utilization. Each category is associated with a specific set of RUG-III groups. All RUG-III categories are ordered in a clinical hierarchy, from the most resource intensive Special Rehabilitation category (with 14 groups) to the least resource intensive Reduced Physical Functions category (with 10 groups). CIHI's Canadian standard is the RUG-III 44-group methodology, which has 44 groups organized within the seven categories (see image below).

RUG-III Grouping Methodology



Please note the Ontario long-term care (LTC) facilities use a slightly different version of RUG-III that has 34 rather than 44 groups. See CIHI's Case Mix web page for the document [Differences Between RUG-III 44-Group and 34-Group Methodologies](#), which describes these differences.

What are the four steps used to assign RUG-III groups to CCRS data?

A RUG-III group is assigned to a RAI-MDS 2.0 assessment using the following four-step approach:

Step 1: Clinical and administrative information is used to calculate RUG-III case mix indicators of resource use or clinical characteristics.

Step 2: The indicators and other information from the assessment are used to identify qualifying RUG categories.

Step 3: Within the broader RUG categories, a specific RUG-III group is identified for each assessment. More than one RUG-III group can be identified for any given assessment.

Step 4: The final RUG is assigned from the pool of qualifying RUGs based on either the hierarchical or the index-maximizing approach.

How are RUG-III case mix indicators calculated for CCRS data?

In Step 1 of the RUG-III grouping methodology, 15 RUG-III case mix indicators are calculated for each RAI-MDS 2.0 assessment. These RUG-III case mix indicators are derived using clinical assessment data for later use in steps 2 and 3 of the methodology. RUG-III case mix indicators are calculated for every assessment by computer algorithms.

For details on the calculation of RUG-III indicators, please refer to the RUG-III (44-group) grouping methodology flowcharts available in [CIHI's eStore](#). Ontario LTC facilities can refer to the RUG-III (34-group) grouping methodology flowcharts, also available in [CIHI's eStore](#). Examples of how to derive a RUG-III case mix indicator are covered in the self-study courses CCRS Case Mix Fundamentals of RUG-III and RWPD and CCRS Calculating RUG-III.

How are RUG-III categories assigned to CCRS data?

In Step 2 of the four-step approach, RUG-III category triggers are set. Triggers can be understood as decision points in the computer algorithm to identify whether a given category should be associated with a given assessment. There are six triggers in total; each trigger corresponds to one of the first six RUG-III categories. All RAI-MDS 2.0 assessments qualify for the seventh RUG-III category (Reduced Physical Functions), so there is no need to set a trigger for this category. Each trigger is based on RAI-MDS 2.0 assessment data and the RUG-III indicators calculated in Step 1.

For details on the criteria for each RUG-III trigger, please refer to the RUG-III 44-group or 34-group grouping methodology flowcharts available through CIHI's eStore. Examples of how to set RUG-III category triggers are covered in the self-study courses CCRS Case Mix Fundamentals of RUG-III and RWPD and CCRS Calculating RUG-III.

How are RUG-III groups assigned to CCRS data?

If a category is identified for a given assessment, the RAI-MDS 2.0 clinical information and RUG-III case mix indicators for that assessment are examined to determine which group the assessment qualifies for within that category.

For details on the criteria for each RUG-III group within each RUG-III category, please refer to the RUG-III 44-group or 34-group grouping methodology flowcharts. Examples of how to assign RUG-III groups are covered in the self-study courses CCRS Case Mix Fundamentals of RUG-III and RWPD and CCRS Calculating RUG-III.

What is a Case Mix Index?

Case Mix Index (CMI) is a relative measure of predicted resource use. Each RUG is associated with a CMI value that provides an indication of the relative average daily resource use for individuals assigned to a particular RUG group, as compared with the entire population.

What is the difference between the hierarchical and index-maximizing approaches for RUG-III group assignment?

The hierarchical approach assigns the qualifying RUG with the highest rank in the hierarchy to any given assessment. The index-maximizing approach assigns the qualifying RUG with the highest associated CMI value to any given assessment. The index-maximizing approach is used in the creation of RWPD reports.

How are CMI values derived?

The RUG-III 44-group CMIs for Ontario complex continuing care (CCC) facilities are derived so that the average relative resource use per resident per day for the Ontario CCC sector is 1.0000. The CMI values are measures of predicted relative resource use. An assessment categorized with a RUG-III group with a high CMI can be understood as having consumed more resources than an assessment categorized with a RUG-III group with a lower CMI.

Annually, CIHI updates the RUG-III 44-group CMI values using staff time measurement (STM) research data, relative wage rates for each staffing category in the research data and Ontario CCC patient days for each RUG group. The STM data was obtained from the original American RUG-III interRAI research and remains constant from year to year. The wage rates are obtained from the Ontario Hospital Association (OHA) and are updated annually. The patient days for each RUG group are collected from the previous fiscal year's CCRS RWPD reports. The wage rates and patient day information are obtained based on the most current data available.

For example, the 2013 RUG-III 44-group CMI values are based on the original STM research data, the 2010 OHA Wage Rate Survey and Ontario CCC patient days from 2011–2012.

CMI values for each group are determined using the following formula:

$$\text{CMI} = \frac{\text{Average resource use per day for the RUG group}}{\text{Average resource use per day for Ont.CCC residents}}$$

What is the RWPD methodology?

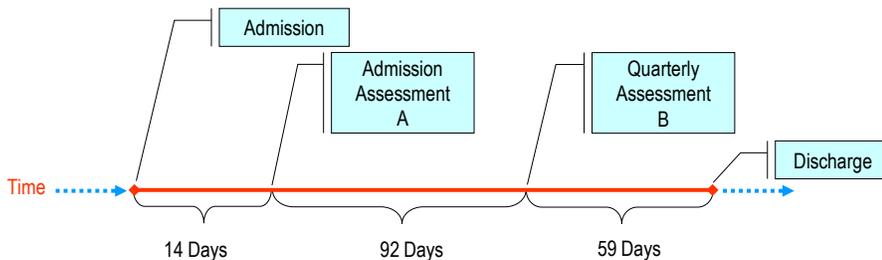
The RWPD methodology is an accounting process that combines the RUG-III groups, CMI values and administrative information about the resident to produce counts of the number of patient days and weighted patient days.

Each day that a resident is in the facility is referred to as a “patient day,” and each patient day is weighted using the CMI associated with the appropriate RUG-III group for that period of time. The RWPD reports summarize these measures of resource intensity at the episode, patient and facility levels for each facility that submits data to CCRS within a given reporting period.

How are RWPD events and RWPDs derived?

The resident’s RWPD events are set up based on the RAI-MDS 2.0 assessment data submitted within the reporting period. Information from these assessments is transformed into corresponding RWPD events by subdividing each episode into segments. The start date of each segment is the date of each new event, for example, the entry date or the assessment reference date. The end date of each segment is the date of the next event. Patient days for each event are calculated as the event end date minus the same event start date. The start date is counted as one patient day, whereas the end date is not. The discharge date is not counted as a patient day; however, we do create a discharge event to acknowledge that discharge occurred. Take a look at the example of a typical episode below using fictitious data and example RUG groups and CMI values. Note that each segment is associated with a number of patient days, which are then multiplied by the RUG group CMI value to derive the RWPD value. Examples of how to establish RWPD events and derive RWPDs are covered in the self-study courses CCRS Case Mix Fundamentals of RUG-III and RWPD and Introduction to RUG Weighted Patient Days for CCRS.

RWPD for a Typical Episode



RWPD Event	RUG Group	CMI	Patient Days	RWPD
Admission	A	0.7500	14	10.5000
Admission Assessment	A	0.7500	92	69.0000
Quarterly Assessment	B	0.8500	59	50.1500
Discharge				
	Total		165	129.6500

How many types of RWPD reports are there in CCRS eReports?

Several types of RWPD reports are available in CCRS eReports: facility reports, comparative reports and trending reports. These reports are refreshed quarterly with data submitted to and accepted by CCRS by the quarterly final data submission deadline. An example of each type of RWPD report can be found in the *Continuing Care Reporting System: Interpreting RUG Weighted Patient Day Reports*.

Facility RWPD reports summarize information for individual patients as well as for the facility. In these reports, the RWPD events are reported for every resident. The report also summarizes patient days, late patient days, CMI values and other RWPD indicators. An example facility RWPD report can be found in Appendix 1 of the *Continuing Care Reporting System: Interpreting RUG Weighted Patient Day Reports*.

Comparative RWPD reports summarize information for CCRS facilities. These reports can be summarized at the regional level within a jurisdiction.

Trending reports provide a summary of patient days, RWPDs and CMI values for each facility over the past several fiscal years.

When are RWPD reports generated?

Each fiscal quarter, RWPD reports are generated based on data submitted to CCRS by the final data submission deadline date (60 days after the end of the fiscal quarter). This allows facilities to identify data quality issues and submit corrections prior to the next fiscal quarter's final data submission deadline (60 days after the end of the next fiscal quarter). RWPD reports are cumulative within a fiscal year. This means that information in the RWPD reports generated after the Quarter 2 final data submission deadline covers activities from April 1 to September 30 inclusively, while the information in the RWPD reports generated after the Quarter 4 final data submission deadline covers all activities within that fiscal year. You may refer to the submission timelines in the *Continuing Care Reporting System Specifications Manual* for detailed submission deadlines.

Starting at the end of 2014–2015, the RWPD report will be produced only once; in the past, it was produced twice (at day 45 and day 60 of the fiscal quarter). This means facilities should correct their facility data each fiscal quarter and ensure their facility is following CCRS guidelines so the data is as correct and up to date as possible at the end of the fiscal year. Facilities should also ensure that their facility data is submitted and accepted in CCRS by the data submission deadlines. CCRS clients can create a Verification Audit Report (VAR) in their client service profile to ensure data submitted has been accepted into CCRS. Using the Health Record Number (HRN) or Unique Registration Identifier (URI) search parameters will produce a report that contains all records accepted into CCRS under that particular identifier.

For more information on deadlines for data submissions, see Chapter 2 in Part 2 of the *Continuing Care Reporting System Data Submission User Manual*.

Is it possible to receive the quarterly RWPD report with just the data for a specific quarter within the reporting period?

No, CIHI's RWPD reports are not generated based on data for a specific fiscal quarter, because the reports are cumulative. Each quarterly refresh of RWPD reports covers the reporting period from April 1 to the end of the reporting fiscal quarter within any given fiscal year. The only RWPD report that contains information on one fiscal quarter is the Quarter 1 RWPD report, which covers events from April 1 to June 30. Facilities should download and save their RWPD reports each time the CCRS eReports are refreshed (quarterly, roughly three weeks after the data cut dates) if they would like to retain their historical RWPD reports.

If my facility makes corrections, can I request a new RWPD report for that time frame to reflect the updates that were made?

CIHI does not produce ad hoc RWPD reports for facilities. Each fiscal quarter, when the RWPD reports are released after the data submission deadline, facilities are encouraged to review their RWPD reports for any late patient days and discharge assumed records. For any missing assessments/discharges, as long as the corrections are submitted and accepted into the CCRS database by the final data submission deadline, the corrections or updated data will be reflected in the following quarter's RWPD report.

Facilities should review their RWPD facility report to locate the Assessed Late PD and Discharge Assumed Notice sections. These two sections refer to data quality items that provide information about late assessments and missing submissions and discharges, respectively. Missing and corrected data should be submitted to CCRS prior to the final data submission deadline.

Why does CIHI's RWPD report produce different results from those generated by my vendor's software?

The methodology used to produce the RWPD reports was developed by the Ontario Joint Policy and Planning Committee (JPPC) Complex Continuing Care Funding Working Group. The same methodology is used to produce RWPD reports for all facilities submitting data to CCRS.

CCRS vendor systems are not required to produce RWPD reports. However, some vendors have opted to include this function. While CIHI provides vendors with detailed specifications and facilitates a testing process to review the quality of record submissions, at this time CIHI does not review the methodology used by vendors to replicate RWPD reports or the validity of the RUG-III grouping methodology itself. Accordingly, CIHI cannot comment on differences between values in its RWPD reports and those produced through a vendor's software.

Why are the CMI values and resource utilization reports in the RWPD reports different from those in the Resource Utilization section of the CCRS eReports?

RWPD reports assign a CMI value using the index-maximizing approach to each day of a resident's stay based on his or her assessment. There are three types of RWPD reports:

- Facility reports provide details of resource utilization of residents;
- Comparative reports provide high-level information for comparing facilities; and
- Trending reports provide resource utilization metrics for facilities over the past few fiscal years.

All RWPD reports provide total days, weighted by their CMI value for individuals and facilities within a reporting jurisdiction.

The Resource Utilization section of CCRS eReports summarizes RUG and CMI data from all submitting jurisdictions.

Both the RWPD reports and the reports in the Resource Utilization section of CCRS eReports group CCRS data using the RUG-III grouping methodology and are produced quarterly based on the data submitted to CCRS by the most recent final data submission deadline; however, the way assessments are selected to be included in these reports differs:

- RWPD reports are produced using all resident assessments within the reporting period.
- Reports in the Resource Utilization section of CCRS eReports are produced using the most recent assessment for any given resident within the reporting period.

As well, RWPD reports use the index-maximizing approach to assign CMI values to RAI-MDS 2.0 assessments, while the reports in the Resource Utilization section of CCRS eReports provide users with the option of selecting the index-maximizing or hierarchical CMI assignment approach.

CMI values in both RWPD reports and the reports in the Resource Utilization section of CCRS eReports can be used to inform planning and resource allocation and make comparisons between facilities regarding resident acuity and resource utilization.

How can I obtain historical CMI values for my facility?

The RWPD trending report contains facility CMI values and RWPD values for the last several fiscal years as compared with the overall CMI and RWPD values. This report is updated quarterly in CCRS eReports. Because the CMI values can change annually, this report can be run using different sets of CMI values.

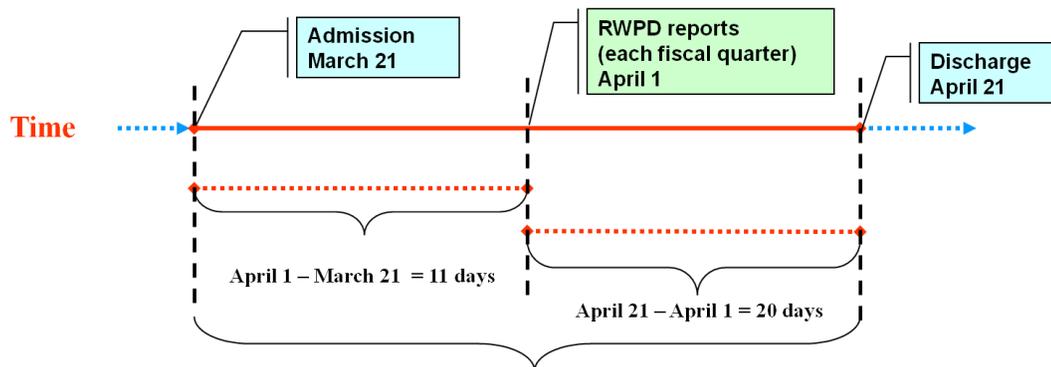
Why do CMI values decrease each year?

CIHI is currently working with interRAI and various stakeholders to use more relevant and recently collected Canadian STM data and address this observed annual decrease in CMI values. We will let our clients know when we have more information regarding this matter in the new fiscal year.

Can you explain how RWPDs are calculated for those residents who are admitted in one fiscal year and discharged in the next? Are the days allocated to the appropriate fiscal year?

RWPD reports are broken up into fiscal year reporting periods. When RWPD events (such as admission assessments) include dates before or after the reporting period, the event is split into two parts, and only the days within the reporting period associated with that RWPD report are included.

For example, the diagram below shows a resident episode consisting of an admission assessment and a discharge. If the admission assessment reference date is March 21, 2014, and the discharge reference date is April 21, 2014, the patient days between the admission assessment and discharge would be split into two parts. Specifically, the 11 patient days between March 21 and March 31 would be included in the RWPD report for 2013–2014, and the remaining 20 days between the admission assessment and discharge would be included in the RWPD report for 2014–2015.



How can I find out more details on the submission of RWPD events occurring after the end of a fiscal quarter or fiscal year?

As long as the correct information is submitted and accepted by the final data submission deadline, RWPD events occurring or ending after the end of a fiscal quarter or fiscal year will be captured in the next quarterly RWPD report release. CCRS clients can create a VAR in their client service profile to ensure data submitted has been accepted into CCRS. Using the HRN or URI search parameters will produce a report that contains all records accepted into CCRS under that particular identifier.

What are late patient days and how are they weighted?

Late patient days occur when an assessment is not completed within the time frame required by CCRS data submission standards. According to CCRS standards, there are two general rules concerning the timing of assessments that relate to late patient days:

1. The initial admission assessment is due within 14 days of the entry date.
2. For ongoing periods of care, an assessment is due within 92 days of the prior assessment.

Re-entry events are considered part of an ongoing period of care, so assessments are still due within 92 days of the prior assessment if the resident was discharged, as long as he or she subsequently re-entered the facility within 92 days from the previous assessment.

If all assessments have been completed and submitted according to CCRS data submission deadlines, the late patient day count should be zero.

For more information on deadlines for submissions, see Chapter 2 in Part 2 of the *Continuing Care Reporting System Data Submission User Manual*.

Where is late patient days information captured in my RWPD reports?

On page 1 of your facility RWPD report, you'll find the facility summary of late patient days. The Assessed Late line shows the total number of late patient days and late RWPDs within the reporting period.

Example

	Patient Days (PD)	RUG Weighted Patient Days (RWPD)	CMI Value
Assessed On Time.....	48,177	46,552.0155	
Assessed Late.....	8,665	8,559.0410	
Assessed (total)	56,842	55,111.0565	0.9895
Unassessed 13.....	0	0.0000	
Unassessed 14.....	281	177.2548	
Unassessed (total)	281	177.2548	
Total	57,123	55,288.3113	0.9679

To identify late patient days for specific residents in your facility, you can export the RWPD report as a PDF and then use the search function to find the text “Late” within the report.

How are late patient days weighted in RWPD reports?

Late patient days are weighted using the following rules:

- If the initial admission assessment is late, the late days will be weighted using the next available assessment.
- If a quarterly assessment or full annual assessment is missing, late patient days will be weighted using the previous assessment.

For additional detailed examples of late patient days in RWPD reports, please consult the [CCRS Technical Document for RWPD Methodology](#) available in the Resources section of CCRS eReports and on CIHI's [Case Mix web page](#).

What are discharge assumed events?

Discharge assumed events identify residents who are assumed to have been discharged because there is a missing assessment or discharge event for that resident. These events are created when data was expected by CIHI but has not been submitted for at least one fiscal quarter. For the purpose of RWPD reporting, discharges are assumed to occur on the first day of the quarter following the last quarter in which data was submitted. This may occur when

- The patient was discharged but a discharge record was not submitted;
- The patient is still in the facility but an assessment was missed; or
- The discharge assessment and/or an assessment for an ongoing episode has not been successfully accepted by the CCRS system.

What is the facility assessed CMI value?

The facility assessed CMI value is the average CMI for all assessed residents in a particular facility for any particular fiscal year reporting period.

What are unassessed patient days?

Unassessed patient days refer to periods of care where a resident is admitted and discharged without a completed assessment.

How are unassessed patient days weighted?

Weighting of unassessed patient days depends on the number of days for which the resident was unassessed since admission.

- If there were fewer than 14 patient days since admission, the days are labelled “Unassessed 13” and weighted using the facility assessed CMI value for that fiscal year.
- If there were 14 or more patient days since admission, the days are labelled “Unassessed 14” and are weighted using the lowest CMI value in the CMI set used for that fiscal year.

For additional detailed examples of unassessed patient days in RWPD reports, please consult the [CCRS Technical Document for RWPD Methodology](#) available in the Resources section of CCRS eReports and on CIHI’s [Case Mix web page](#).

Why are significant correction events no longer captured in RWPD reports?

When a significant correction of a full or quarterly assessment is submitted and accepted into CCRS, the original assessment associated with the correction is overwritten with the corrected information. This means that these records automatically correct the intended full or quarterly assessment and do not show up as separate events in the RWPD reports.

Why do RWPD reports no longer expire?

As of April 2014, RWPD reports are produced in the CCRS eReporting environment and are no longer produced in the CCRS RWPD Operational Reports environment. All RWPD reports are refreshed quarterly using the most up-to-date data in CCRS eReports. Most reports will be available using the most recent data for the last five fiscal years as of the CCRS eReports data cut date (August 31, November 30, February 28 and May 31); therefore, data older than five fiscal years no longer appears in the RWPD reports.

Facilities should download and save their RWPD reports each time the CCRS eReports are refreshed (quarterly, roughly three weeks after the data cut dates) if they would like to retain their historical RWPD reports.

Questions

If you have any questions, please submit a query through CIHI's online eQuery tool at www.cihi.ca/equery.

Distribution

All CCRS, CCRS facilities, ministries of health