

**Ontario Case Costing Initiative
Milestone 1 Review**

DESCRIPTION OF REVIEW METHOD FOR MILESTONE 1

The objectives of the Milestone 1 Review are:

- To provide support and guidance in the understanding and application of the case costing methodology
- To review the facilities reliability and validity program and provide advice as needed.
- To review the current and planned procedures and processes to identify case costing gaps and work collaboratively to identify solutions

The Review Process

The Review Process has been designed to minimize documentation effort while providing a good understanding of each hospital's progress as it relates to the Milestone 1 requirements. The Review will provide information and recommendations back to the facilities in order to assist in the successful completion of the Milestone 1 Review. If a hospital is unable to meet a requirement (indicating 'No' in the Milestone Review questionnaire), a mutually agreed upon solution will be included in the Milestone 1 Report.

The steps involved in the Review Process are as follows:

Each hospital will complete and submit the Milestone Review #1 Questionnaire (available at <http://www.occp.com>) to :

Linda Welham
Information Management Co-Ordinator
Ontario Ministry of Health & Long Term Care
Costing Initiatives Unit
4th Floor, 5700 Yonge Street
Toronto, Ont. M2M 4K5

or

Iris Malig
Information Management Co-Ordinator
Ontario Ministry of Health & Long Term Care
Costing Initiatives Unit
4th Floor, 5700 Yonge Street
Toronto, Ont. M2M 4K5

The Information Management Co-Ordinator will review the submitted materials, communicating with the Hospital as needed to clarify any questions.

The Information Management Co-Ordinator will identify any concerns found in the Milestone Review #1 Record.

A site visit or teleconference will be scheduled to discuss the concerns found in the Milestone 1 Review.

A written report summarizing the gaps and agreed upon solutions will be sent to facilities.

MILESTONE 1 REVIEW QUESTIONNAIRE

Review questionnaire format and response guidelines are as follows:

- No. (Number): Each Item is numbered for reference
- Requirement: Stated in question format.
- Documentation Describes written material required. (See Appendix for a
- Required: detailed description of the documentation required)

Response guidelines:

- Yes: The hospital has met the requirement.
- No: The hospital has not met the requirement.
- N/A: The requirement does not apply.

Hospital.Exp'd Compl: If the requirement has not been completed, include expected date of completion.

Follow-up: This column may be used to indicate responsibility for completing an item or to note a reference to supplemental material.

Overview of Review Requirements

The review requirements are organized into thirteen major sections. These sections are then grouped into subsections. A typical set of subsections includes Data Quality Mechanisms and Design Requirements. Requirements within the sections are numbered for ease of reference. The major sections are:

1. Health Records
2. Financial Services: Cost Categories
3. Financial Services: Separation of Costs
4. Financial Services: Assignment of Direct Costs
5. Financial Services: Cost Allocation
6. Information Services: Case Cost Project & System
7. Nursing Inpatient Services
8. Nursing Episodic Care Areas
9. Nursing Ambulatory Care Areas
10. Diagnostic Imaging
11. Pharmacy
12. Clinical Laboratory
13. Allied Health Services & Other Diagnostic, Therapeutic, and Social Services Areas

Note: The criteria in section 13, Allied Health Services, are intended to be copied and answered for each Allied Health Functional Centre in this category where workload will be measured and costs distributed to patients. Functional centres where costs will not be distributed to patients initially need not be included.

Site Visit/Teleconference Process

A hospital site visit or teleconference will be scheduled approximately one week after the Milestone 1 Review questionnaire and documentation has been received by the MOHLTC. The date for the teleconference or site visit will be confirmed with each hospital. The purpose of the teleconference or site visit is to discuss any gaps or concerns found in the Milestone 1 Review.

Appendix

Documentation Required

Documentation Required

Required documentation (such as business plans, data flow models, procedures and methodology descriptions) should be submitted with the Review questionnaire if the requirement has been met. The following are some further comments on the level of documentation required.

1. Data Flow Models

The Data Flow Model provides an overview of the input, processing, storage, and output of data. Note that our interest for Case Costing is data flow for Case Cost Data ONLY.

2. Statement

Please provide a brief explanation of how the requirement will be satisfied. It is important to understand the plans/processes used by each hospital for two reasons:

- a) To ensure that the methodology is used to generate acceptable patient specific costs
- b) To identify as early as possible any differences in approach that could impact the reliability and validity of cost data for OCCI purposes

3. WMS Methodology

The Workload Measurement System (WMS) Methodology description shows how you approach the measurement and capture of patient specific workload.

For facilities deviating from the standards please provide a written description of the methodology. Include a point form review and description of the rationale indicating why the approach was chosen, what other approaches were considered and rejected as well as a outline of the one-time analysis or study that was completed to establish Relative Value Units.

4. Functional Centre List

Provide a list of all functional centres codes used internally and the mapping to the OHRS compliant functional centre codes.

5. Appendix A

Appendix A is used to calculate the percentage of hospital costs that will be distributed by measured workload. This percentage must be greater than 80%. The example in the appendix to the Milestone Review #1 tool is for inpatients, please complete a separate document for each patient population being costed.

6. Project Plan

This does not have to be re-done for the review as long as it is shows the project steps that have been defined, the expected completion date for each, and your current state of completion.

7. Procedure

Provide a brief outline of the various steps involved in the process.

Ontario Case Costing Initiative

Milestone 1 Review Tool

August 2006

Updated to include the Patient Hours Methodology

If the Patient Hours Methodology is the chosen allocation method, please respond to sections 7.2, 8.4, 9.5 and ignore sections 7.1, 8.1-8.3, 9.1-9.4.

If nursing workload is the chosen allocation method, please respond to sections 7.1, 8.1-8.3, 9.1-9.4 and ignore sections 7.2, 8.4, 9.5.

For questions or concerns, please contact the Information Management Coordinator designated for your facility.

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1.0 HEALTH RECORDS

1.0.A HEALTH RECORDS - ACUTE INPATIENT

No.	Requirement	Documentation Required	Yes	No	N/A	Exp'd Compl.	Follow-up
1.1	Education of Health Records Staff						
1.1.1	Has the coding staff graduated from a Health Record Program?	Statement					
1.2	ONGOING RELIABILITY OF HEALTH RECORDS DATA						
1.2.1	Is there a mechanism planned or in place to ensure that coders can identify and code diagnoses codes and diagnoses types from 1 to 25?	Statement					
1.2.2	Is there a mechanism planned or in place to ensure those coders can identify and code procedure codes and procedure dates from 1 to 20?	Statement					
1.2.3	Does staff have access to the CIHI 2006 standards?	Statement					
1.2.4	Will the data be processed through grouping software prior to submission to CIHI?	Statement					

1.0.B HEALTH RECORDS - CHRONIC CARE, MENTAL HEALTH AND REHAB MINIMUM DATA SET

No.	Requirement	Documentation Required	Yes	No	N/A	Exp'd Compl.	Follow-up
1.3	MUST BE COMPLETED IF SUBMITTING CHRONIC CARE, MENTAL HEALTH, REHAB COSTS						
1.3.1	Have all the appropriate Health Care Providers been selected and educated on the collection/application of the MDS, RAI or NRS tool?	Statement					
1.3.2	Will the data be processed through grouping software prior to submission to CIHI?	Statement					
1.3.3	Has a process been developed to ensure that assessments are completed by all care givers in a timely manner?	Statement					
1.3.4	Has the vendor completed or committed to programming changes necessary to capture MDS, RAI OR NRS?	Statement					

1.0.C HEALTH RECORDS - AMBULATORY CARE MINIMUM DATA SET

No.	Requirement	Documentation Required	Yes	No	N/A	Exp'd Compl.	Follow-up
1.4	MUST BE COMPLETED IF SUBMITTING AMBULATORY CARE COSTS						
1.4.1	Are the number of cases reconciled, Hospital vs. CIHI?	Statement					
1.4.2	Has the Hospital trained or have plans to train the appropriate staff to collect the data?	Statement					
1.4.3	When coding Chemotherapy visits, are the interventions coded as well?	Statement					
1.4.4	When coding CT and MRI interventions, are they coded first?	Statement					
1.4.5	Has the vendor completed or committed to programming changes necessary to capture Ambulatory Care data?	Statement					
1.4.6	Does the functional centre that is recorded on the abstract reflect where the procedure or clinic visit took place?	Statement					
1.4.7	Is the functional centre OHRS compliant?	Statement					
1.4.8	For Emergency patients who are admitted, is there a separate encounter number for the emergency and inpatient case?	Statement					
1.4.9	Does the Hospital have the capability to group their NACRS patients in-house using the CACS grouping methodology?	Statement					

2.0 FINANCIAL SERVICES: COST CATEGORIES

No.	Requirement	Documentation Required	Yes	No	N/A	Exp'd Compl.	Follow-up
2.1	CHART OF ACCOUNTS						
2.1.1	Will the Hospital use the OHRS Chart of Accounts for Case Costing purposes? If not, please a functional centre list that provides how the functional centres will be mapped.	FUNCTIONAL CENTRE LIST					
No.	Requirement	Documentation Required	Yes	No	N/A	Exp'd Compl.	Follow-up
2.2	Patient Specific Costs						
2.2.1	Will the supply accounts with supplies greater than \$250 be in a separate G/L account (SOC 560***)?	Statement					
2.2.2	If supply costs are more than 10% of the departmental budget, is there a mechanism to establish supply RVUs or microcost supply items until the residual is less than 10% of the departmental budget?	Statement					
2.3	Assignment of Labour Costs						
2.3.1	Is there a mechanism to ensure that labour costs (including benefits) are allocated appropriately? I.e. personnel who work in more than one functional center and employees who are responsible for both MOS and UPP functions?	Procedure					

3.0 FINANCIAL SERVICES: SEPARATION OF COSTS

No.	Requirement	Documentation Required	Yes	No	N/A	Exp'd Compl.	Follow-up
3.1	Non-patient Revenue						
3.1.1	Has the Hospital established a mechanism to capture and net non-patient operations revenue from operating costs of each functional center generating non-patient revenues (for functional center cost adjustment before cost allocation and patient cost distribution)?	Statement					
3.2	Recoveries						
3.2.1	Has the Hospital established a mechanism to ensure that expenses that are attributed to patients, are reduced by the recovery accounts (ROC 12***)?	Statement					
3.3	Non-Distributed ACC Costs						
3.3.1	Has the Hospital completed Appendix A using figures from the previous fiscal year to demonstrate the expected compliance with the minimum % cost requirement requirements for the following patient types: Acute Inpatient -80% Ambulatory Care – 80% Chronic Care/Rehab - 80% Mental Health – 80%	*APPENDIX A (ATTACHED)					
3.3.2	Has the Hospital defined an acceptable plan to capture the required percentages in all <u>additional</u> functional centers needed to make up the minimum requirement for each patient population?	Draft Plan					

4.0 FINANCIAL SERVICES: ASSIGNMENT OF DIRECT COSTS

No.	Requirement	Documentation Required	Yes	No	N/A	Exp'd Compl.	Follow-up
4.1	Maintenance						
4.1.1	Has the Hospital developed a mechanism to distribute (as a direct expense) external maintenance expenses to each functional center whose equipment is receiving the maintenance?	Statement					
4.2	physician compensation and support & admin(Patient care)						
4.2.1	Has the Hospital established a mechanism to capture and distribute physician's salaries to the appropriate functional center?	Statement					
4.2.2	HAS THE HOSPITAL ESTABLISHED A MECHANISM TO DISTRIBUTE (AS A DIRECT EXPENSE) PATIENT-CARE FUNCTIONAL CENTER SUPPORT AND ADMINISTRATION EXPENSES TO THE APPROPRIATE ACC?	Statement					
4.3	PATIENT FOOD SERVICES	Documentation Required	Yes	No	N/A	Exp'd Compl.	Follow-up
4.3.1	HAS THE HOSPITAL ESTABLISHED A MECHANISM TO DISTRIBUTE (AS A DIRECT EXPENSE) PATIENT FOOD SERVICES?	Statement					

5.0 FINANCIAL SERVICES: COST ALLOCATION

No.	Requirement	Documentation Required	Yes	No	N/A	Exp'd Compl.	Follow-up
5.1	Allocation Bases						
5.1.1	Does the Hospital's cost allocation function use SEAM?	Statement					
5.1.2	Have mechanisms been established (or planned) to gather and maintain allocation statistics for the distribution of indirect costs as per the Ontario Guide to Case Costing, Appendix K.	Statement					
5.2	Data Quality Mechanisms						
5.2.1	Is there a plan to reconcile the costs produced and reported by the Case Costing system to the financial G/L.?	Statement					

6.0 INFORMATION SERVICES AND GENERAL PROJECT PLAN: CASE COST PROJECT & SYSTEM

No.	Requirement	Documentation Required	Yes	No	N/A	Exp'd Compl.	Follow-up
6.1	Project Planning and Progress						
6.1.1	Is there a written Project Plan identifying the major work steps, schedule and responsibilities defined, and progress noted?	*WRITTEN PROJECT PLAN					
6.1.2	Is there a data flow model to show data/sources, calculations, and outputs?	*DATA FLOW MODEL					
6.1.3	Has the Hospital identified information systems/changes that will be required to interface with new/existing feeder systems?	Statement					
6.1.4	Has the Hospital identified information systems/changes that will be required to capture patient specific workload?	Statement					
6.1.5	Does the Hospital have a plan to develop mechanisms/procedures to assign a unique identifier for each case/visit (i.e. encounter#).	Statement					
6.1.6	Can the Hospital use the encounter # to assign workload from each of the patient care areas being costed?	Statement					
6.1.7	Has the Hospital identified the training/education that will be required?	Statement					
6.2	Data Quality Mechanisms						
6.2.1	Can the Hospital separate the emergency workload from the inpatient workload for patients who come in through Emergency but who are then admitted as an inpatient?	Written Plan: Procedure					
6.2.3	Is there a plan to ensure an audit trail to support audit of data and costs produced & reported?	Statement					

7.0 NURSING INPATIENT SERVICES – (PATIENT SPECIFIC CAPTURE OF WORKLOAD)

71210 Medical
 71220 Surgical
 71230 Combined Medical/Surgical
 71240 Intensive Care
 71250 Obstetrics (excluding L&D)

71270 Pediatric
 71275 Psychiatry
 71280 Rehabilitation
 71290 Palliative
 71295 Long-Term Care

(Complete a separate set of 7.0 forms for Long-Term Care and Chronic Care units)

7.1 NURSING INPATIENT SERVICES - NURSING WORKLOAD METHODOLOGY

No.	Requirement	Documentation Required	Yes	No	N/A	Exp'd Compl.	Follow-up
7.1	inpatient services						
7.1.1	Is there a plan for implementation of a reliability and validity program for the Nursing workload measurement system?	Statement					
7.1.2	Has the workload measurement tool been validated within the last 2 years?	Statement					
7.1.3	Is there a mechanism to ensure that patients transferred within the institution have the appropriate workload from the transferred from and transferred to nursing units for the day of transfer?	Statement					
7.1.4	Is there a plan to implement a data quality process whereby the workload captured by Case Costing is reconciled to the workload reported to the Statistical G/L?	Statement					
7.1.5	Is the workload measurement system consistent with the OHRs/MIS/OCCI Guidelines?	Statement					
7.1.6	If the ADT system is down, what procedures are in place to ensure that nursing workload will be recorded appropriately for case costing purposes?	Statement					
7.1.7	Does the Hospital have a process set up to monitor productivity?	Statement					
7.1.8	Does the nursing system have the ability to track missing nursing workload by patient by day of stay?	Statement					
7.1.9	Does the nursing system have the ability to apply defaults by patient, by day of stay in cases where there is missing nursing workload?	Statement					
7.1.10	Can the nursing workload system capture workload by shift?	Statement					
7.1.11	Is the Hospital using prospective or retrospective patient workload measurement consistently throughout inpatient units?	Statement					
7.1.12	Does the plan provide for the ability to link data to patient through the ADT system?	Statement					
7.1.13	Does the plan provide for capturing patient specific data on a daily basis? (or at a minimum, weekly, for Chronic Care)	Statement					
7.1.14	For Chronic Care costing, is there a plan in place to capture all utilization from the patient's admission date?	Statement					

7.2 NURSING INPATIENT SERVICES - PATIENT HOURS METHODOLOGY

No.	Requirement	Documentation Required	Yes	No	N/A	Exp'd Compl.	Follow-up
7.2	inpatient services						
7.2.1	Is there a patient activity report from the ADT (Admissions, Transfers and Discharges)? If so, how is it generated?	Statement					
7.2.2	Is there a mechanism to ensure that patients transferred within the institution have the appropriate patient hours from the transferred from and transferred to nursing units for the day of transfer?	Statement					
7.2.3	Is there a plan to implement a data quality process whereby the patient hours captured from ADT is reconciled to the patient days & or length of stay (LOS) captured for the Statistical G/L?	Statement					
7.2.4	If the ADT system is down, what procedures are in place to ensure that the patient hours are recorded appropriately for case costing purposes?	Statement					
7.2.5	Does the plan provide for the ability to link data to patient through the ADT system?	Statement					

8.0 NURSING EPISODIC CARE AREAS: (PATIENT SPECIFIC CAPTURE OF NURSING WORKLOAD)

71265 Recovery Room

71260 Operating Room (O.R.)

71250 Labour & Delivery (L&D)

8.1 NURSING EPISODIC CARE AREAS - NURSING WORKLOAD METHODOLOGY

No.	Requirement	Documentation Required	Yes	No	N/A	Exp'd Compl.	Follow-up
8.1	Recovery Room (Patient specific)						
8.1.1	Has the Hospital defined a workload measurement system for the Recovery Room, is it consistent with the OHRS/MIS/OCCI Guidelines?	Statement					
8.1.2	Is there a plan for implementation of a reliability and validity program for workload measurement?	Statement					
8.1.3	Is there a plan to implement a data quality process whereby the workload/cases captured by Case Costing is reconciled to the workload/cases captured for the Statistical G/L?	Statement					
8.1.4	Does the nursing system have the ability to track missing nursing workload by patient?	Statement					
8.1.5	Does the plan provide for the ability to link data to patient through the ADT system?	Statement					
8.1.6	Does the Hospital have a process set up to monitor productivity ratios to ensure that they are realistic?	Statement					

No.	Requirement	Documentation Required	Yes	No	N/A	Exp'd Compl.	Follow-up
8.2	Operating Room (O.R.) (Patient specific)						
8.2.1	Has the Hospital defined a workload measurement system for the Operating Room? Is it consistent with the OHRS/MIS/OCCI Guidelines?	Statement					
8.2.2	Is there a plan for implementation of a reliability and validity program for workload measurement?	Statement					
8.2.3	Is there a mechanism in place to identify supplies (individual or assemblies) based on a patient-specific basis > \$250?	Statement					
8.2.4	Is there a plan to implement a data quality process whereby the workload/OR cases captured by Case Costing is reconciled to the workload/OR cases captured for the Statistical G/L?	Statement					
8.2.5	Does the nursing system have the ability to track missing nursing workload by patient?	Statement					
8.2.6	Does the Hospital have a process set up to monitor productivity ratios to ensure that they are realistic?	Statement					
8.2.7	Does the plan provide for the ability to link data to patient through the ADT system?	Statement					

No.	Requirement	Documentation Required	Yes	No	N/A	Exp'd Compl.	Follow-up
8.3	Labour & Delivery (L&D) (Patient specific)						
8.3.1	Has the Hospital defined a workload measurement system for the Labour & Delivery, is it consistent with the OHRs/MIS/OCCI Guidelines?	Statement					
8.3.2	Is there a plan for implementation of a reliability and validity program for workload measurement?	Statement					
8.3.3	Is there a plan to implement a data quality process whereby the workload/cases captured by Case Costing is reconciled to the workload/cases captured for the Statistical G/L?	Statement					
8.3.4	Does the Hospital have a process set up to monitor productivity ratios to ensure that they are realistic?	Statement					
8.3.5	Does the nursing system have the ability to track missing nursing workload by patient?	Statement					
8.3.6	Does the plan provide for the ability to link data to patient through the ADT system?	Statement					

8.4 NURSING EPISODIC CARE AREAS - PATIENT HOURS METHODOLOGY

	Recovery Room						
8.4.1	Is there a mechanism to ensure that patients transferred within the institution have the appropriate patient hours from the transferred from and transferred to nursing units for the day of transfer?	Statement					
	Operating Room (OR)						
8.4.2	Is the door to door time captured by patient? Is the nursing ratio per OR captured?						
8.4.3	Is there a plan to implement a data quality process whereby the door to door time captured for Case Costing is reconciled to the door to door time captured by Health Records?	Statement					
	Labour and Delivery (L& D)						
8.4.4	Does the plan provide for capturing patient specific data on a daily basis? Specifically, for Labour and Delivery, is the birth weight captured in ADT?	Statement					
8.4.5	Is there a plan to implement a data quality process whereby the birth weight recorded in ADT is reconciled with the birth weight captured by Health Records?	Statement					

9.0 NURSING AMBULATORY CARE AREAS (PATIENT SPECIFIC CAPTURE OF NURSING WORKLOAD)

Emergency
Day Surgery
Medical Day Care
Clinics

9.0 NURSING AMBULATORY CARE AREAS - NURSING WORKLOAD METHODOLOGY

No.	Requirement	Documentation Required	Yes	No	N/A	Exp'd Compl.	Follow-up
9.1	Emergency Room (ER) (Patient specific)						
						← If not capturing, check and skip to next area	
9.1.1	Has the Hospital defined a workload measurement system for the Emergency Room? Is it consistent with the OHRS/MIS/OCCI Guidelines?	Statement					
9.1.2	Is there a plan for implementation of a reliability and validity program for workload measurement?	Statement					
9.1.3	Is there a plan to implement a data quality process whereby the workload/visits captured by Case Costing is reconciled to the workload/visits captured for the Statistical G/L?	Statement					
PATIENT SPECIFIC ONLY							
9.1.4	Does the nursing system have the ability to track missing nursing workload?	Statement					
9.1.5	Does the nursing system have the ability to apply defaults by patient, by day of stay in cases where there is missing nursing workload?	Statement					
9.1.6	Does the Hospital have a process set up to monitor productivity ratios to ensure that they are realistic?	Statement					
9.1.7	Does the plan provide for the ability to link data to patient through the ADT system?	Statement					

No.	Requirement	Documentation Required	Yes	No	N/A	Exp'd Compl.	Follow-up	
9.3	MEDICAL DAY CARE							
							←If not capturing, check and skip to next area	
9.3.1	Has the Hospital defined a workload measurement system for the Medical Day Care Unit? Is it consistent with the OHRMIS/OCCI Guidelines?	Statement						
9.3.2	Is there a plan for implementation of a reliability and validity program for workload measurement?	Statement						
9.3.3	Is there a plan to implement a data quality process whereby the workload/visits captured by Case Costing is reconciled to the workload/visits captured for the Statistical G/L?	Statement						
PATIENT SPECIFIC CAPTURE ONLY								
9.3.4	Does the nursing system have the ability to track missing nursing workload by patient?	Statement						
9.3.5	Does the Hospital have a process set up to monitor productivity ratios to ensure that they are realistic?	Statement						
9.3.6	Does the plan provide for the ability to link data to patient through the ADT system?	Statement						

(Complete one set of questions for each functional center)

FUNCTIONAL CENTER: _____

No.	Requirement	Documentation Required	Yes	No	N/A	Exp'd Compl.	Follow-up
9.4	Outpatient Clinics						
							← If not capturing, check and skip to next area
9.4.1	Has the Hospital defined a workload measurement system for the Outpatient Clinics, is it consistent with the OHS/MIS/OCCI Guidelines?	Statement					
9.4.2	Is there a plan for implementation of a reliability and validity program for workload measurement?	Statement					
9.4.3	Is there a plan to implement a data quality process whereby the workload/visits captured by Case Costing is reconciled to the workload/visits captured for the Statistical G/L?	Statement					
Patient Specific Capture Only							
9.4.4	Does the Hospital have a process set up to monitor productivity ratios to ensure that they are realistic?	Statement					
9.4.5	Does the nursing system have the ability to track missing nursing workload by patient?	Statement					
9.4.6	Does the plan provide for the ability to link data to patient through the ADT system?	Statement					

9.5 NURSING AMBULATORY CARE AREAS - PATIENT HOURS METHODOLOGY

Emergency Room (ER)						
9.5.1	Does the Hospital reconcile the triage codes recorded in ADT with the triage codes coded by health records?	Statement				
9.5.2	Is there a mechanism in place to identify supplies (individual or assemblies) based on a patient-specific basis > \$250?	Statement				
Day Surgery (DS)						
9.5.3	Is there a mechanism to ensure that patients transferred within the institution have the appropriate patient hours from the transferred from and transferred to nursing units for the day of transfer?	Statement				
9.5.4	Is there a plan to implement a data quality process whereby the number of cases captured by Patient Hours is reconciled to the number of cases captured for the Statistical G/L?	Statement				

Note: The workload unit is used to allocate Clinics and Medical Day Care costs to patients. The OCCI and the Data Quality Committee will investigate an alternative method for cost allocation in Allied Health. Further details to follow.

10.0 DIAGNOSTIC IMAGING

No.	Requirement	Documentation Required	Yes	No	N/A	Exp'd Compl.	Follow-up
10.1	Workload Measurement						
10.1.1	Has the Hospital defined a workload measurement system for the Diagnostic Imaging? Is it consistent with the OHRS/MIS/OCCI Guidelines?	Statement					
10.1.2	If the Hospital performs procedures not found in the NWMS Guidelines, has the Hospital documented the methodology to assign workload to these procedures?	7*WMS Methodology					
10.1.3	Has the Hospital devised a mechanism to ensure ongoing updates of workload units as per NWMS?	Statement					
10.1.4	If the Hospital is using modified WMS unit values, has the rationale and the methodology been documented?	*WMS Methodology					
10.2	Data Quality Mechanisms						
10.2.1	Does the Hospital have a process set up to monitor productivity ratios to ensure that they are realistic?	Statement					
10.2.2	Has the Hospital devised an audit plan to ensure the reliability and validity of workload data?	Statement					
10.2.3	Is there a plan to implement a data quality process whereby the workload captured by Case Costing is reconciled to the workload captured for the Statistical G/L?	Statement					
No.	Requirement	Documentation Required	Yes	No	N/A	Exp'd Compl.	Follow-up
10.3	Distribution of Costs						
10.3.1	Has the Hospital developed a mechanism to capture costs of referred-out procedures?	STATEMENT					
10.3.2	If physicians' salaries are not directly charged to the individual patient-care functional centers, has the Hospital devised a mechanism to assign these costs to the patient-care functional centers?	Statement					
10.3.3	Is there a mechanism in place to identify supplies (individual or assemblies) based on a patient-specific basis > \$250?	Statement					
10.3.4	Will the Hospital distribute supply costs using the NWMS or supply costs?	Statement					

11.0 PHARMACY

No.	Requirement	Documentation Required	Yes	No	N/A	Exp'd Compl.	Follow-up
11.1	WORKLOAD MEASUREMENT						
11.1.1	Has the Hospital developed a mechanism to capture patient specific technical and clinical workload based on OHRs/OCCI/MIS Guidelines?	*Statement					
11.1.2	If the Hospital is using modified WMS unit values, has the rationale and the methodology been documented?	*WMS methodology					
11.2	Drug Costing Design Requirements						
11.2.1	Has the Hospital established a mechanism to track and assign individually dispensed drugs on a patient-specific basis?	Statement					
11.2.2	Has the Hospital established a mechanism to credit the drug returns to the patient cost record?	Statement					
11.2.3	Has the Hospital devised a mechanism to ensure ongoing updates of drug costs?	Statement					
11.2.4	Has the Hospital established a mechanism to capture the cost of wardstock drugs to each Nursing Unit?	Statement					
11.2.5	Has the Hospital established a mechanism to distribute non-medicated IV solution costs to Nursing units for patient cost distribution along with other M&S costs incurred through the Nursing unit?	Statement					
11.2.6	Are Medical Gas costs tracked to the functional center where they are used?	Statement					
11.3	Data Quality Mechanisms						
11.3.1	Is there a plan for implementation of a reliability and validity program for the Pharmacy workload measurement system?	Statement					
11.3.2	Is there a plan to implement a data quality process whereby the workload captured by Case Costing is reconciled to the workload captured for the Statistical G/L?	Statement					
11.3.3	Does the Hospital have a process set up to monitor productivity ratios to ensure that they are realistic?	Statement					

12.0 CLINICAL LABORATORY

No.	Ref.	Requirement	Documentation Required	Yes	No	N/A	Exp'd Compl.	Follow-up
12.1		Workload Measurement						
12.1.1		Are all procedures assigned individual workload unit values based on the NWMS?	Statement					
12.1.2		If the Hospital performs procedures not found in the NWMS Guidelines, has the Hospital documented the methodology to assign workload to these procedures?	*WMS methodology					
12.2.3		Has the Hospital devised a mechanism to ensure ongoing updates of workload units as per NWMS?	Statement					
12.1.4		If the Hospital using modified WMS unit values, has the rationale and the methodology been documented?	*WMS methodology					
12.2		Data Quality Mechanisms						
12.2.1		Is there a plan to implement a data quality process whereby the workload captured by Case Costing is reconciled to the workload captured for the Statistical G/L?	Statement					
12.2.2		Has the Hospital devised an audit plan to ensure the reliability and validity of workload data?	Statement					
12.2.3		Does the Hospital have a process set up to monitor productivity ratios to ensure that they are realistic?	Statement					
12.3		Distribution of Costs						
12.3.1		Will the Hospital use supply RVUs or workload for distributing supply costs	Statement					
12.3.2		If physicians' salaries are not directly charged to the individual patient-care functional centers, has the Hospital devised a mechanism to assign these costs to the patient-care functional centers?	Statement					
12.3.3		Does the Hospital use OMA pathologist RVUs to distribute pathologist salaries?	Statement					

13.0 ALLIED HEALTH SERVICES & OTHER DIAGNOSTIC, THERAPEUTIC AND SOCIAL SERVICES AREAS

(Complete one set of questions for each functional center)

FUNCTIONAL CENTER: _____

Mandatory for Chronic Care and Ambulatory Care are Physiotherapy, Occupational Therapy, and Social Work

No.	Ref.	Requirement	Documentation Required	Yes	No	N/A	Exp'd Compl.	Follow-up
13.1		Workload Measurement						
13.1.1		Has the Hospital defined a workload measurement system for the Allied Health? Is it consistent with the OHRs/MIS/OCCI Guidelines?	*WMS methodology					
13.1.2		If the Hospital is using modified WMS unit values, has the rationale and the methodology been documented?	*WMS methodology					
13.2		Data Quality Mechanisms						
13.2.1		Is there a plan to implement a data quality process whereby the workload captured by Case Costing is reconciled to the workload captured for the Statistical G/L?	Statement					
13.2.2		Has the Hospital devised an audit plan to ensure the reliability and validity of workload data?	Statement					
13.2.3		Does the Hospital have a process set up to monitor productivity ratios to ensure that they are realistic?	Statement					
13.3		Distribution of Costs						
13.3.1		Will the Hospital distribute supply costs using NWMS units or supply RVUs?	Statement					

APPENDIX A: CALCULATION OF PATIENT SPECIFIC COST DISTRIBUTION PERCENTAGE

Hospital: _____

Inst. No: _____

Fiscal Yr: _____

Functional Centre	Distr? (Y/N)	Total Direct Costs	% Inpat't	Total Inpatient Costs (1)	Inpatient Costs If Distr=Y(2)	Inpatient Costs If Distr=N(3)
71195 Patient Food Services						
71210 Medical						
71220 Surgical						
71230 Combined Med/Surg						
71240 Intensive Care						
71250 Obstetrics						
71260 Operating Room(s)						
71265 Post-Anaesthetic Rec						
71270 Paediatric						
71276 Psychiatry						
71280 Rehabilitation						
71295 Long-Term Care						
71310 Emergency						
71320 Poison Info Control						
71340 Day/Night Care						
71350 Clinics						
71410 Clinical Laboratory						
71415 Diagnostic Imaging						
71425 Electrodiagnosis						
71430 Other Diagnostic Labs						
71435 Respiratory Therapy						
71440 Pharmacy						
71445 Clinical Nutrition						
71450 Physiotherapy						
71455 Occupational Therapy						
71460 Audio&Speech/Lang h						
71465 Rehabilitation Eng.						
71470 Social Work						
71475 Psychology						
71485 Recreation						
71490 Child Life						
TOTALS						
Percentage Distributed						