Government of
Northwest Territories

Continuing Care Information System (CCIS)

Northwest Territories (NWT)

Home and Community Care (HCC) Manual

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Document Control and Approval			
Final Approval	Meagan Kugler, Manager CCIS	**Current Version**	1
Document Owner	CCIS Application Team	**Approval Date**	2026-11-12

Revision History			
Version	**Date**	**Author(s)**	**Revision Summary**

SECTION 1: INTRODUCTION

The Continuing Care Information System (CCIS) is a territorial digital platform designed to support Home and Community Care (HCC) and Long-Term Care (LTC) services. The Government of the Northwest Territories (GNWT) uses the CCIS for:

- Tracking service delivery for Nursing and Personal Support Workers (PSW)/Home Support Workers (HSW);
- Reporting Home Care Median Wait Time to the Canadian Institute for Health Information (CIHI); and
- HCC and LTC interRAI Assessments

CCIS provides a renewed method to track service delivery activities and service wait times. CCIS allows for the standardization of data across Northwest Territory regions and strengthens accountability for outcomes, reporting requirements, and future funding proposals.

Manual

This manual provides guidance on how to use the components of the CCIS system utilized by the GNWT. The intended audience for this manual includes NWT Health and Social Services Authority health professionals and administrators as well as Department of Health and Social Services staff.

To compliment this manual there are:

1. **In-System Guidance (Inline Help ⓘ)**
    - **Information Icons (ⓘ):** Built-in help icons appear beside specific fields and sections throughout trackers and forms. Select or hover over any ⓘ icon to view immediate field definitions, entry formatting rules, and required criteria without navigating away from your active screen.

2. Self-Directed Learning (CCIS Hub)

For training materials and reference documents, access the **CCIS Hub** to review:

- **Video Modules:** Step-by-step walkthroughs demonstrating end-to-end workflows.
- **Frequently Asked Questions (FAQ):** Curated answers addressing common workflow scenarios, system behaviors, and operational troubleshooting.

⚠ Note: CCIS HUB link is on the top of each tracker in the CCIS. To access the link through the trackers right click on the link to open it in a new window; otherwise, it will not open/ an error screen will appear.

Errors & Corrections

When data entry errors occur, such as entering incorrect visit details or selecting the wrong reason, CCIS does not permit records to be deleted. To maintain audit integrity, entries are instead marked as "errored out." When an entry is errored out, the system applies a strikethrough to the text. The data remains in the system to preserve the full history of the client record but indicates that the entry has been invalidated.
For any issues with duplicated client records, please submit a formal support ticket via the CCIS IT Ticket Submission Process for the CCIS team to manage

Permissions & System Visibility

- **Author Permissions:** Users can only error out entries that they create. Users cannot modify or error out records entered by another user.

- **System Visibility:** All user roles can view errored-out entries within **a** client record. Displaying the strikethrough to all staff maintains clinical transparency across the care team while preserving the historical audit trail.
- **Activity Tracking:** All user activity within CCIS, including data entered, viewed and changed, is tracked and logged for audit purposes.

Privacy

- All users of the CCIS system must use their GWNT Health and Social Services single sign on credentials to access CCIS.
- Privacy safeguards are in place for the CCIS system including:
    - Role based access categories to limit users from only accessing aspects needed to conduct their role;
    - Audit and report features that allow operational audits and system audits to all user movement within the system;
    - Inactivity timeout limits
        - If a user has more than 10 minutes of inactivity, CCIS will automatically sign the user out. Any unsaved data will be lost.
- All system examples and screenshots depicted in this manual utilize fictional client health information generated within the Train environment of CCIS

Technical Support & Ticket Escalation

If users encounter a system defect, permission conflict, or issue that cannot be resolved using the CCIS Hub, users are to:

- Submit a formal support ticket via the **CCIS IT Ticket Submission Process**.
    - When submitting a ticket, include as much information as possible on the form, to inform the CCIS Support Team.

This manual will be updated as required with the current version located on the CCIS Hub.

SECTION 2: GETTING STARTED IN CCIS

Training and Orientation

To attain access to CCIS, the user must request access to the CCIS Training environment and complete the necessary CCIS training. Training requirements vary depending on the operational role of the user. The required training modules are on the CCIS Hub under the "Training and Orientation" page. Once training is completed, the user must request access to the CCIS LIVE environment using the same request process.

Getting Access – Summary

1. Request access to the Training environment (see Requesting System Access below).
2. Once approved, the user will receive a web link to the Training environment and login credentials.
3. Complete the role's required training modules (See CCIS Hub -> ***Training and Orientation***).
4. Request access to LIVE environment using the same process.
5. Once approved, the user will receive a web link to the LIVE environment, and the user'slogin credentials will be updated.

Requesting System Access

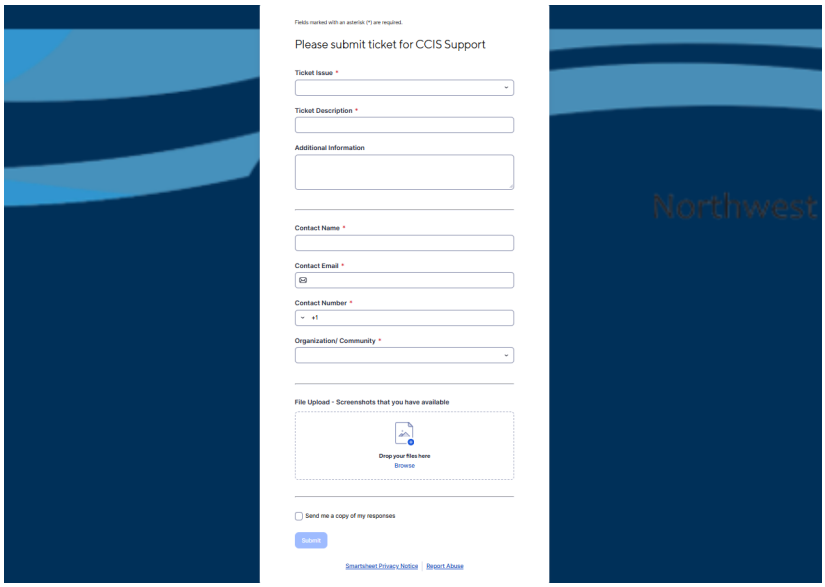
1. Go to the CCIS Hub and download the *CCIS User Access Request form*.
2. Complete the form, indicating which environment is needed (Training or Live).
3. Attain the user's manager or supervisor's signature on the form.
4. Submit the request as a support ticket (see: Submitting a Support Ticket below. Use "Account & Login Issues" as the ticket category and attach the signed form).

Submitting a Support Ticket

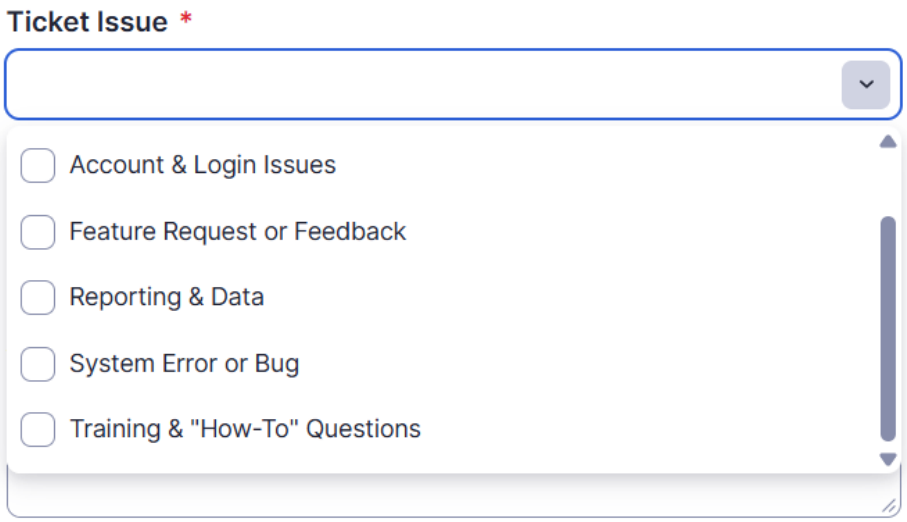
The CCIS Ticket Submission Form handles additional requests aside from account and login issues. This process is also used for Feature Requests, or Feedback, Reporting & Data Issues, System Errors or Bugs, and Training or "How-To" questions.

To complete a CCIS IT Ticket form in 5 steps:

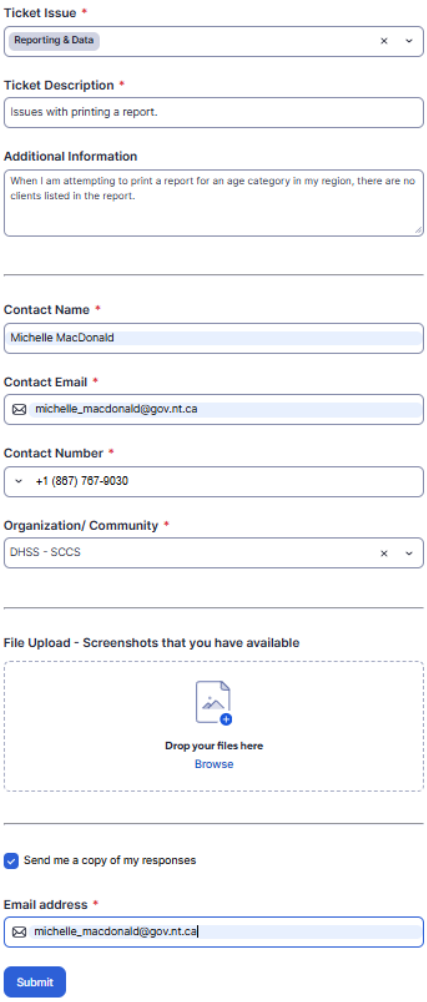
1. Open the CCIS IT Ticket form in any browser.



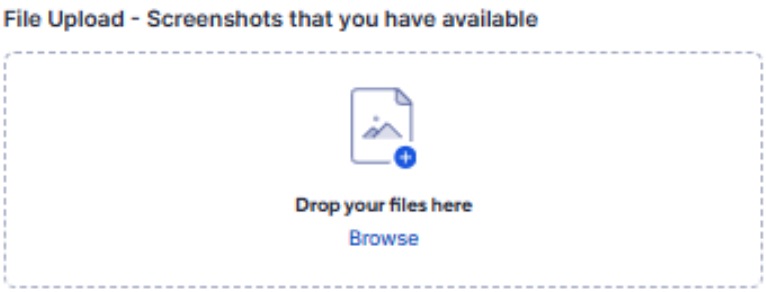
2. Select the applicable *Ticket Issue* category from the dropdown (Note: you may select more than one).



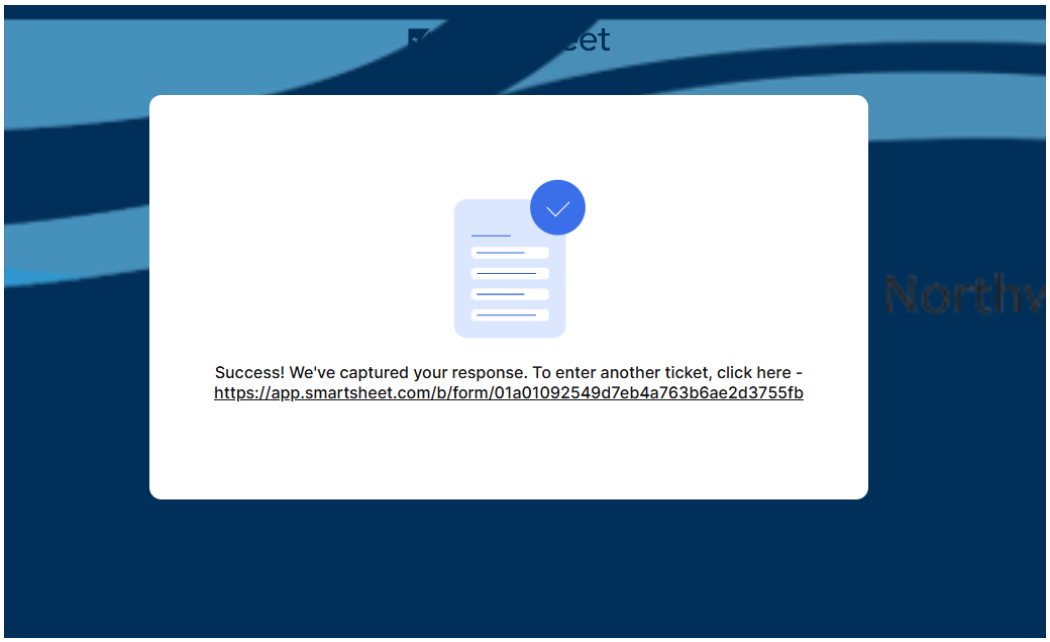
3. Complete the required fields (marked with a red asterisk *) including a *Ticket Description*, your contact information and your *Organization/Community*.



4. Attach any relevant screenshots or supporting files (Note: For an access request, upload the signed CCIS User Request form here).



5. Click **submit.** The CCIS team will review and follow-up.

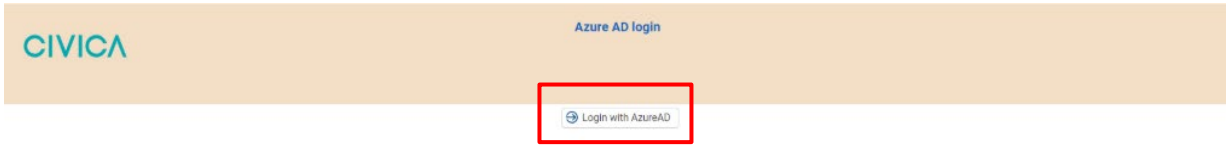


First Login: What to Expect

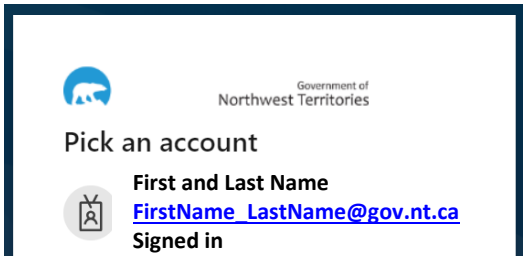
The CCIS can be accessed through any web browser for both the Train and Live environments when linked to the GNWT network. To log in, use your GNWT Single Sign-On (SSO) credentials—this is the same username and password used to log into your GNWT work computer.

Logging In

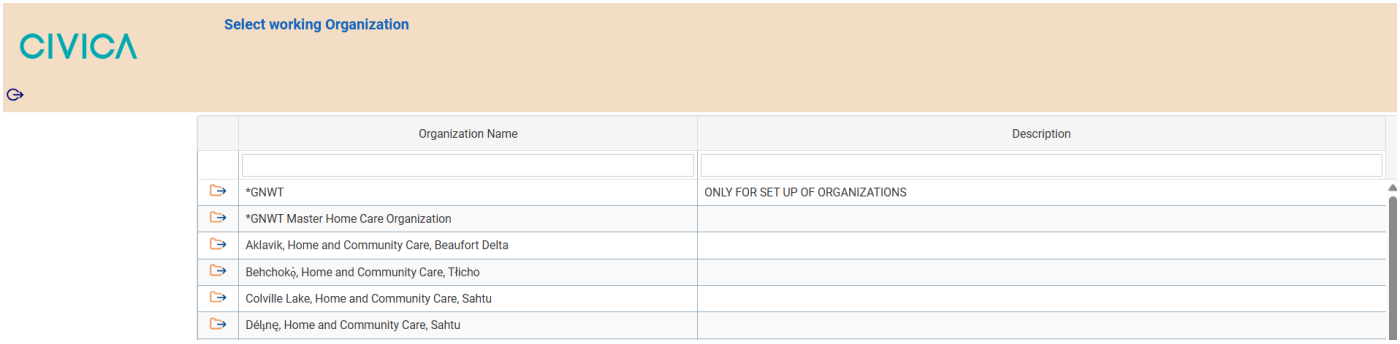
1. Open the CCIS website link in any browser and click the **Login with AzureAD** button.



2. Select your GNWT account from the pop-up window.

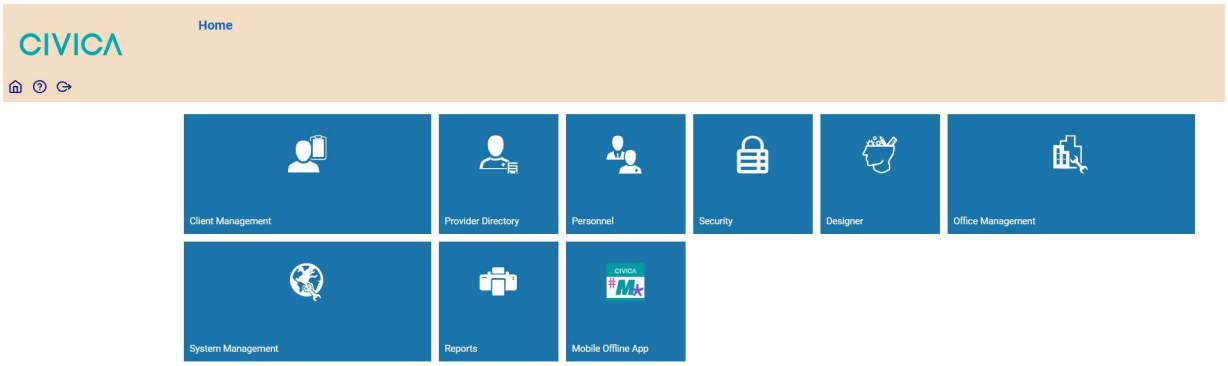


3. Select the *organization* assigned to your role.



TIP: If you select the wrong organization, depending on your role, you may need to log-out and re-log back in and select the correct organization.

4. You will land on the home page, showing the module tiles available for your role (next page).



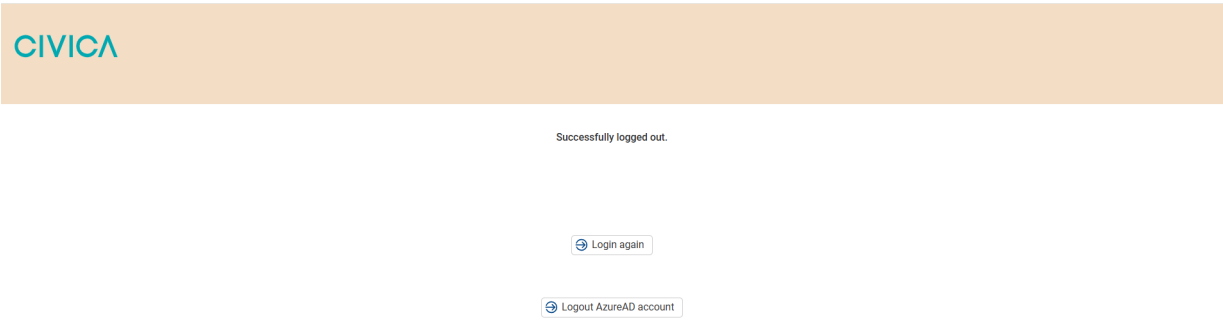
Logging Out

To safeguard client privacy, always log out before leaving your workstation. Do not rely on the 10-minute automatic time-out.

1. Click on the **Log Out** button that will always be in the same location no matter where you are in CCIS.



2. Once the system confirms you are logged out, close all browser windows completely.



SECTION 3: HOME AND COMMUNITY CARE SERVICE DELIVERY TRACKING WORKFLOW

Overview

The Home and Community Care Service Delivery Tracking Workflow (Workflow) outlines the journey of a home and community care client within the CCIS from referral to discharge. The Workflow is organized into four stages:

Stage 1: Client Set-Up

This stage involves receiving a referral for service, searching for the client in the CCIS (and adding the client to CCIS if needed), and opening the client case. This stage also involves determining whether the referral is the first referral for the client in the fiscal year or not. This is a critical step in the CIHI Wait Time tracking.

Stage 2: Intake

This stage involves the completion of the intake assessment to determine if the client is eligible to enter the program or not. This stage also includes the completion of a Service Delivery Tracker (SDT) for Nursing to capture the activities related to referral received, intake assessment completed, and if any services were delivered in the first encounter.

Stage 3: Service Provision

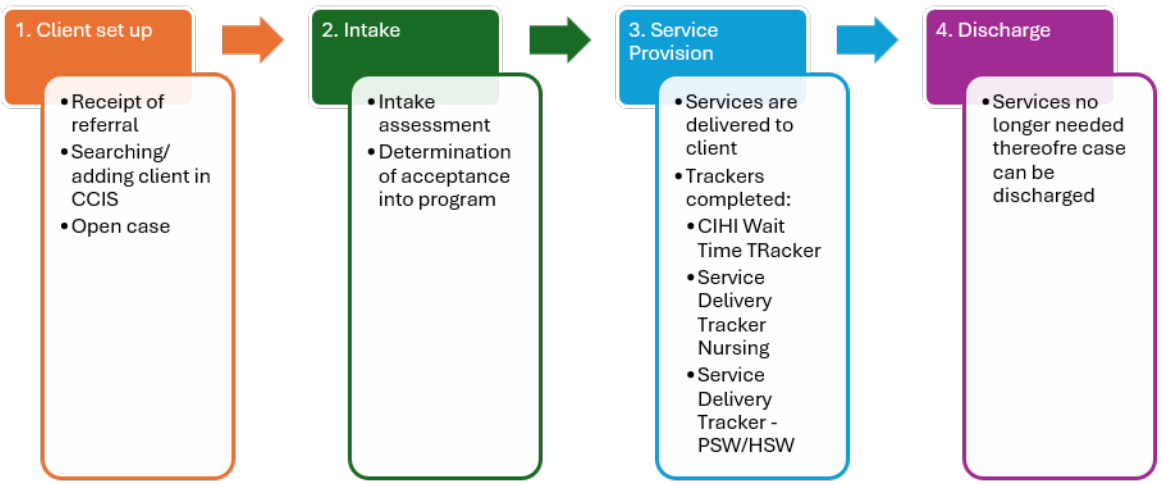
This stage is when home and community care services are delivered to the client.

- CIHI Wait Time Tracker
  - To be completed once per client per fiscal year
  - Captures the dates of First Care Event, First Home Health Event and First Home Support Event
- Service Delivery Tracker – Nursing
  - To be completed after each Nursing service delivery encounter with the client
- Service Delivery Tracker – PSW/ HSW
  - To be completed after each PSW/ HSW service delivery encounter with the client

Stage 4: Discharge

This stage is when the services end for the client (e.g. services no longer need, care goals met), and the client is discharged from the program. The client case becomes inactive, but the client file remains in the CCIS management.

The Workflow is outlined in Figure 1 on the following page.



Stage 1: CLIENT SETUP

This stage involves receiving a referral for service, searching for the client in the CCIS (and adding the client to CCIS if needed), and opening the client case. This stage also involves determining whether the referral is the first referral for the client in the fiscal year or not. This is a critical step in the CIHI Wait Time tracking.

This is you if:

- A referral has been received, or you need to pull up a client's record to begin or continue their care .
- You have confirmed the client is notin CCIS yet, and you need to add them.
- The client is already in CCIS, but their case needs to be opened (or reopened) for this referral.
- You need to determine whether this is the client's first referral within the fiscal year, for CIHI Wait Time tracking purposes.

Finding a Client

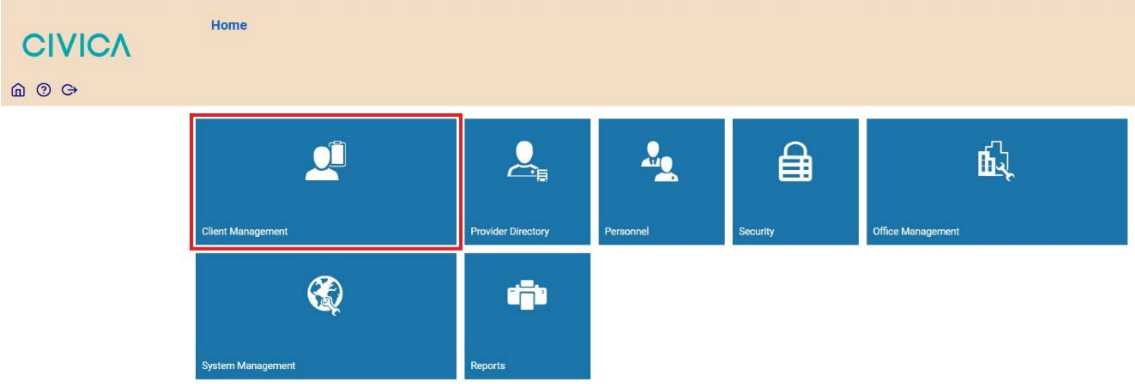
First step to find a client is to search CCIS to confirm if the client is in the CCIS system already. This is critical to prevent duplicate files of the same client in CCIS.

⚠ **Mandatory Search Order:** Always search locally within CCIS first. Only search the Client Registry if the local search returns no record for the client

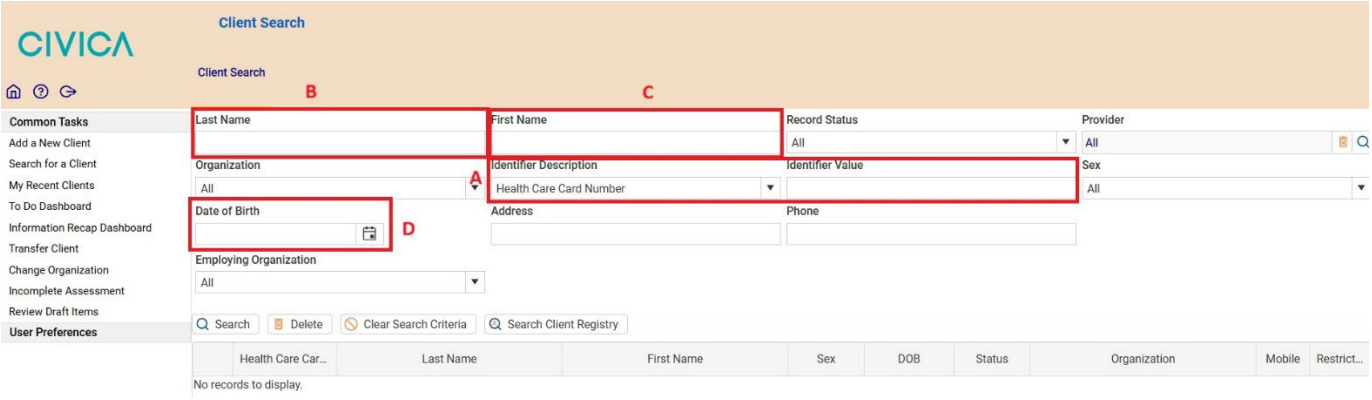
⚠ **Client Identification (Required):** Confirm client identity using at least two identifiers before opening any client file – Health Care Card Number (HCCN) first, then Last Name and First Name or DOB or phone number.

Searching Locally (Scenario A – Client already in CCIS)

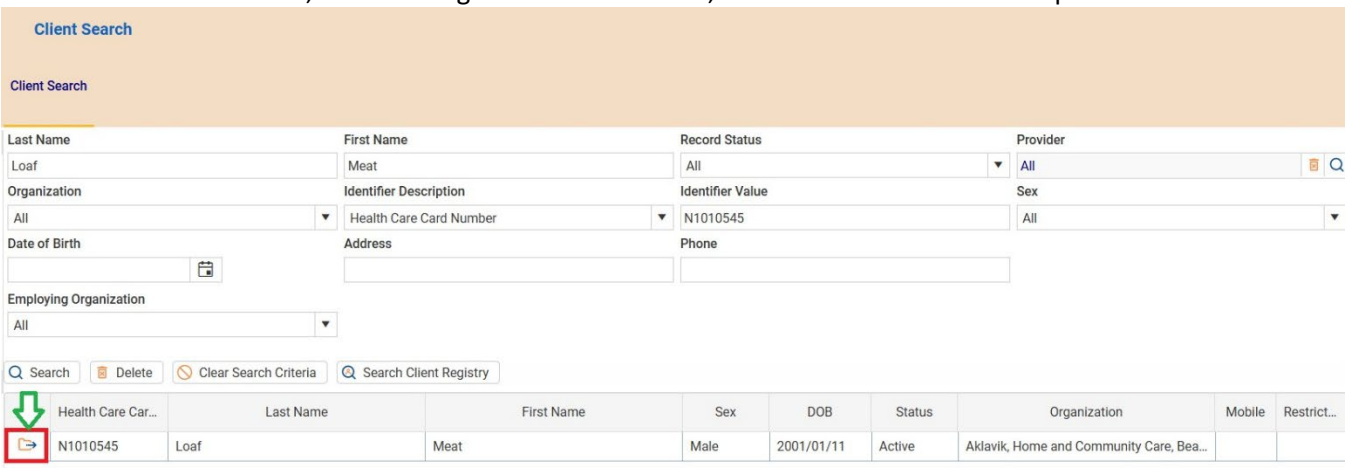
1. To locate a client in the CCIS, navigate to the **Client Management** module tile from the home screen (See next page).



2. Enter at least two client identifiers, prioritizing the *Health Care Card Number* (*Identifier Value* field) first (A), followed by *Last Name (B)*, *First Name (C)*, or *Date of Birth (D)*. Fields outlined in red are mandatory.
Do not change the defaults of "All" in the populated fields.



3. When a match is found, confirm it against two identifiers, then select the file icon to open the record.



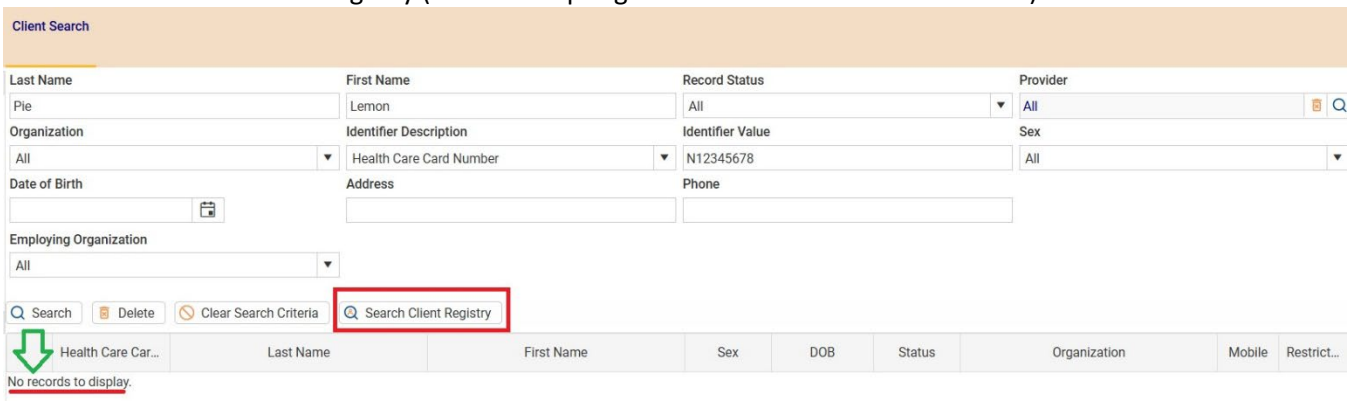
⚠ If a client search returns a case that is still "Active", confirm whether services from the previous referral or fiscal year are finished before proceeding. Leaving a case open after services have ended can impact future referrals and CIHI Wait Time reporting for the client.

Next step: Based on what that search turns up, you will land in one of three scenarios:

Scenario A – Client already in CCIS: A match was found locally. Continue to Opening a Case, below.
Scenario B – Client not found locally: No local match. Continue to Searching the Client Registry, below.
Scenario C – Client not found anywhere: No match locally or in the Registry. Continue to Adding a New Client-Method 1 below.

Scenario B: Searching the Client Registry

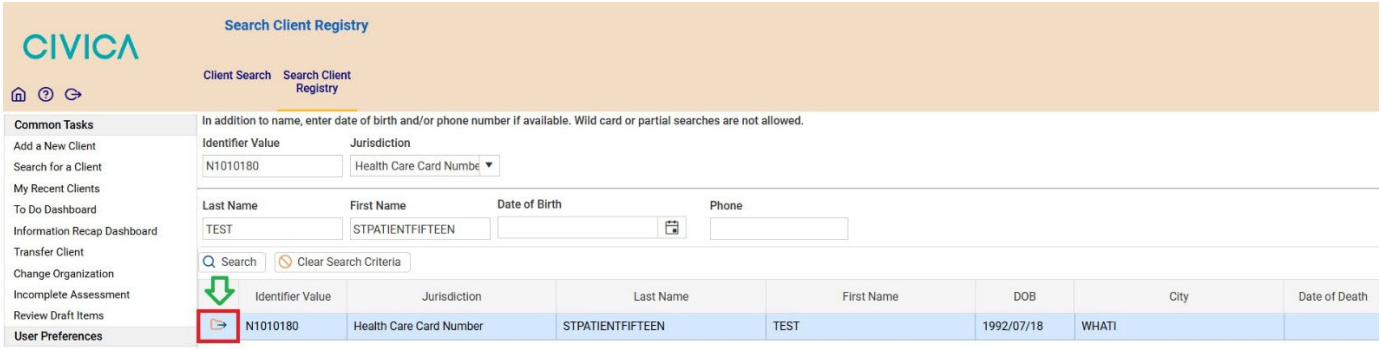
1. Select the Search Client Registry (after attempting a search with no returned results) button.



2. This opens a new page. Enter the *Health Care Card Number (HCCN)* first, followed by *Last Name* and *First Name*. Add *Date of Birth* and/or *Phone Number* if available, then click Search.



3. When a match is found, select the file icon. (Next Page)



4. If a match is found, CCIS automatically opens the ***Add a Client*** screen with the client's information pre-filled. Continue to Adding a New Client – Method 2, below. If no match is found, continue to Adding a Client – Method 1, below.

Field Reference for Client Search

Organization Name	Dropdown (Check ALL, single select, or select specific communities within the health authorities that user has access to)
Last Name	Client's legal surname.
First Name	Client's legal first name.
Record Status	Tracks where the client is in the ADT process form referral through discharge.
• *Active*	A client associated with an open HCC case who is engaged in active service delivery.
• *Closed*	Case is fully closed. Not receiving any home care services.
• *Inactive*	Client is not actively receiving Home Care Services at this time.
• *Inactive Deceased*	Case closed because the client has passed away. Auto-fills if the Deceased checkbox is selected.
• *Preliminary*	Referral received, client record exists in CCIS, client is awaiting or undergoing intake assessment.
Provider	The person providing services
Organization	The designated health authority responsible for coordinating the client's home care episode.
Identifier Description	Displays the primary identifier designated in the Organization Management module.
Identifier Value	Unique client identifier number
Sex	Client's documented sex designation (Female, Male, or X) for clinical records and territorial reporting.
Date of Birth	Client's date of birth in YYYY-MM-DD format used to confirm identity match.
Employing Organization	Organization which the service provider is currently employed.

Adding a New Client

If this is you:

- A local CCIS search *and* a Client Registry search both returned no match, you will need to create a brand-new client profile (Method 1)
- A Client Registry search found a match, but that client is not yet in CCIS, you will need to add them using that Registry match (Method 2)

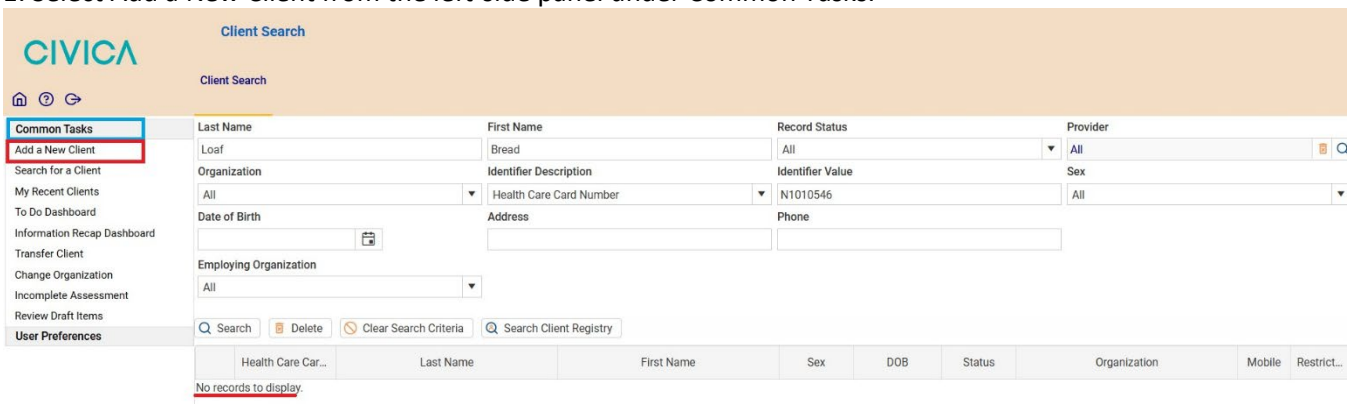
There are two methods to add a client to CCIS:

- **Method 1 – Add a New Client:** This is used when no search results were found in both the local search and the Client Registry search, and a new profile needs to be created for the client in CCIS.
- **Method 2 – Add a New Client from Client Registry:** This is used when there were no search results found in the local search but there was a correct match found in the Client Registry search. In this example, the client and their information is to be pulled from the Client Registry into CCIS.

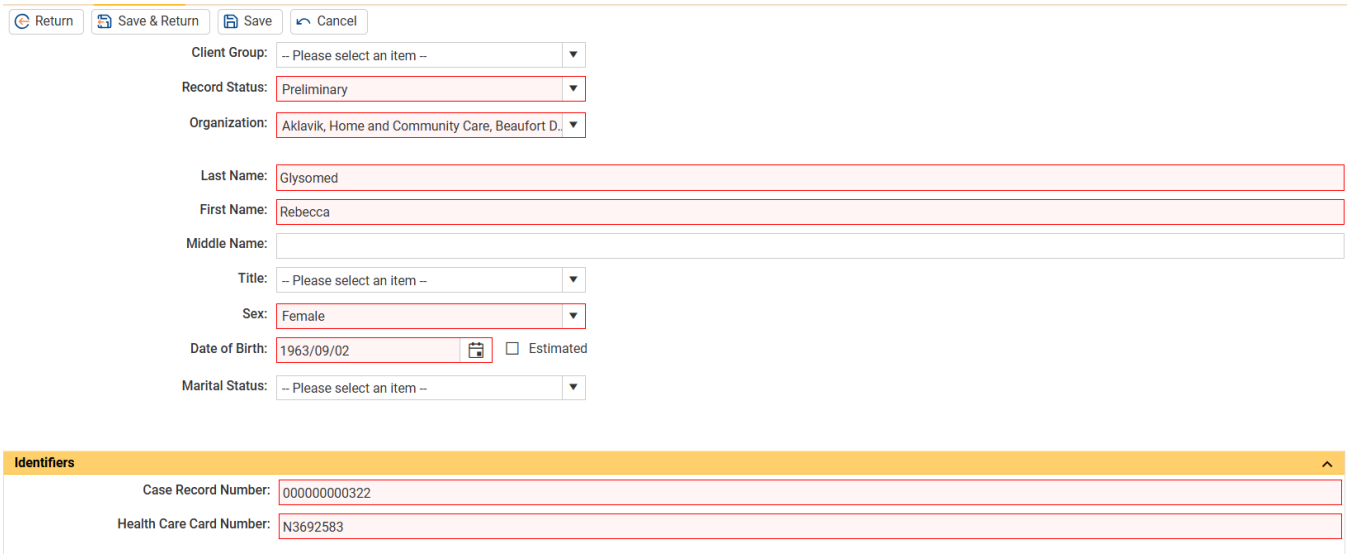
ℹ *CCIS does not push data back to the Client Registry. It only pulls client demographics from the Registry. Any demographic information entered or edited in CCIS stays in CCIS and will not update the Registry record. Enter only what is necessary; do not rely on CCIS to correct or maintain Registry-level demographic data.*

Method 1 – Add a New Client

1. Select Add a New Client from the left-side panel under Common Tasks.



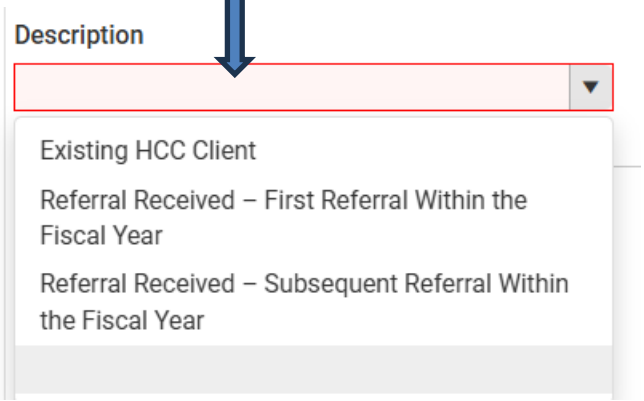
2. Complete the mandatory fields (outlined in red):
   a) *Record Status*:
      - If the client is already receiving HCC services, select "Active"; or
      - If this is a new referral, leave it as "Preliminary".
   b) Verify the *Organization* (community) is correct.
   c) Enter *Last Name, First Name, Sex, Date of Birth*, and *Health Care Card Number*. Other fields are optional.



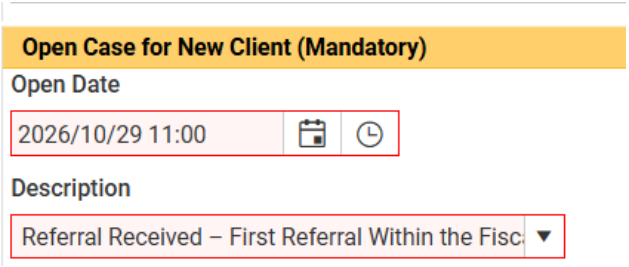
⚠ **Do not change the Case Record Number as this is system generated.**

3. Scroll to the **Open Case** for *New Client (Mandatory)* section at the bottom of the screen:
   a) *Open date*: Enter the date of referral or hospital discharge.
   b) *Description:* Select the reason the case is being opened from the dropdown

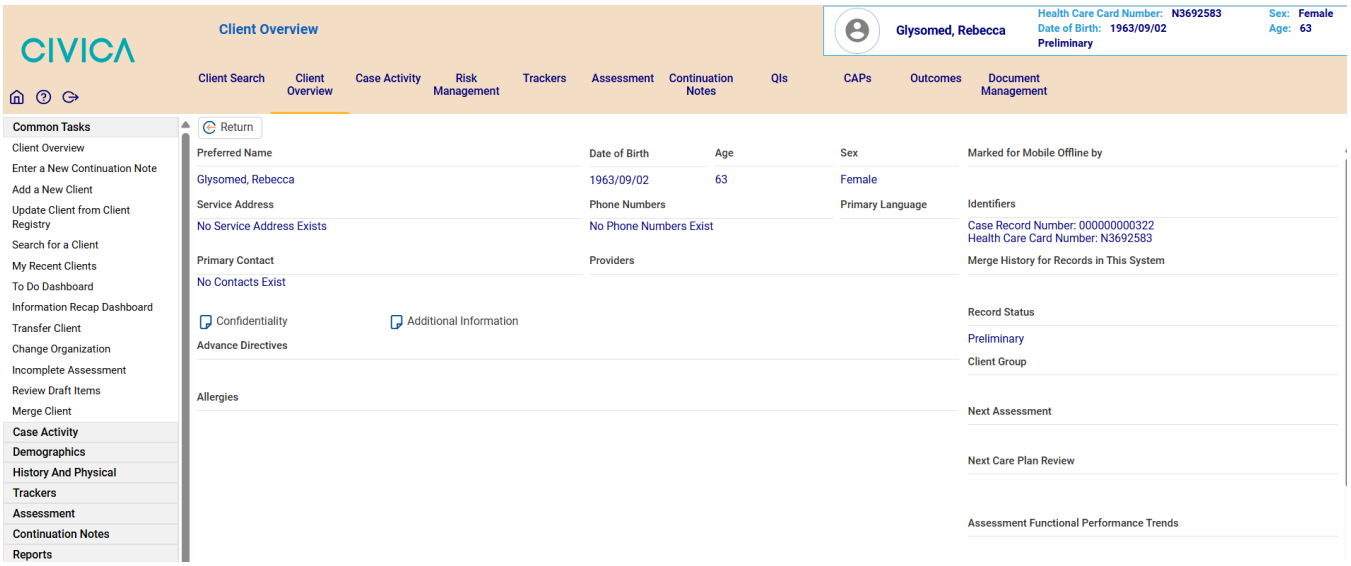




Existing HCC Client	If the client is already accessing HCC services
Referral Received – First Referral Within the Fiscal Year	The first new referral received between April 1st – March 31st of that fiscal year.
Referral Received – Subsequent Referral Within the Fiscal Year	Subsequent referral received between April 1st – March 31st of that fiscal year.



4. Click the **Save & Return** button. This opens the ***Client Overview*** screen, confirming the client was added. (Next Page)



Method 2 – Add a New Client from Client Registry:

1. From the match found in the Client Registry search, confirm the client profile match has at least two identifiers, *Health Care Card Number* (HCCN) first, followed by *Last Name* and *First Name,* that are the same as the intended client. Review the rest of the auto-populated information for accuracy, and complete any mandatory fields still outlined in red:

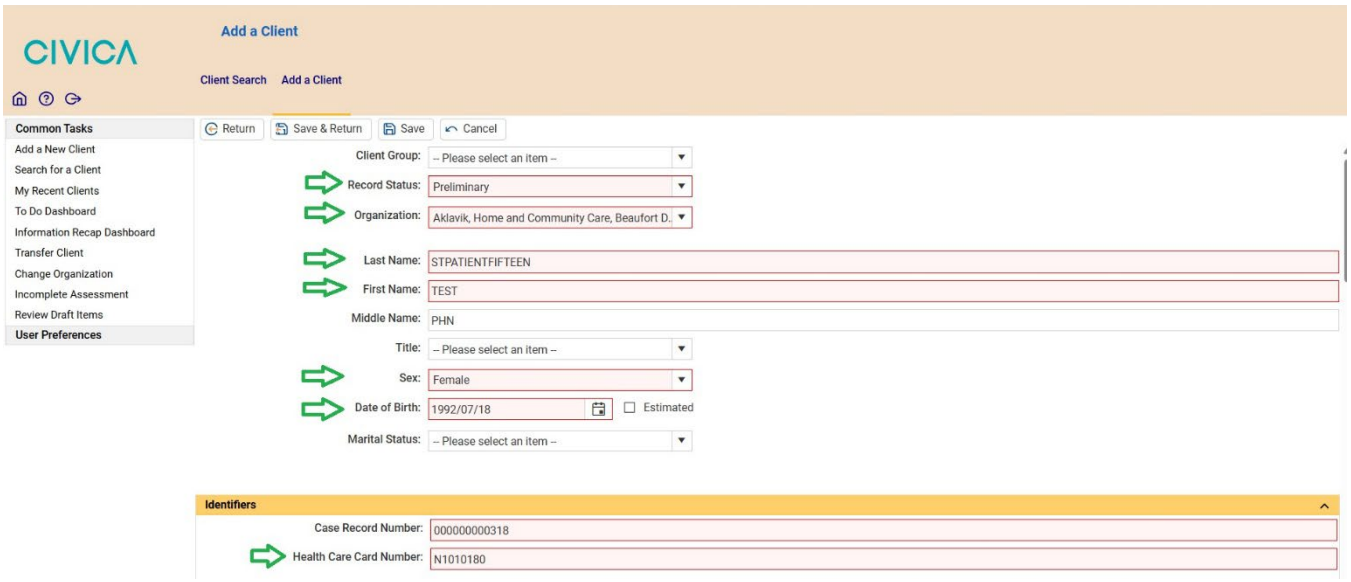
a) *Record Status*:
   - If the client is already receiving HCC services, select “Active”; or
   - If this is a new referral, leave it as “Preliminary”.

b) Verify the *Organization* (community) is correct.

c) Add any additional details if available (optional).

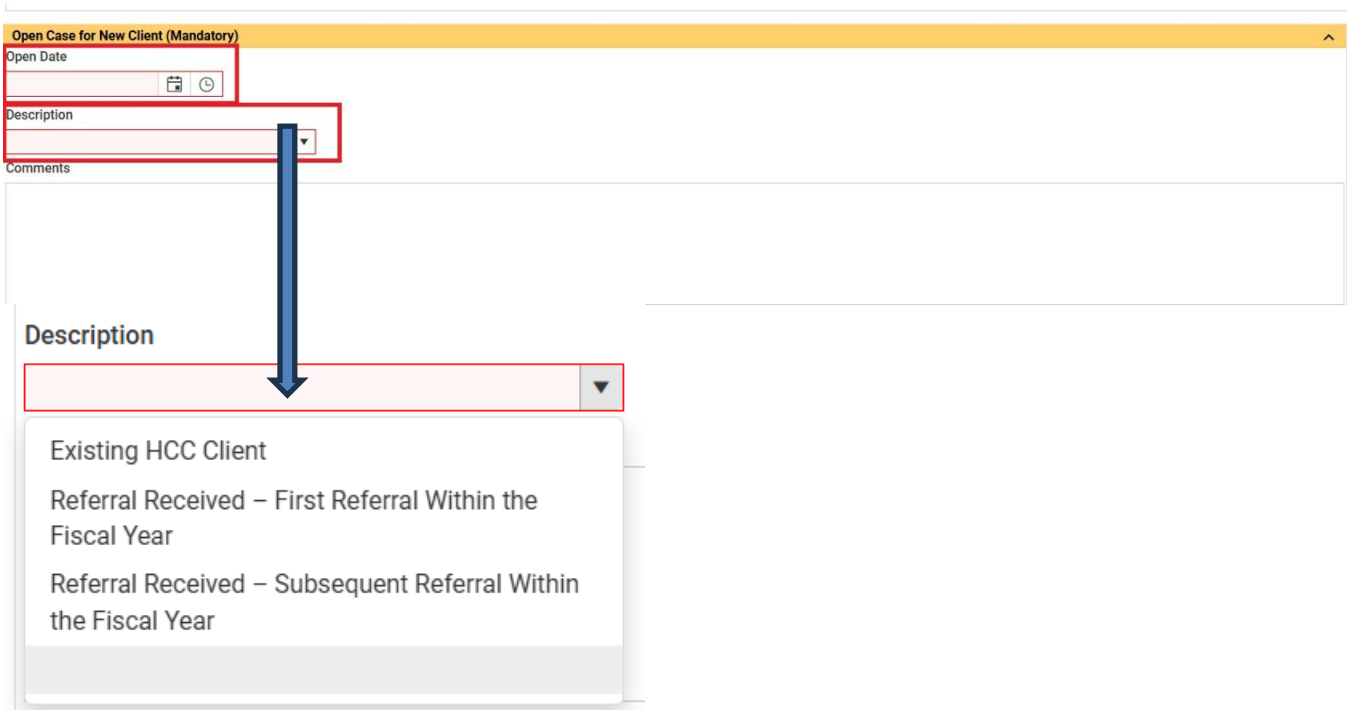
⚠ Do not change the Case Record Number as it is system generated.

See next page.



2. Scroll to the *Open Case for New Client (Mandatory)* section at the bottom of the screen, and complete *Open Date* and *Description* (same as Method 1).

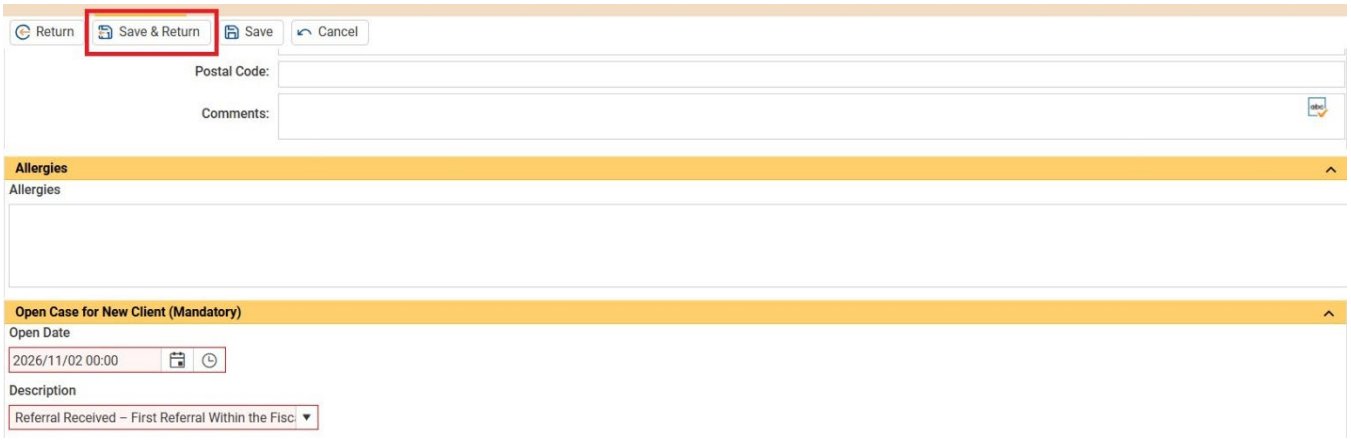
a) *Open date:* Enter the date referral or hospital discharge date
b) *Description:* Select the reason the case is being opened from the dropdown:



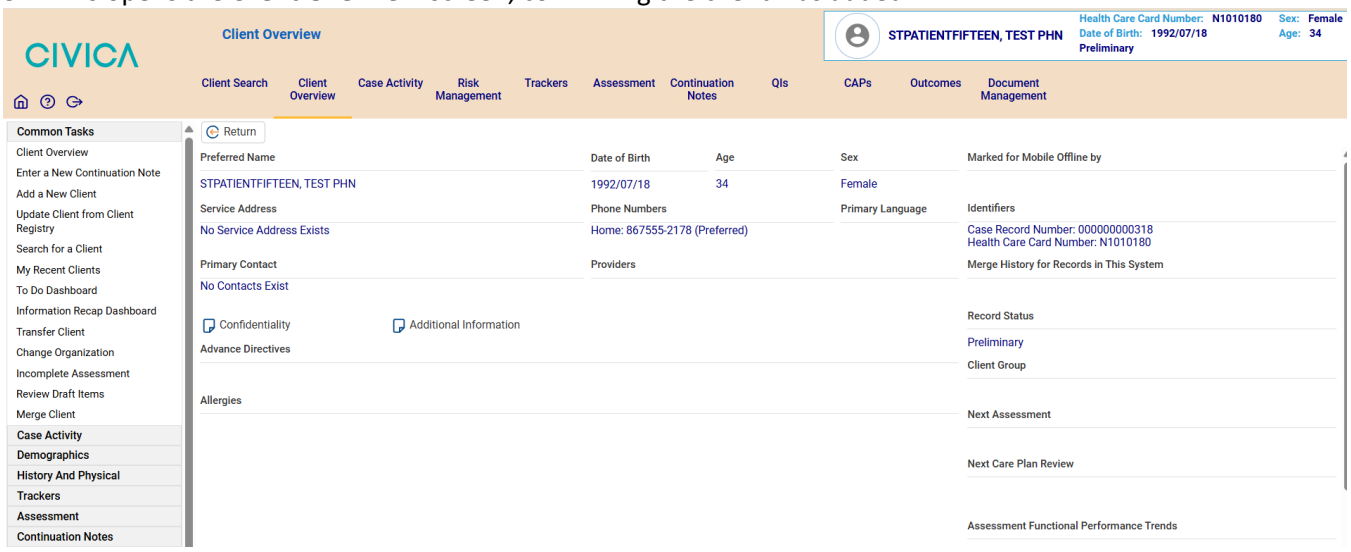
Existing HCC Client	If the client is already accessing HCC services
Referral Received – First Referral Within the Fiscal	The first new referral received between April 1st –

Year	March 31st of that fiscal year.
Referral Received – Subsequent Referral Within the Fiscal Year	Subsequent referral received between April 1st – March 31st of that fiscal year.

3. Click the **Save & Return** button.



5. This opens the ***Client Overview*** screen, confirming the client was added.



Field Reference for Adding a New Client

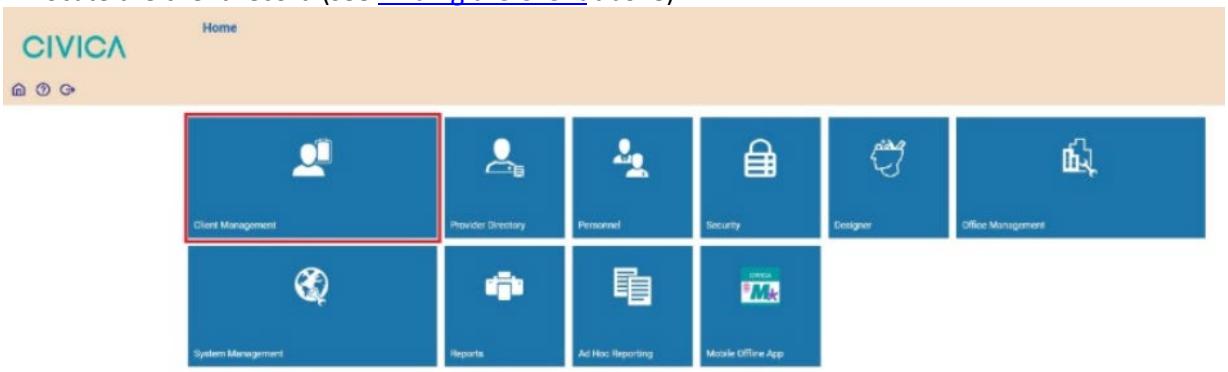
Record Status	Tracks where the client is in the ADT process form referral through discharge.
Active	A client associated with an open HCC case who is engaged in active service delivery.
Preliminary	Referral received, client record exists in CCIS, client is awaiting or undergoing intake assessment.
Organization	The designated health authority responsible for coordinating the client's home care episode.
Last Name	Client's legal surname.
First Name	Client's legal first name.

Sex	Client's documented sex designation (Female, Male, or X) for clinical records and territorial reporting.
Provider	Filter option to narrow search by the assigned service provider.
Organization	The designated health authority responsible for coordinating the client's home care episode.
Identifier Description	Displays the primary identifier designated in the Organization Management module.
Identifier Value	Unique client identifier number
Sex	Client's documented sex designation (Female, Male, or X) for clinical records and territorial reporting.
Date of Birth	Client's date of birth in YYYY-MM-DD format, used as a key demographic identifier.
Case Record Number	System-generated unique file identifier assigned automatically upon record creation in CCIS.
Health Care Card Number	Territorial health care card number (HCCN) used as the primary client identification number.
Open Date	Date and time (YYYY-MM-DD HH:MM) when opening a new record for client.
Description (Open Reason)	Mandatory documented rationale explaining why a new case episode is opened for an existing client.

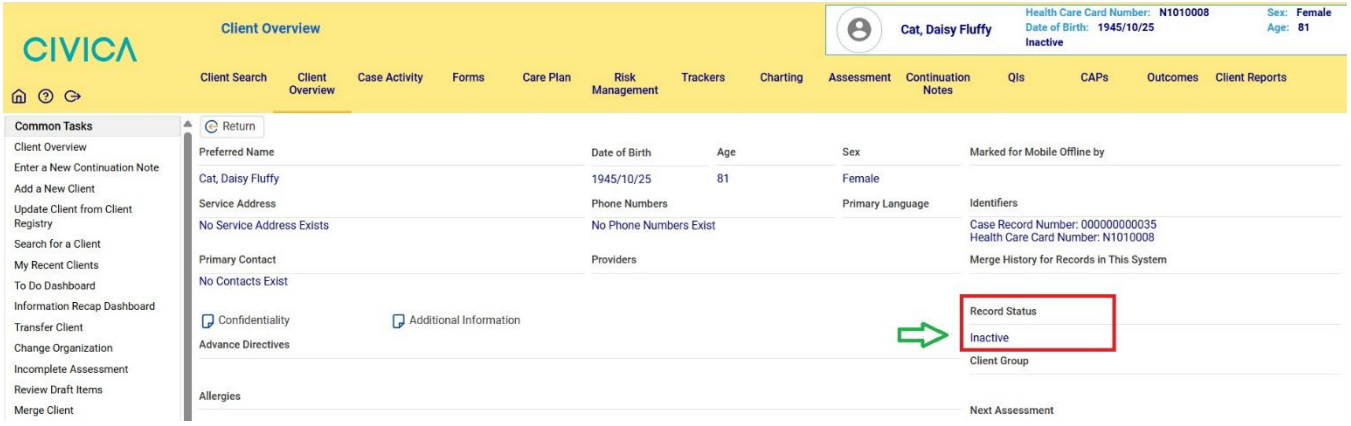
Opening a Case for an Existing Client

If this is you: Your search located an existing client whose *Record Status* shows *Inactive*.

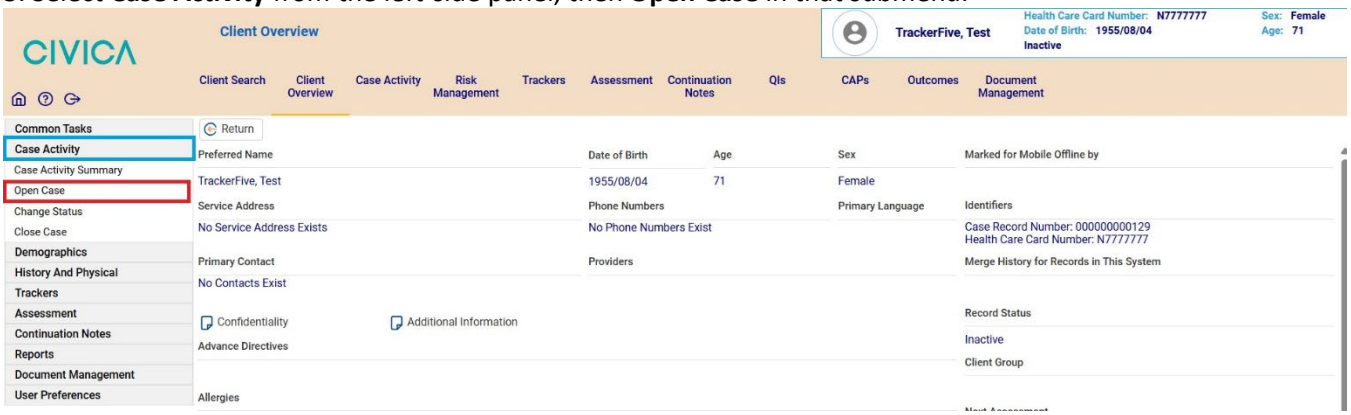
1. Locate the client record (see Finding the Client above)



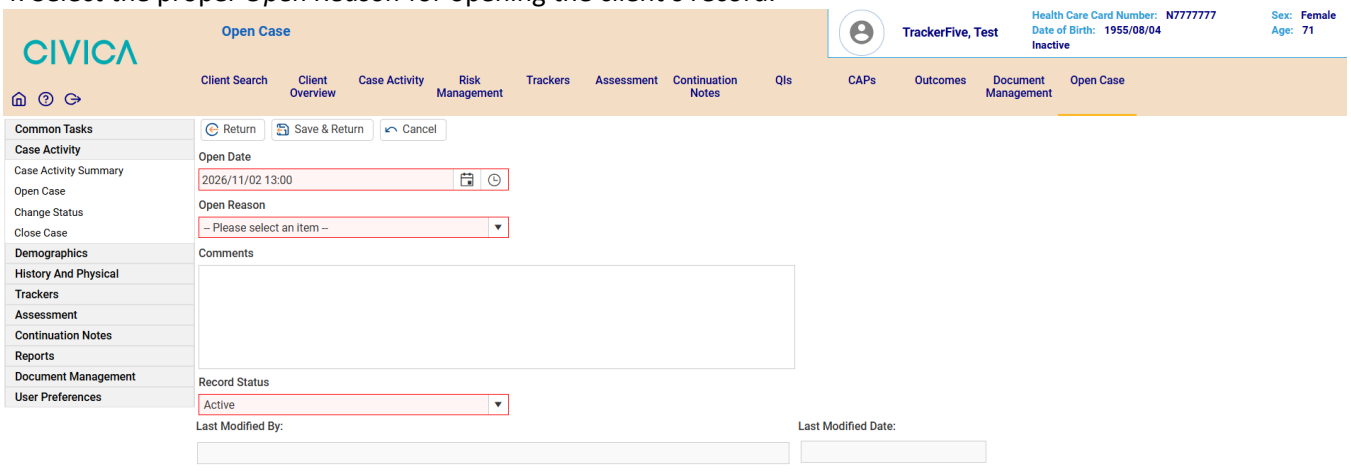
2. Confirm the client's *Record Status* displays "Inactive" on the ***Client Overview*** page.

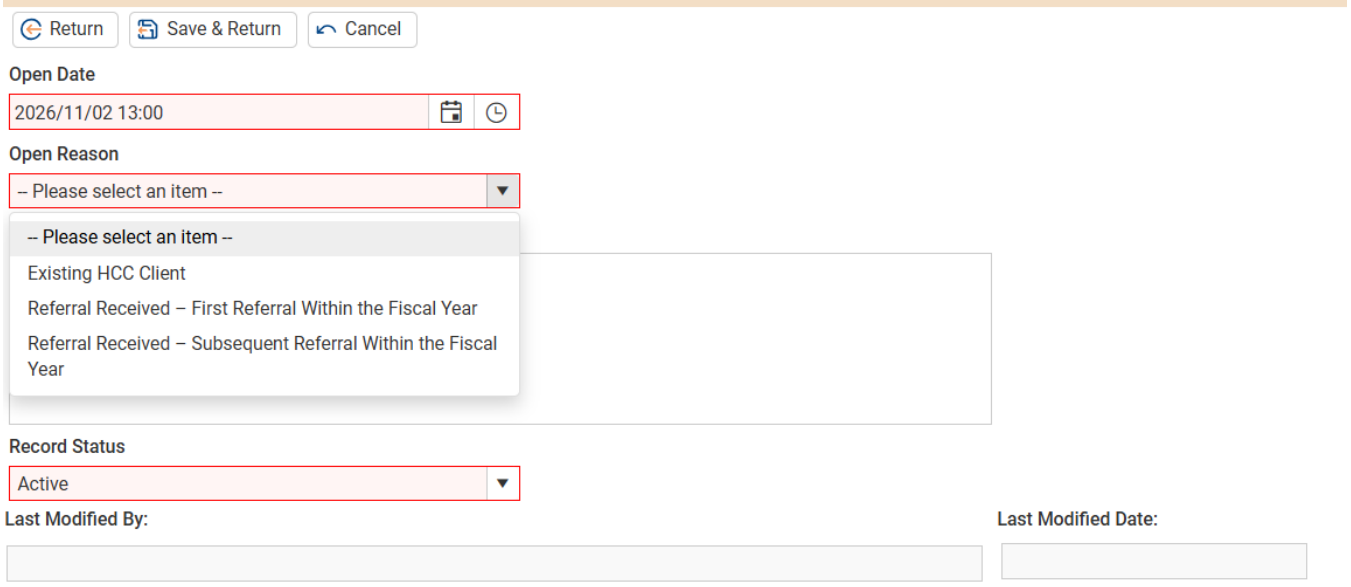


3. Select **Case Activity** from the left-side panel, then **Open Case** in that submenu.



4. Select the proper *Open Reason* for opening the client's record.

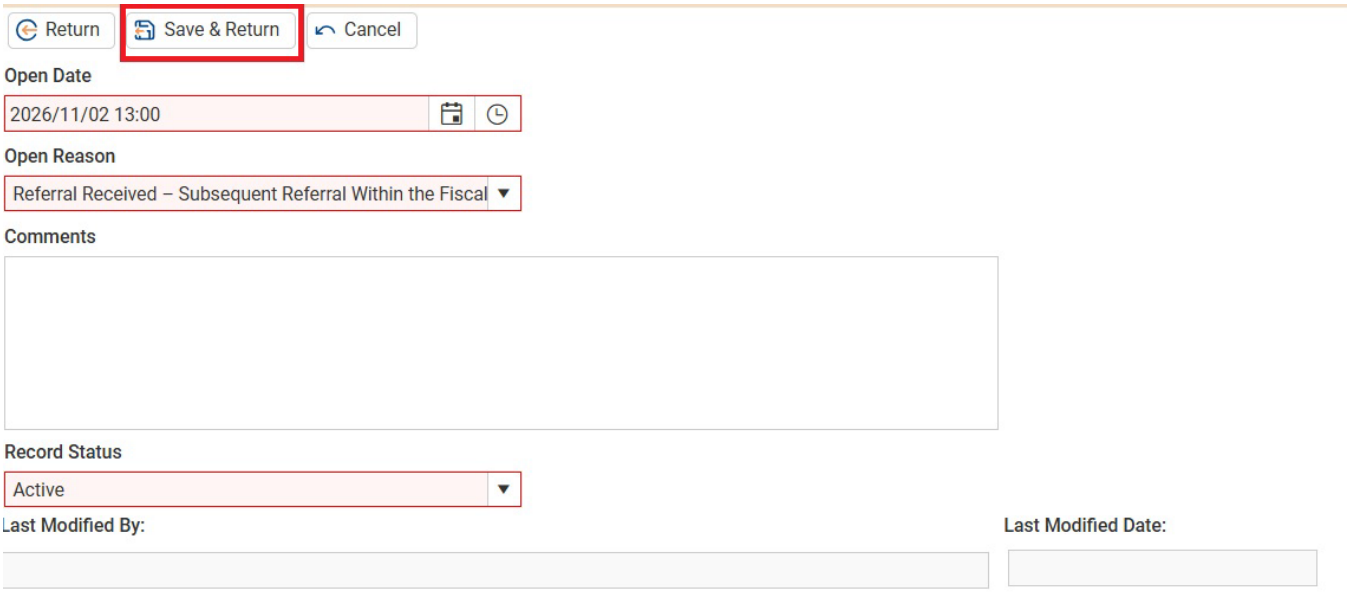




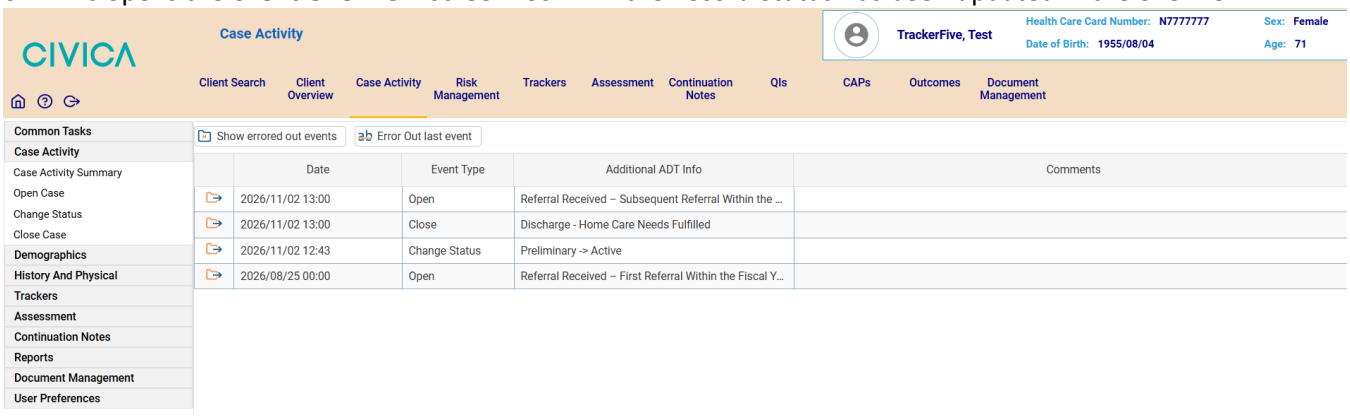
Existing HCC Client	If the client is already accessing HCC services

Referral Received – First Referral Within the Fiscal Year	The first new referral received between April 1st – March 31st of that fiscal year.
Referral Received – Subsequent Referral Within the Fiscal Year	Subsequent referral received between April 1st – March 31st of that fiscal year.

5. Once you have selected the *Open Reason*, click on **Save & Return** button.



6. This opens the ***Client Overview*** screen. Confirm the *Record Status* has been updated in the overview.



Field Reference for Opening a Case for an Existing Client

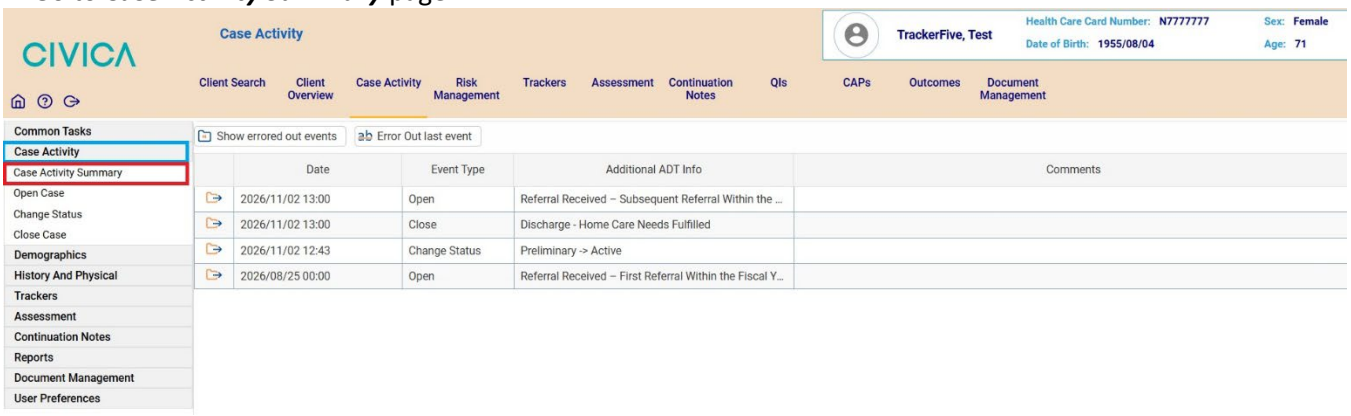
Open Date	Date and time (YYYY-MM-DD HH:MM) when reopening a case for an existing inactive client.
Open Reason	Mandatory documented rationale explaining why a new case episode is

	opened for an existing client.
Record Status	Tracks where the client sits in the ADT process from referral through discharge.
Active	A client associated with an open HCC case who is engaged in active service delivery.
Preliminary	Referral received, client record exists in CCIS, client is awaiting or undergoing intake assessment.
Last Modified By:	System-tracked username of the healthcare provider or user who last updated this case record.
Last Modified Date:	System-generated timestamp (YYYY-MM-DD HH:MM) indicating when this case record was last modified.

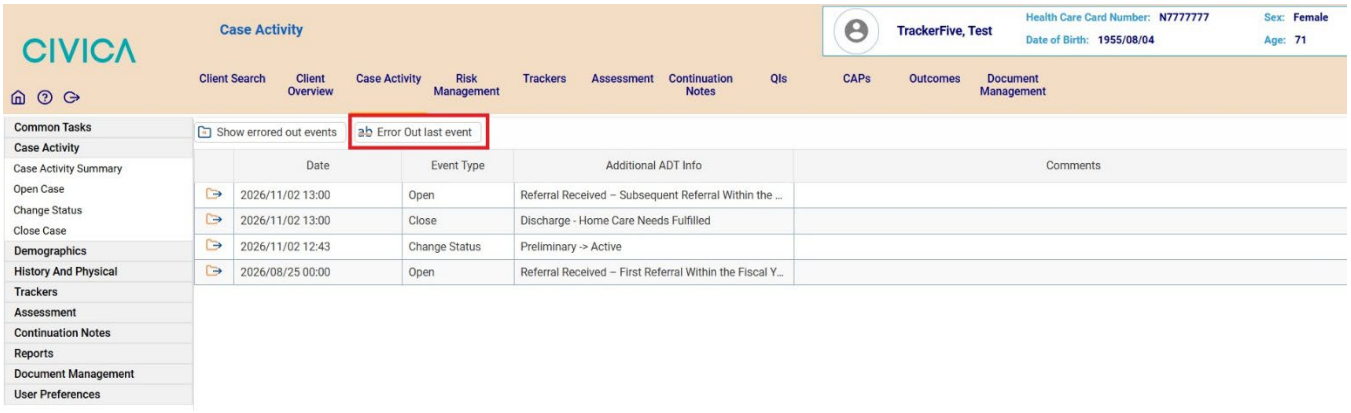
Correcting a Mistake

If you select the wrong *Open Reason,* you can remove it without losing your audit trail.

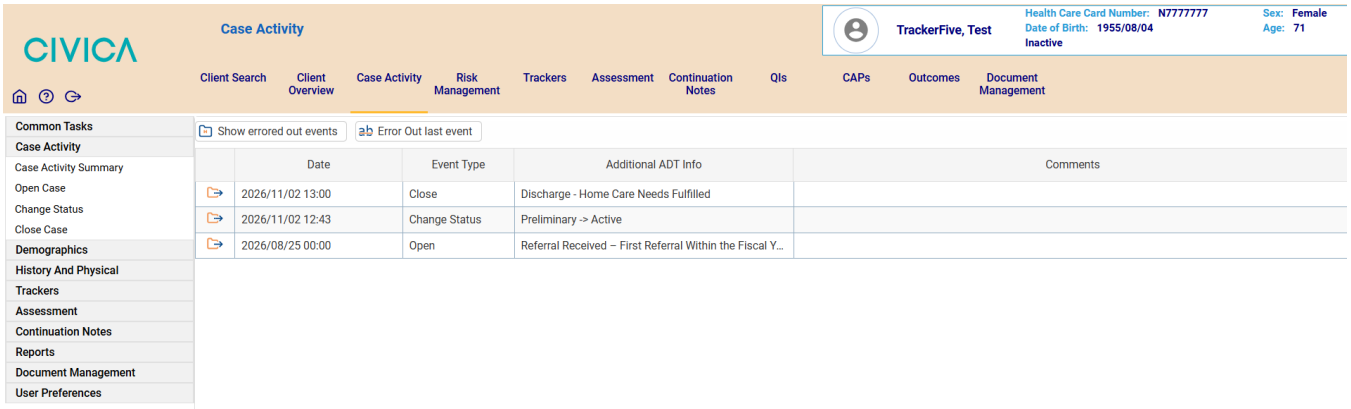
1. Go to ***Case Activity Summary*** page



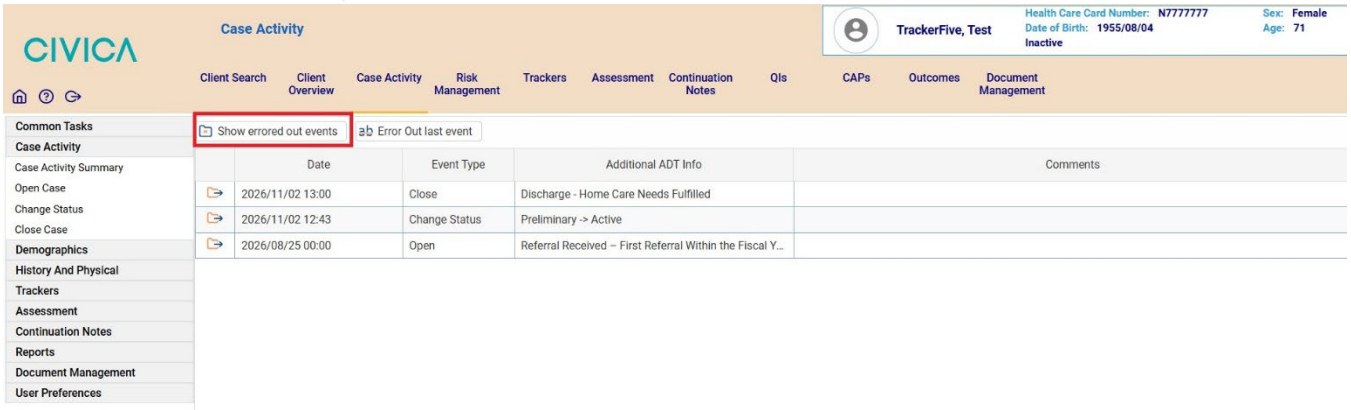
2. Click the **Error Out last event** button.



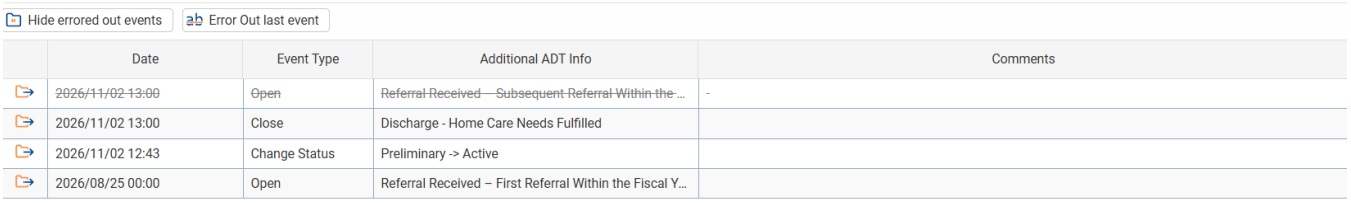
3. The row with the incorrect status change disappears from the current view. (Next Page)



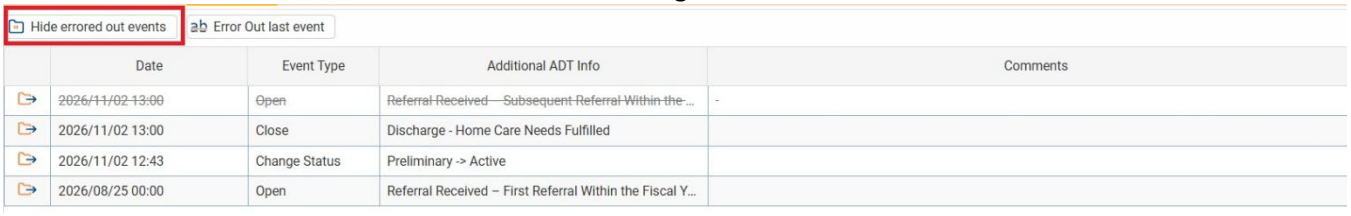
4. To see what was removed, click **Show errored out events** button.



5. Once the S**how errored out events** button is clicked, the list of case activities shows a strike-through for the open reason being errored out.



6. Click on the **Hide errored out events** button to once again hide the errored-out event.



Stage 2: INTAKE

This stage involves the intake assessment to determine eligibility to HCC services and includes completing a Service Delivery Tracker (SDT) entry to capture the activities related to the visit (e.g. referral received and intake assessment completed) and where applicable, any service delivered during the first encounter including non-client (indirect care). The SDT also captures admission to the home care program and discharge points in a

client's case, covered in a later section of this manual. Multiple SDT's may need to be completed to capture each step in the intake process (Intake, Assessment, Admission)

⚠ The duration of time spent on 'Referral Received/Recorded' should be entered on the Service Delivery Tracker (SDT) even if this step was completed by someone other than the person completing the SDT tracker. This ensures the administrative time spent 'referral received/ recorded' is captured in the operational administration time.

TIP: When completing the SDT for the Intake Assessment, also check *Referral Received/Recorded* and add a nominal duration (e.g. 5 minutes) to that category **so** both activities are captured and can be captured on one tracker rather than requiring a separate **SDT**.

Once the intake assessment is complete, the outcome determines what happens next:

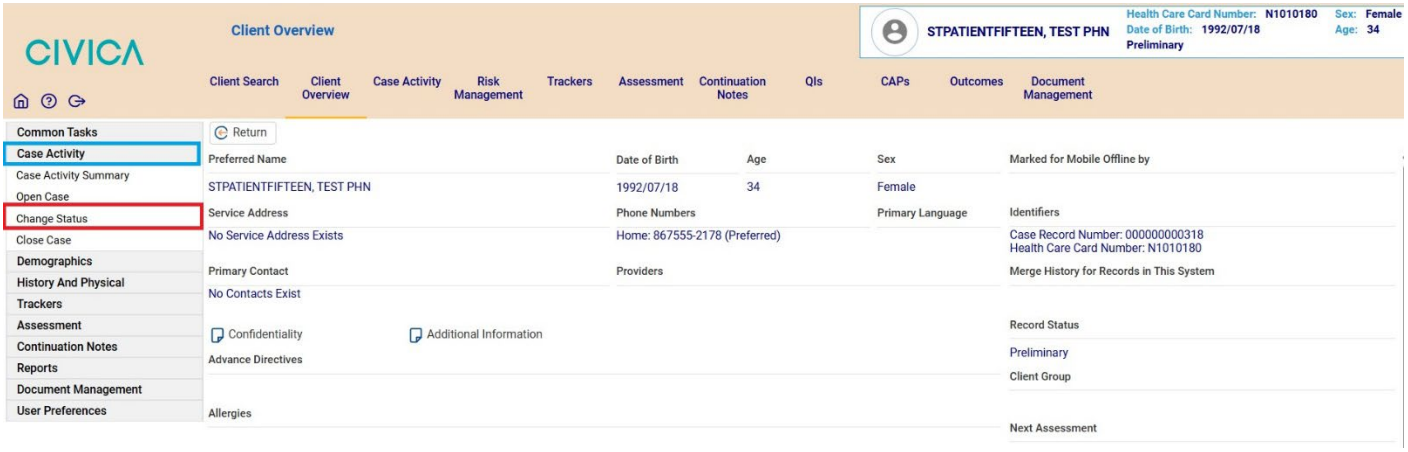
- **If the client is accepted into the program**:
  - The Record Status changes from "Preliminary" to "Active" under **Open Case**. See Recording the Outcome, below.
- **If the client is not accepted into the program:**
  - The Record Status remains as "Preliminary" and the case is discharged. See Stage 4: Discharge.

Recording the Outcome

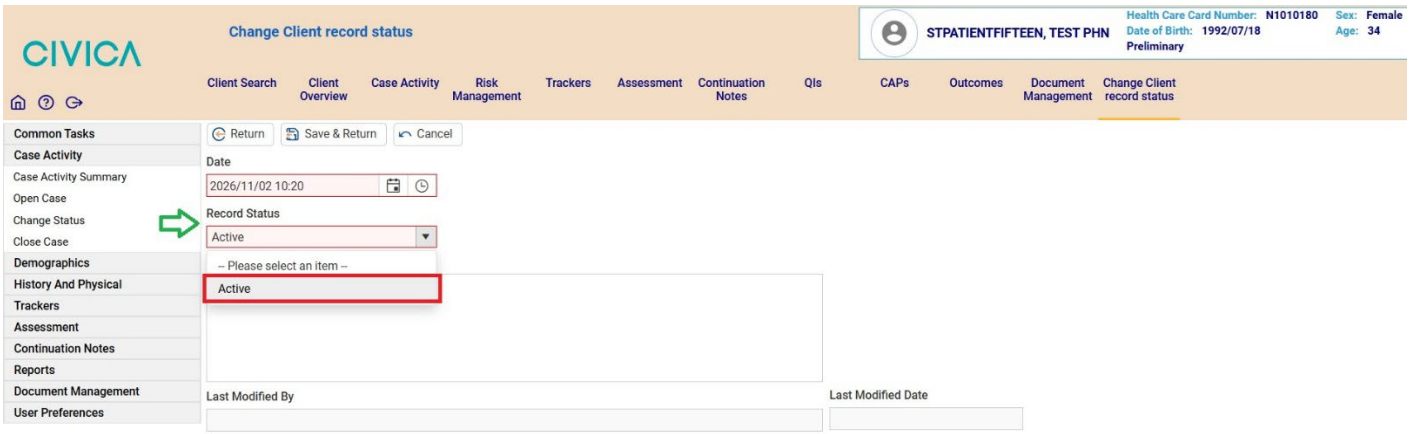
Once the intake assessment is complete, the client's *Record Status* needs to be updated to reflect the whether the client is eligible or not for HCC:

- **If the client is deemed not eligible for HCC services:** The client's *Record Status* remains "Preliminary"; and no status change is needed here. Proceed to closing the case by following: Stage 4: Discharge.
- **If the client is eligible for HCC services:** Update the client's *Record Status* to "Active" by following the steps below.

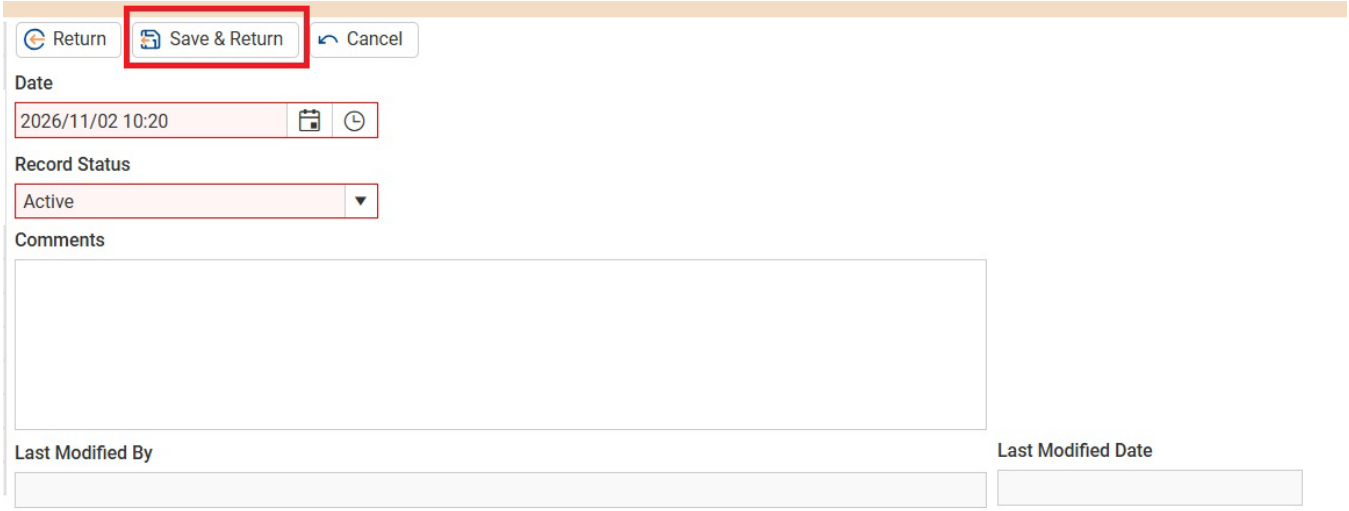
1. Select **Case Activity** from the left-side panel, then click on **Change Status**.



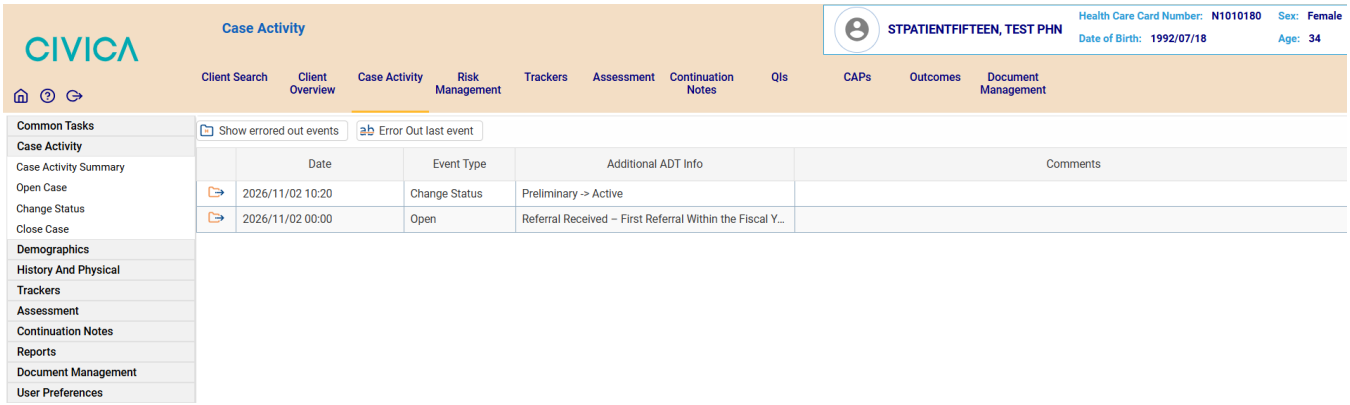
2. Update *Record Status* to "Active". (Next Page)



3. Click the **Save & Return** button.



4. Which returns you to the ***Case Activity Summary*** page showing the change in status.



Field Reference for Intake

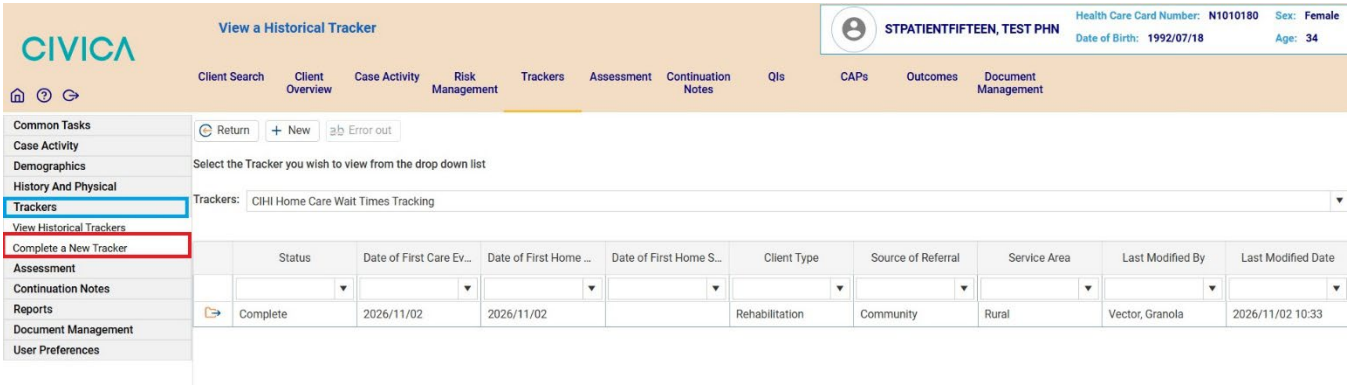
Date/Time	Complete the Date and Time the service delivery occurred Written as YYYY-MM-DD and HH:MM.
Service Delivery Category – Referral Received/Recorded	Select this when logging the receipt of a new or updated referral to the Home and Community Care program from any referral source (e.g., hospital or community) before an intake assessment is initiated.
Service Delivery Category – Intake Assessment	Select this when conducting an initial intake screening or formal eligibility assessment to determine client care needs, evaluate program criteria, and establish priority for ongoing HCC service provision.
Duration (minutes)	Duration captures time spent by a health care professional delivering the documented service(s). Measured in minutes (numeric manual entry, e.g., 15).
Record Status	Tracks where the client sits in the ADT process from referral through discharge
Last Modified By	System-tracked username of the healthcare provider or user who last updated this case record.
Last Modified Date	System-generated timestamp (YYYY-MM-DD HH:MM) indicating when this case record was last modified.

Next steps: continue to Logging the Intake Visit to complete the SDT tracker to complete the client intake process.

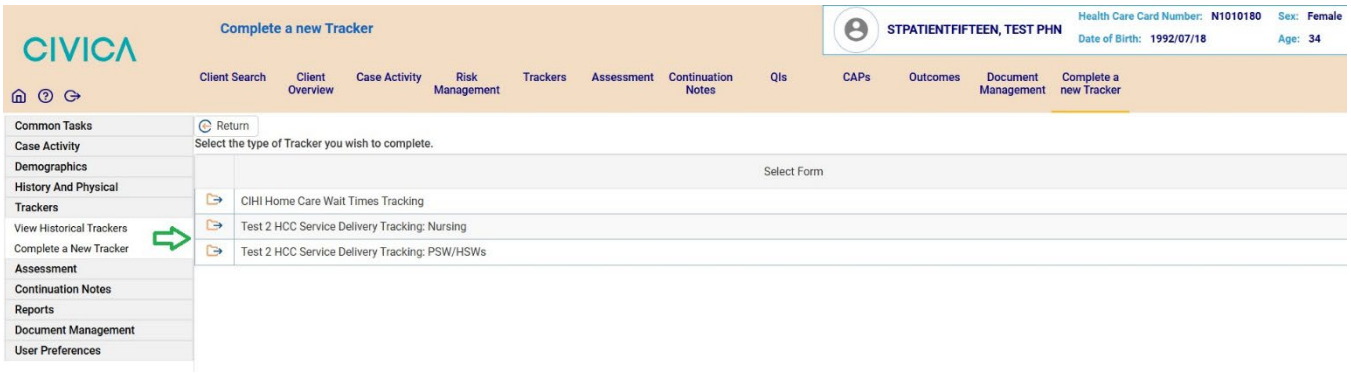
Logging the Intake Visit

The intake visit is logged as a Service Delivery Tracking entry.

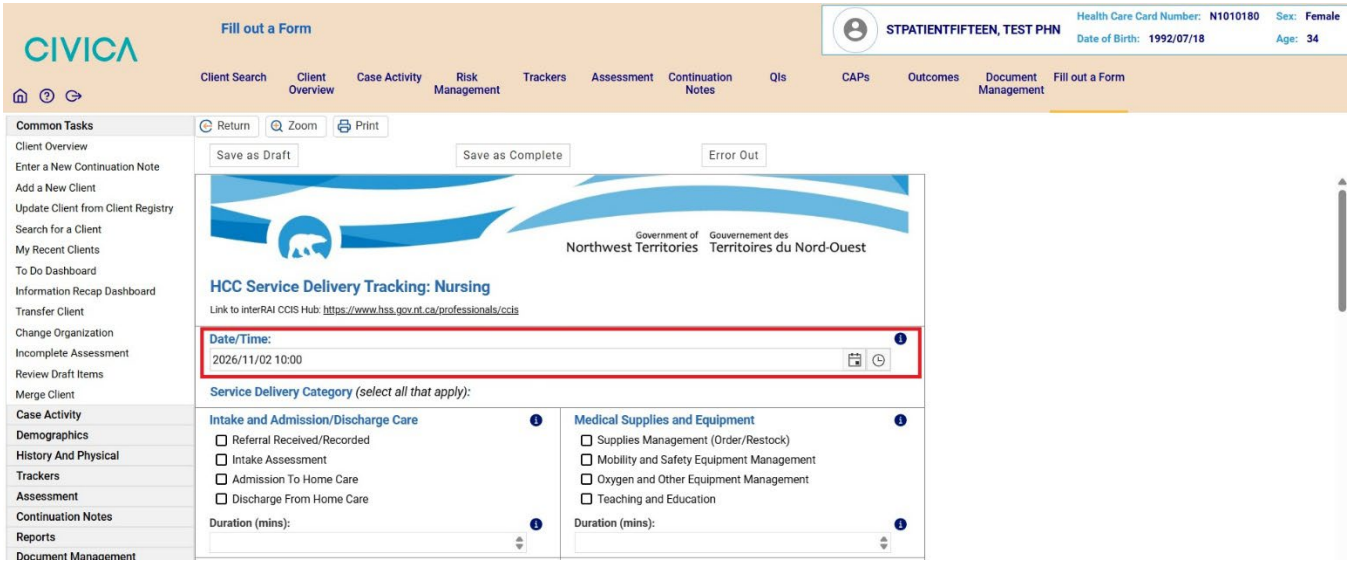
1. Open the client's record and select **Trackers** from the left-side panel.



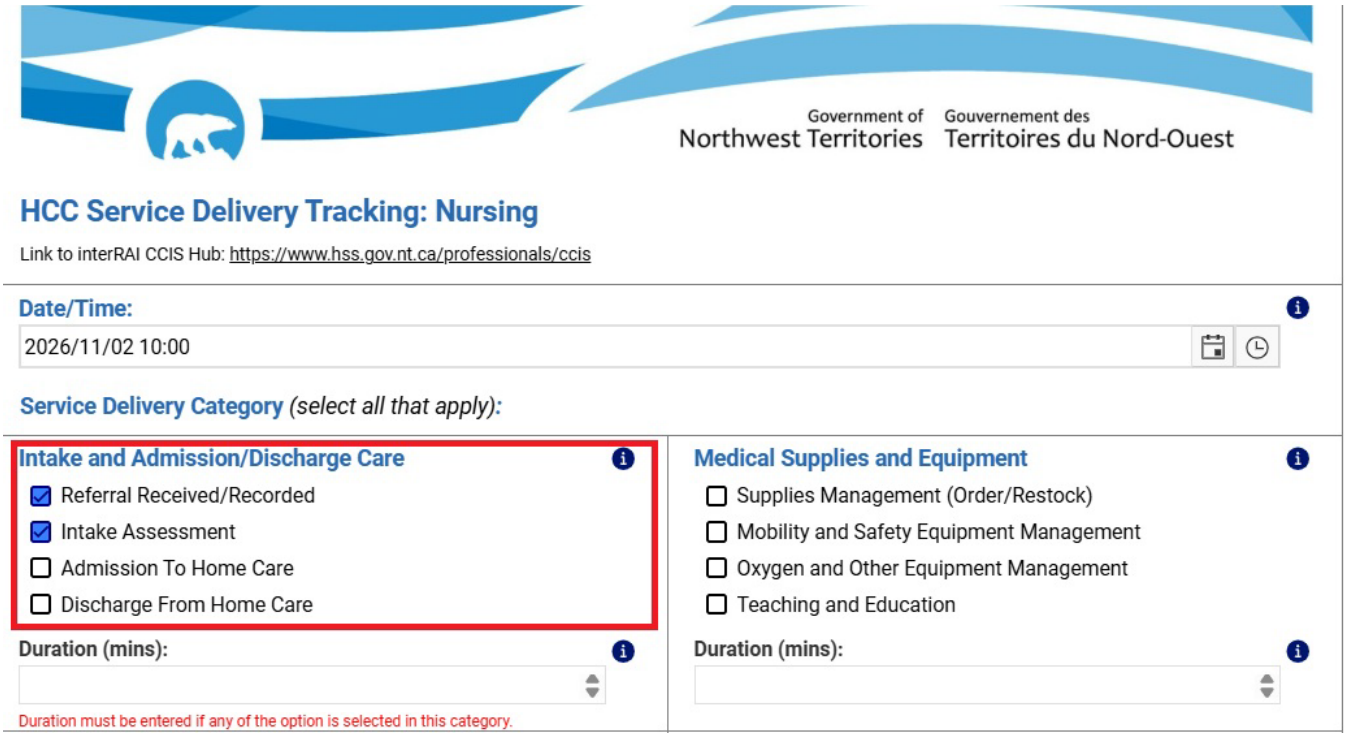
2. Select the **HCC Service Delivery Tracking** tracker, that matches your role, to open a new tracker. (Next Page)



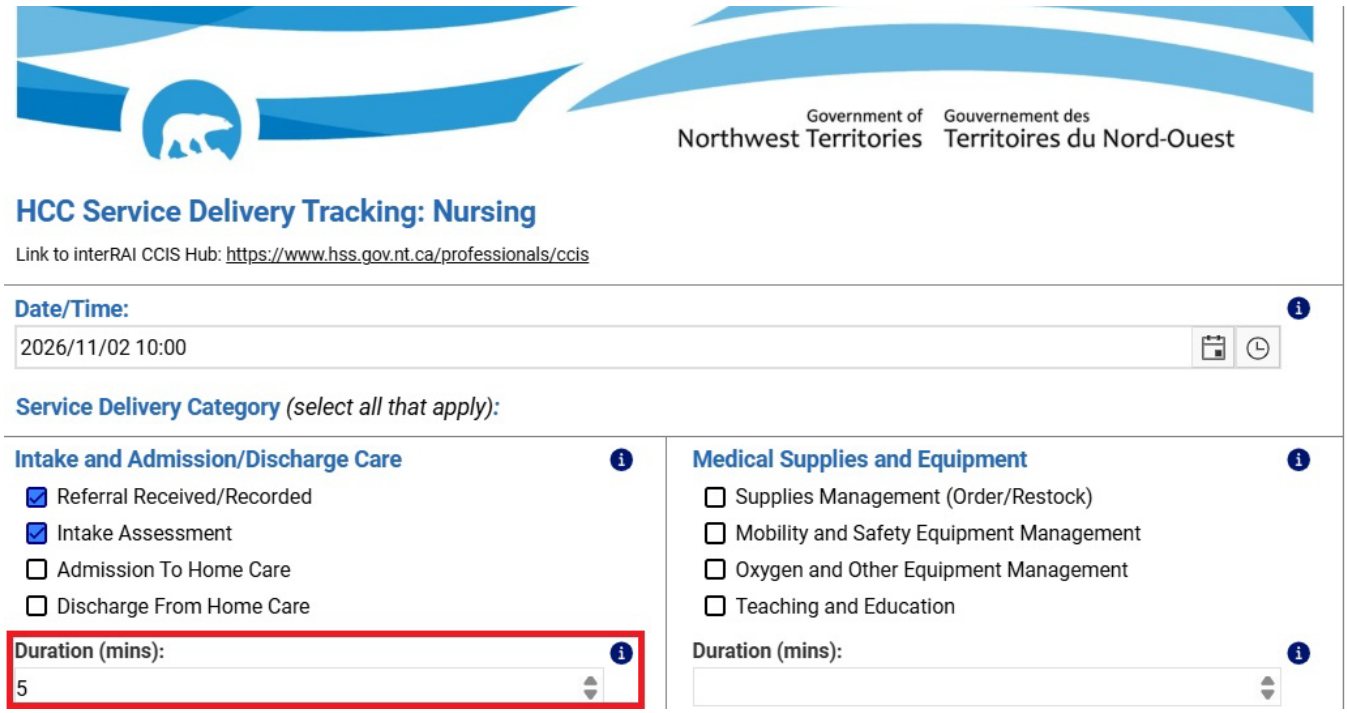
3. Enter the *Date/Time* of the visit.



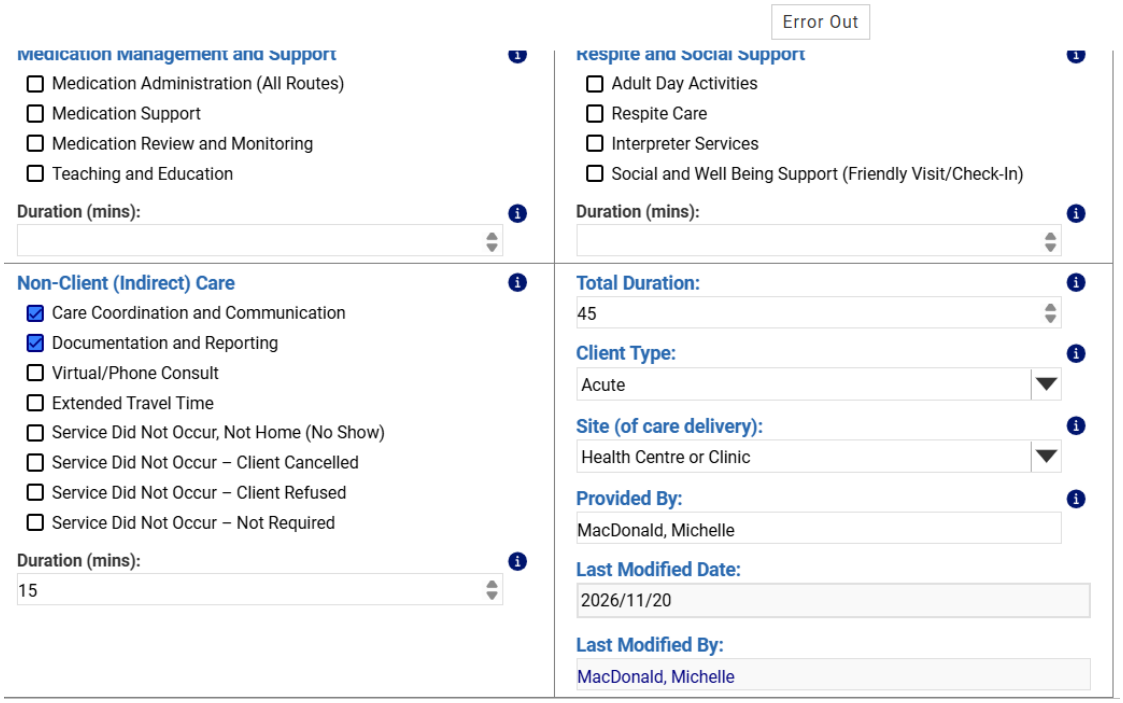
4. Under the Intake and Admission/Discharge Care service deliver category check *Referral Received/Recorded* and/or *Intake Assessment*, whichever applies to this visit. Note: Select all that apply. (Next Page)



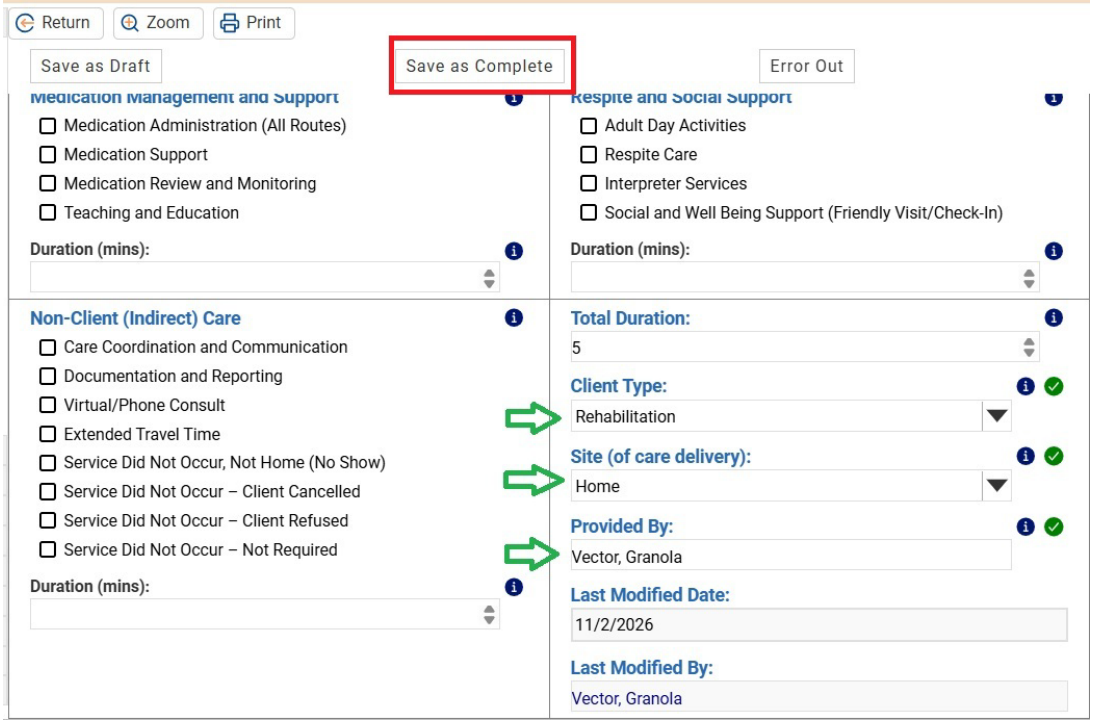
5. Enter the *Duration* for the *Intake and Admission/Discharge* care category.



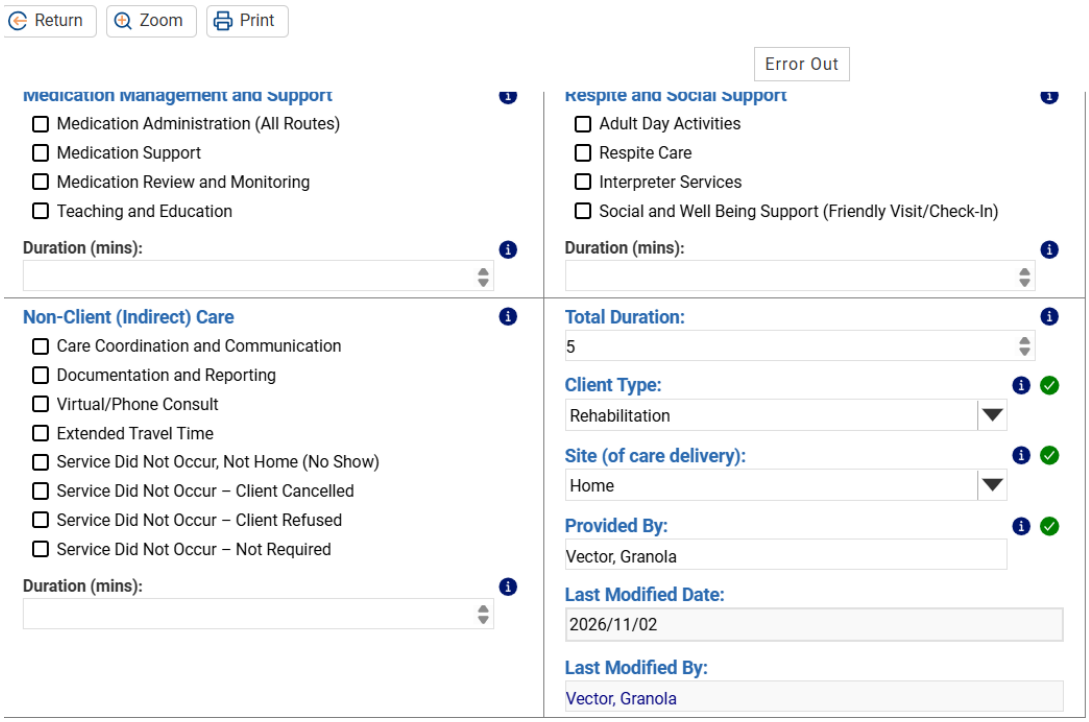
If needed, include activities under the Non-Client (Indirect Care) category and add the duration:



6. Complete all mandatory fields. Click on the **Save & Complete** button.
   Note: the Total Duration field is auto calculated across all category durations. (Next Page)



7. Once completed, the screen will refresh but it stays on the tracker. (Next Page)



Stage 3: SERVICE PROVISION

This stage covers the delivery and logging of Home and Community Care services to active and eligible clients.

Three trackers are used in CCIS during this stage:

- **CIHI Wait Time Tracker:** This is completed once per client per fiscal year, for the client's first referral only. It captures the dates that start and stop the CIHI wait-time clock.
- **Service Delivery Tracking – Nursing:** This is completed after every nursing service encounter, for as long as the client's case remains open.
- **Service Delivery Tracking – PSW/HSW:** This is completed after every PSW/HSW service encounter, for as long as the client's care remains open.

If this is you: You provided a home care service to a client whose *Record Status* is "Active", and you are looking to log it into the CCIS system. The services are logged under the Service Delivery Trackers (SDT) for either Nursing or PSW/ HSW. Note: In addition to logging in the services delivered, for the first care event for the first referral of the fiscal year, a CIHI Wait Time Tracker is to be completed as well.

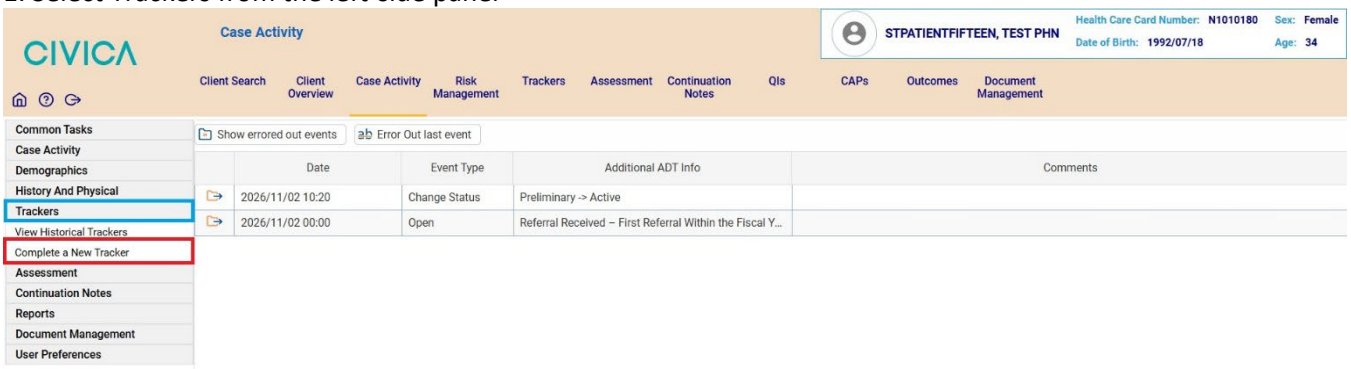
CIHI Wait Time Tracker

If this service encounter is under the first referral for the fiscal year for this client, complete a CIHI Wait Time Tracker in addition to a Service Delivery Tracker.

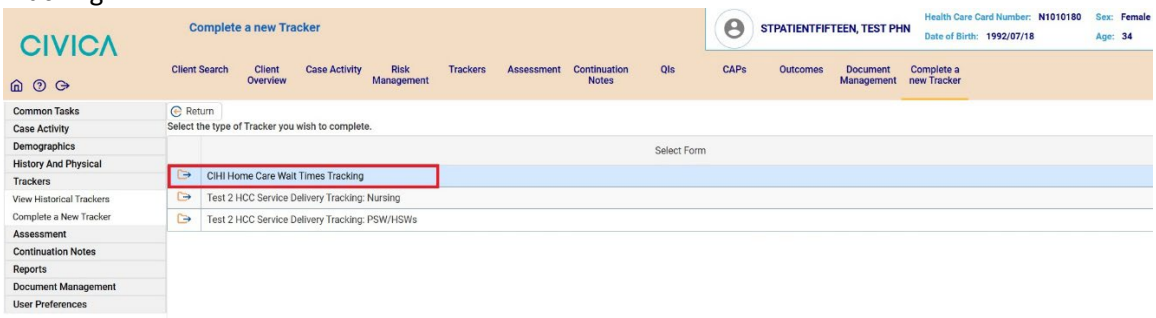
⚠ **Single Referral Tracking:** Only complete this tracker for a client's first referral within the fiscal year (April 1 to March 31). Do not complete this tracker for subsequent referrals for this client within the same fiscal year.

To complete a CIHI Wait Time Tracker:

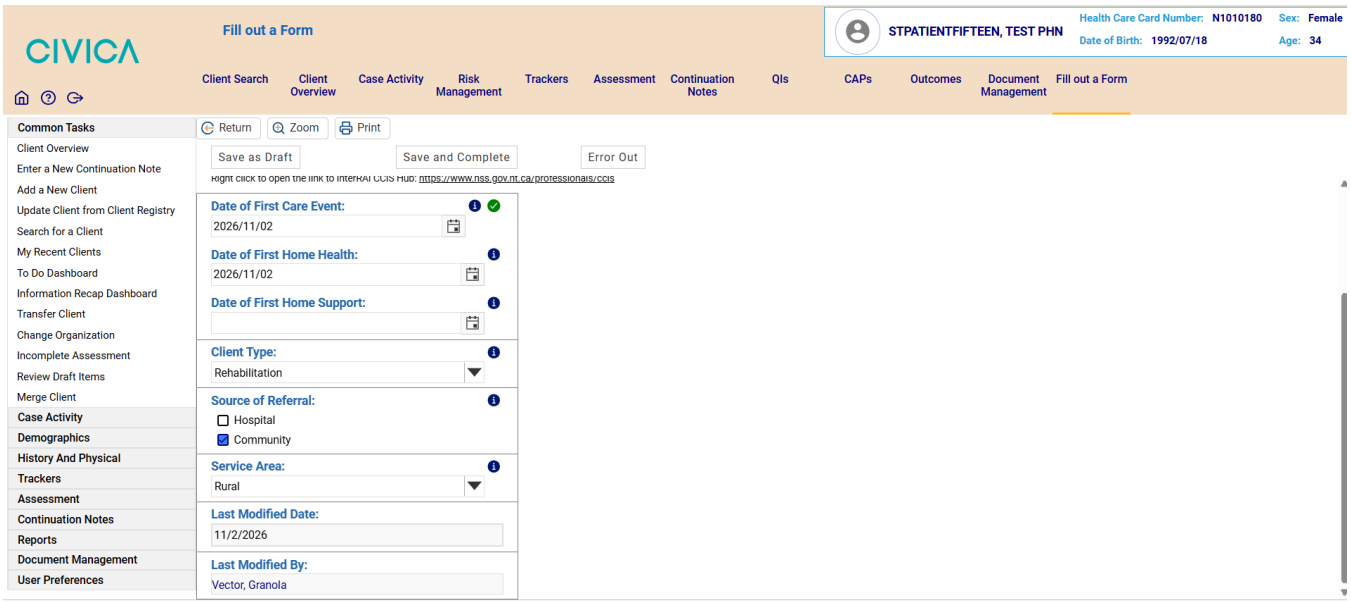
1. Select Trackers from the left-side panel



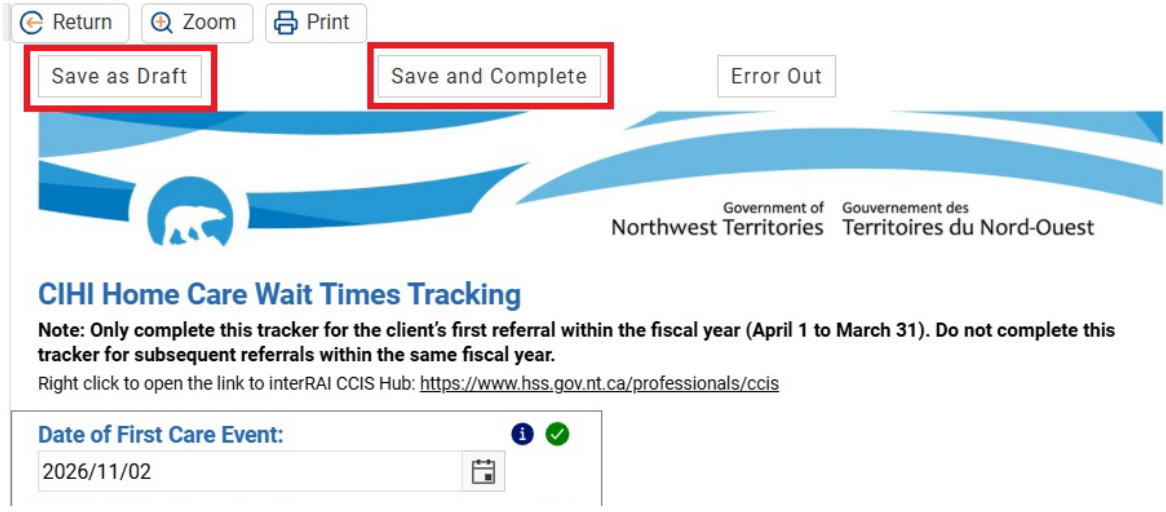
2. Select Complete a New Tracker. From the list of available tracking forms, select CIHI Home Care Wait Times Tracking.



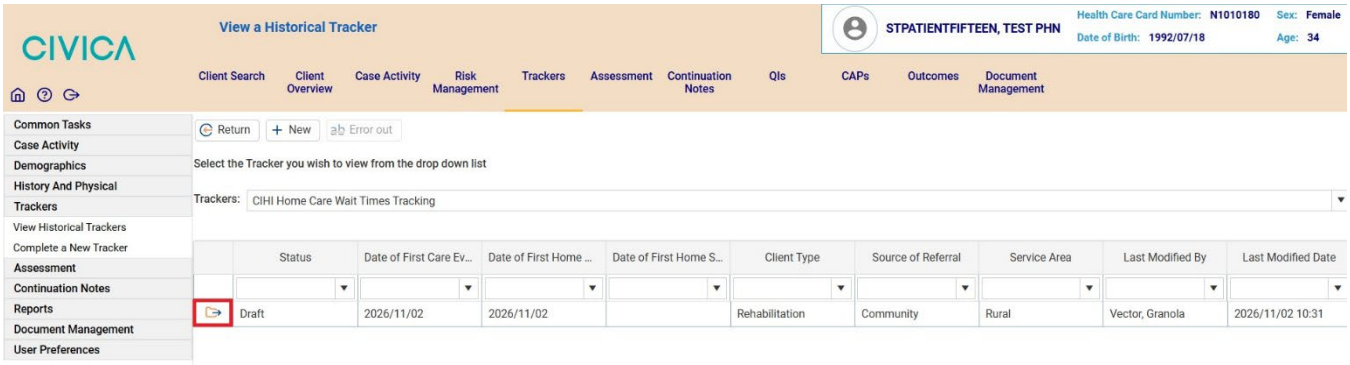
3. Complete the fields: *Date*, the applicable *HCC Program Event* date, *Client Type*, *Provided By*, *Source of Referral*, and *Service Area*. (Next Page)



4. Save the tracker based on your workflow either Option #1-Save as Draft or Option #2 - Save and Complete.

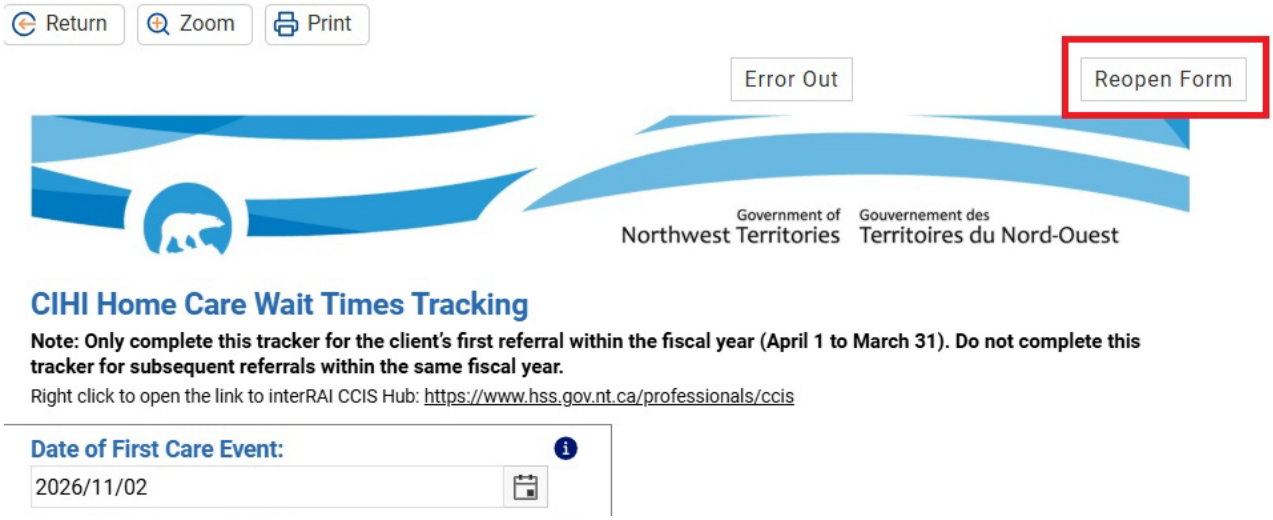


Option #1 - Save as Draft: Select this if you need to finish entering details later. The entry is saved to the Historical Trackers overview screen, where you can access it from the client file icon.



Option #2 - Save and Complete: Select this once all required fields are complete and verified. Once you hit **Save**

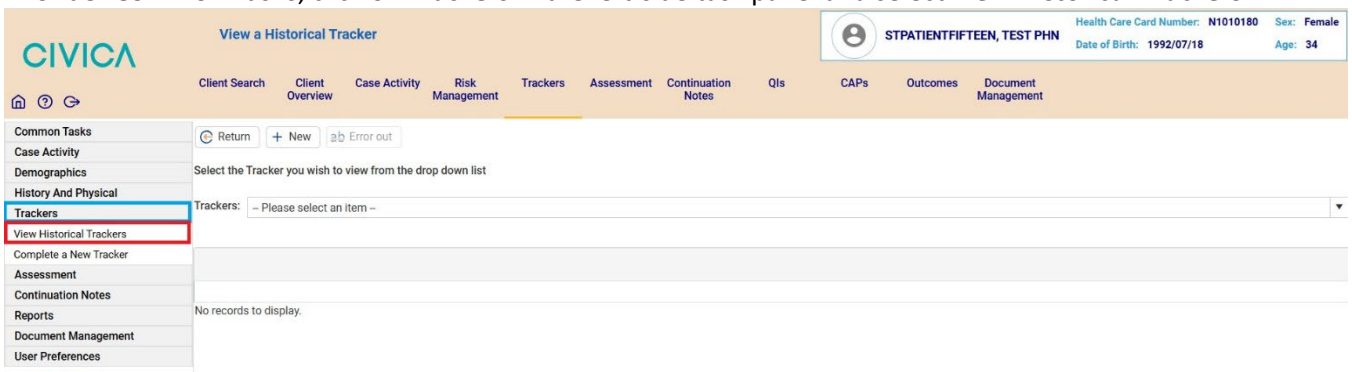
and Complete button, a **Re-open** button appears. This **Re-open** button allows the tracker to be opened and edited if you or another user must add an additional piece of information such as a *First Home Health* or *First Home Support* date that did not occur on the same date as the tracker was started.



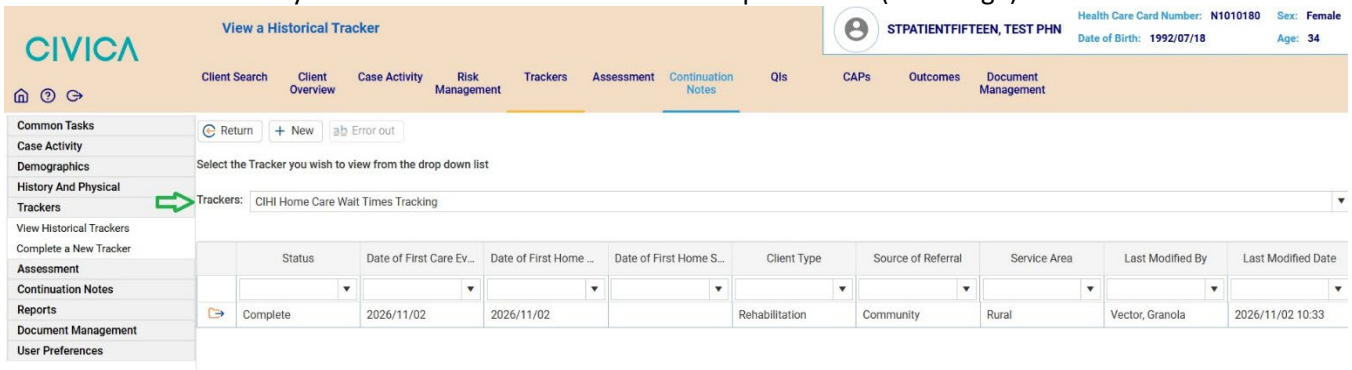
Viewing Historical CIHI trackers

Any time you want to review the CIHI record on file for the client:

1. Under **Common Tasks**, click on **Trackers** in the left-side task panel and select ***View Historical Trackers***.



2. Select which trackers you would like to review from the dropdown list. (Next Page)



⚠ **One health professional completes and saves the CIHI tracker. If the client has a First Home Support event that occurs later, another health professional can reopen this same form to add that date. A second CIHI tracker should never be created for the same client in the same fiscal year.**

Field Reference for Service Provision

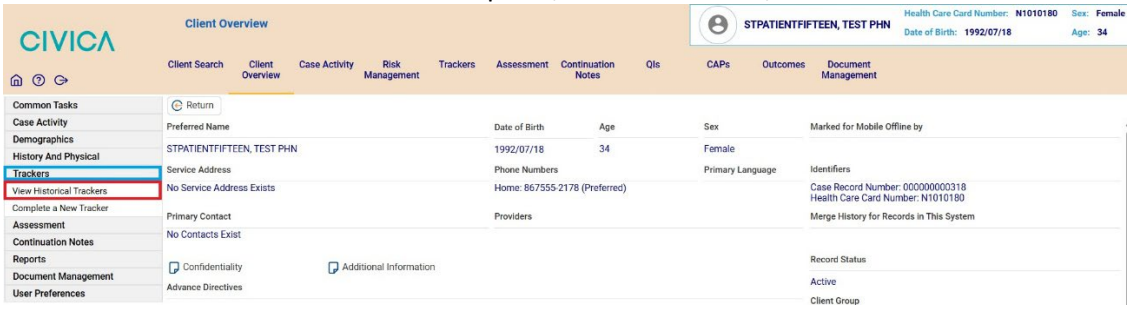
Date	Complete the Date and Time the service delivery occurred Written as YYYY-MM-DD and HH:MM.
HCC Program Event – Date of First Care Event	First day of Home Health or Home Support provision. Does not include assessment only visits. Must match either date of first home health or date of first home support.
HCC Program Event – Date of First Home Health	Services by nursing, OT, dieticians, PT or other home health professionals.
HCC Program Event – Date of First Home Support	Assistance to enable living at home (homemaking, personal care). First event must be in person. May include transportation or social supports.
Client Type	High-level description of home care clients, based on their health status and assessed needs
Provided By	Captures who provided the service to the client. Entered as Last Name, First Name
Source of Referral	Filters the CIHI Median Wait Time report cohort by the client's referral origin or entry pathway into home care (Community or Hospital).
Service Area	Filters the CIHI Median Wait Time report cohort by the client's geographic delivery setting (Urban or Rural) based on community postal code designation.
Last Modified Date	System-generated field that is unable to be modified by the user and is stamped with the date and time the record was last modified
Last Modified By	System-tracked field that is unable to be modified and is stamped with whomever last modified the record.

Correcting a Mistake

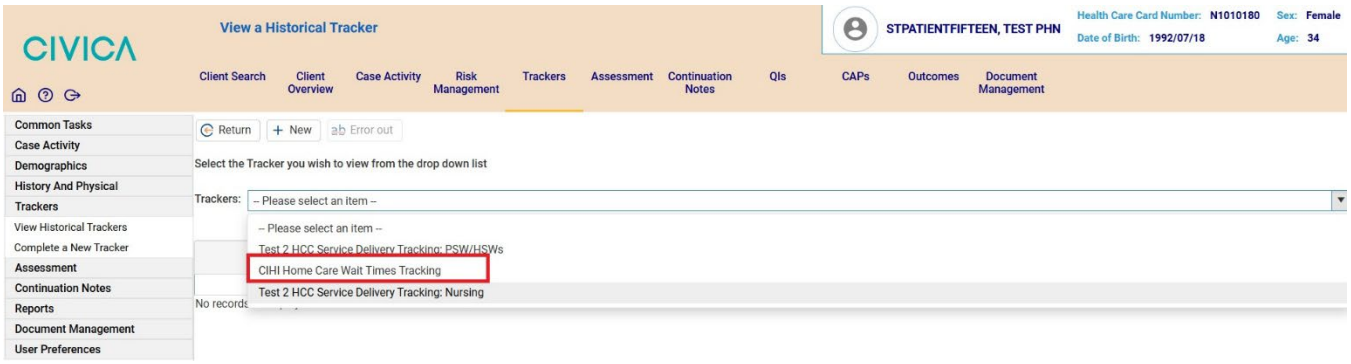
If a CIHI Wait Time Tracker entry needs to be corrected after saving, there are two ways to error out:

Option 1 – From the Historical Tracker Page

1. Under **Common tasks** on the left-side panel, click on **Trackers**, select **View Historical Trackers**. (Next Page)



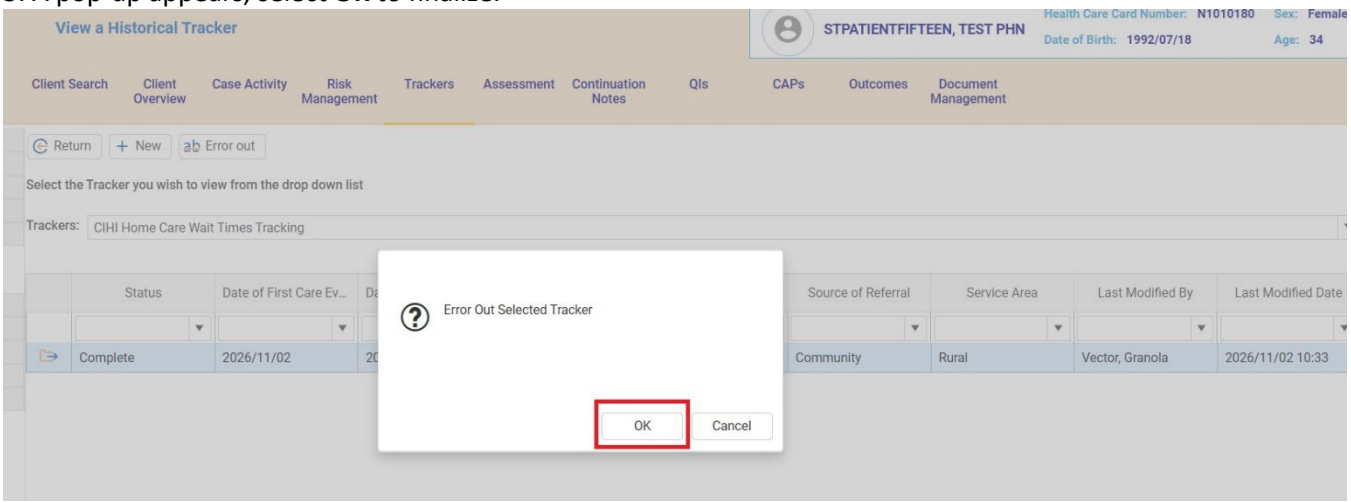
2. From the *Tracker* drop down, select the "CIHI Home Care Wait Times Tracking" option. (Next Page)



3. Click the line (not the client file icon) for the tracker you need to error out, then select the Error Out button.



3. A pop-up appears, select **OK** to finalize.

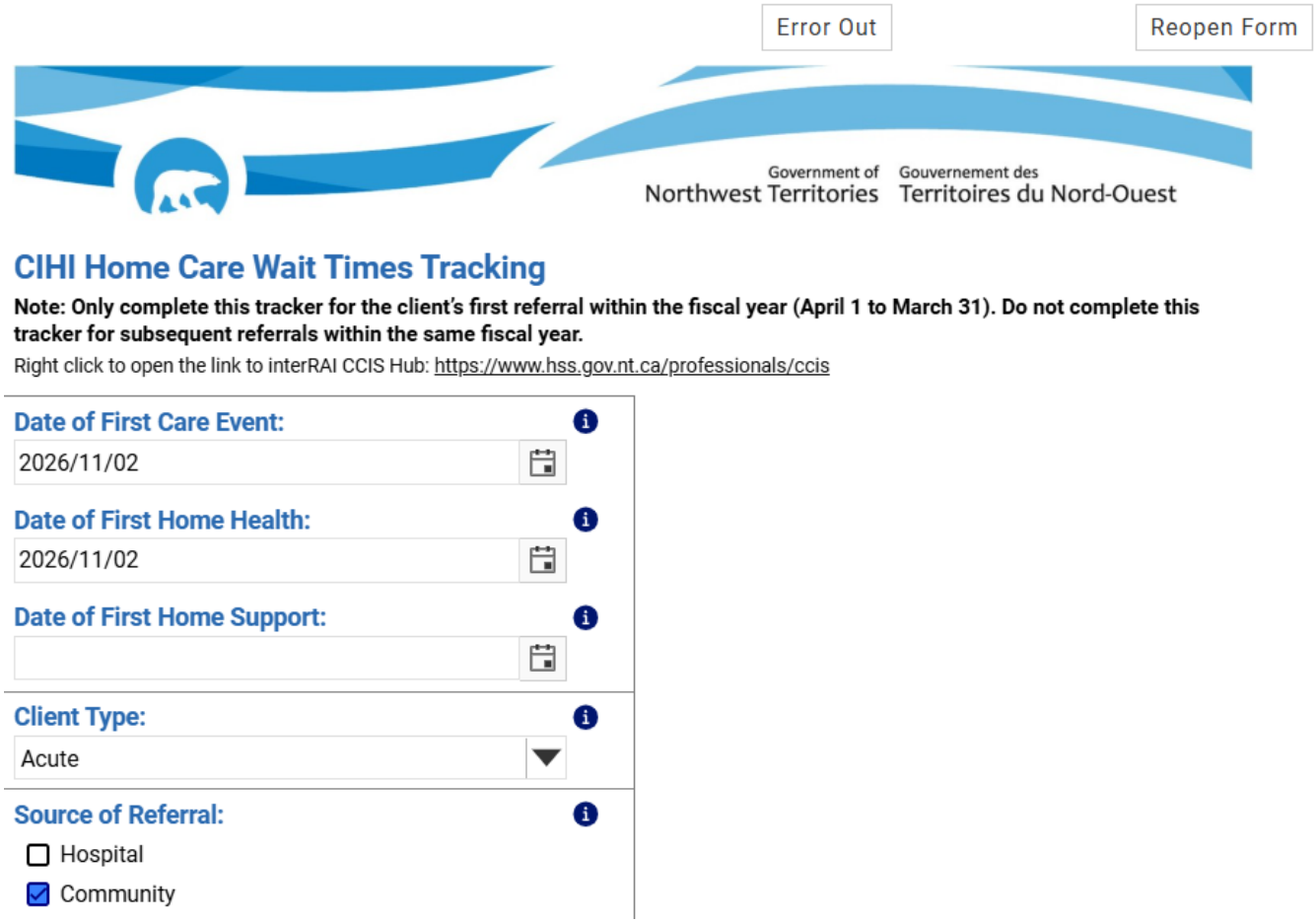


4. The entry will now show with a strikethrough on the ***Historical Trackers*** page.

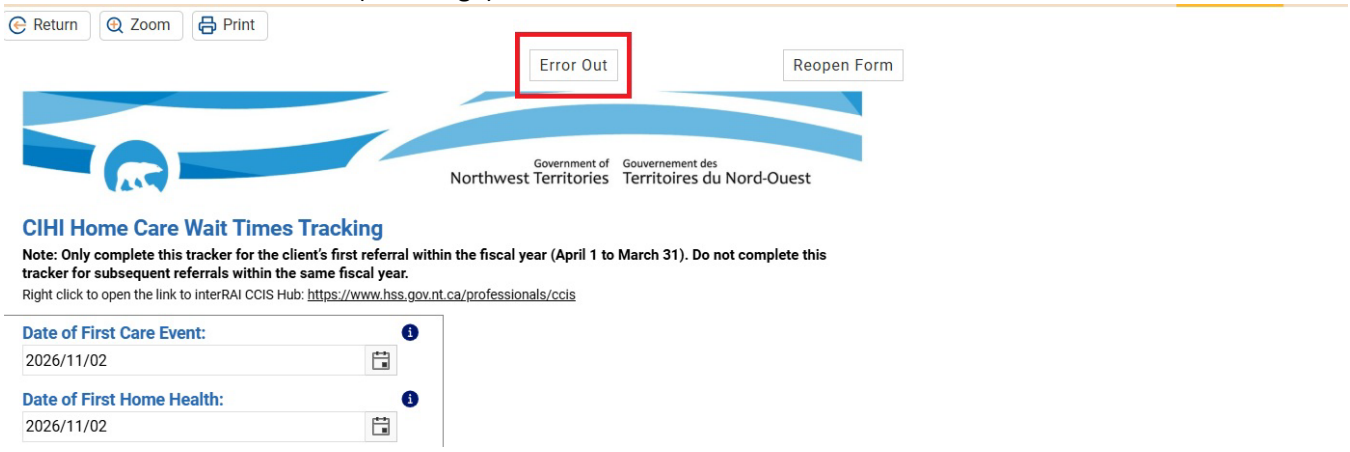


Option 2 – From Within the Record

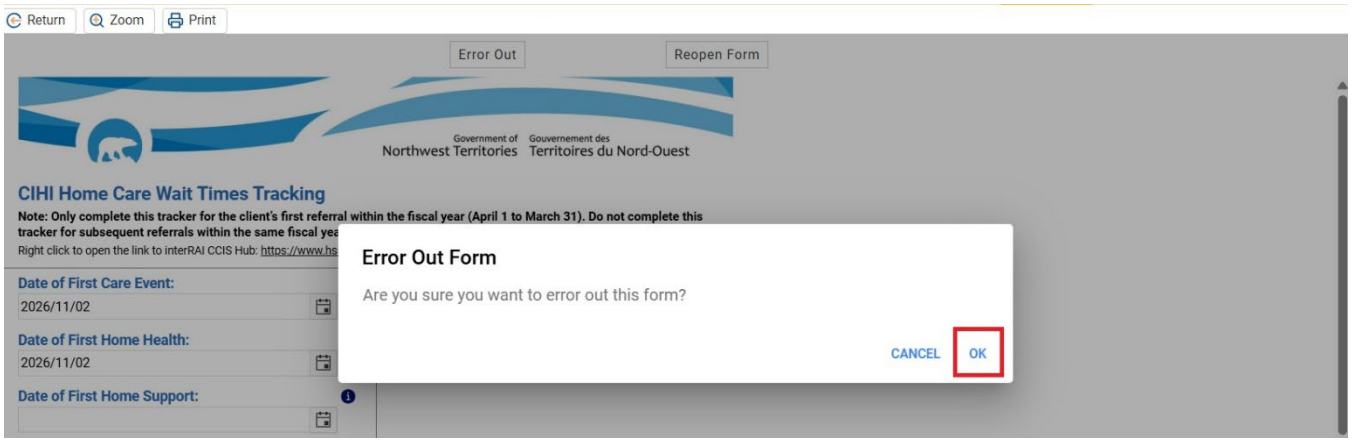
1. Open a tracker that has already been completed.



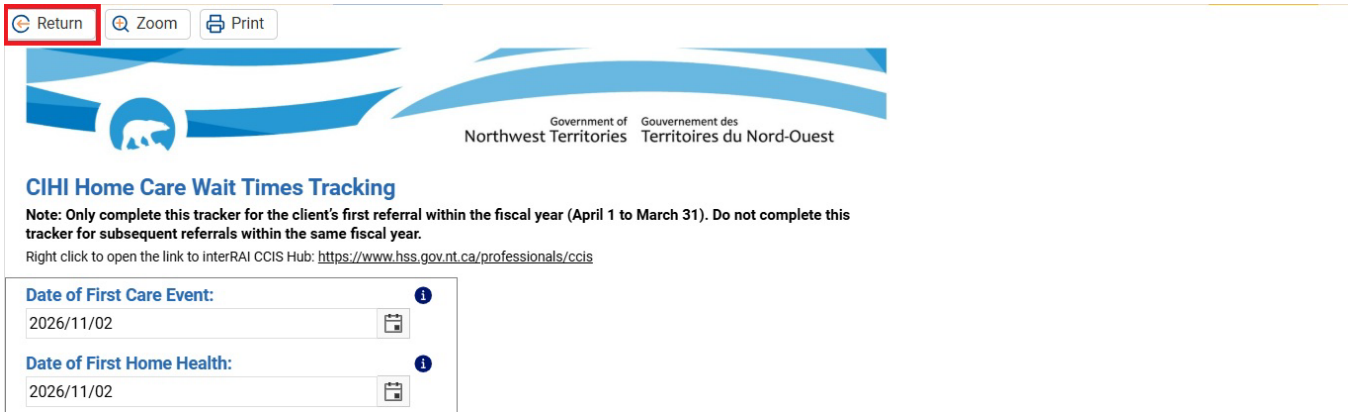
2. Click the **Error Out** button. (Next Page)



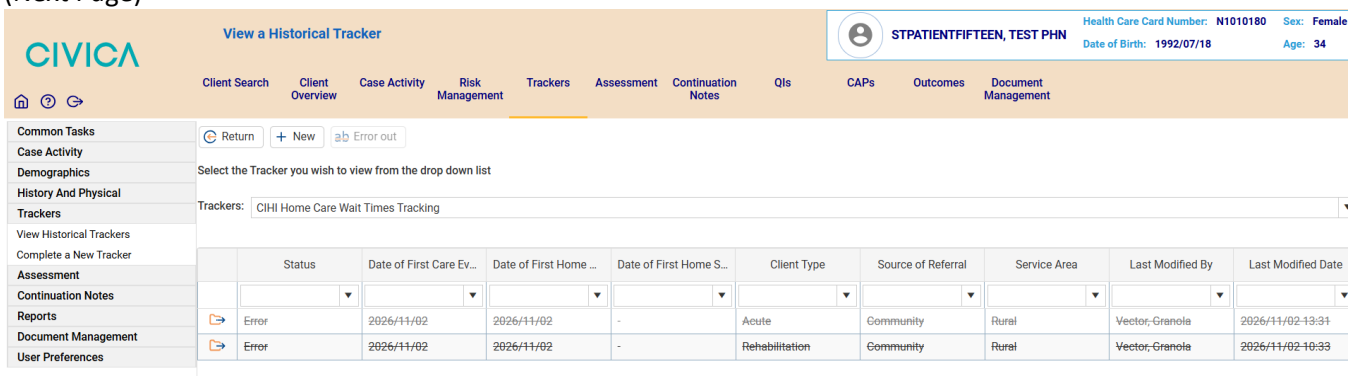
3. A pop-up appears, select **OK**.



3. The screen refreshes and the Error Out and Re-Open form button disappears. Click on the **Return** button.



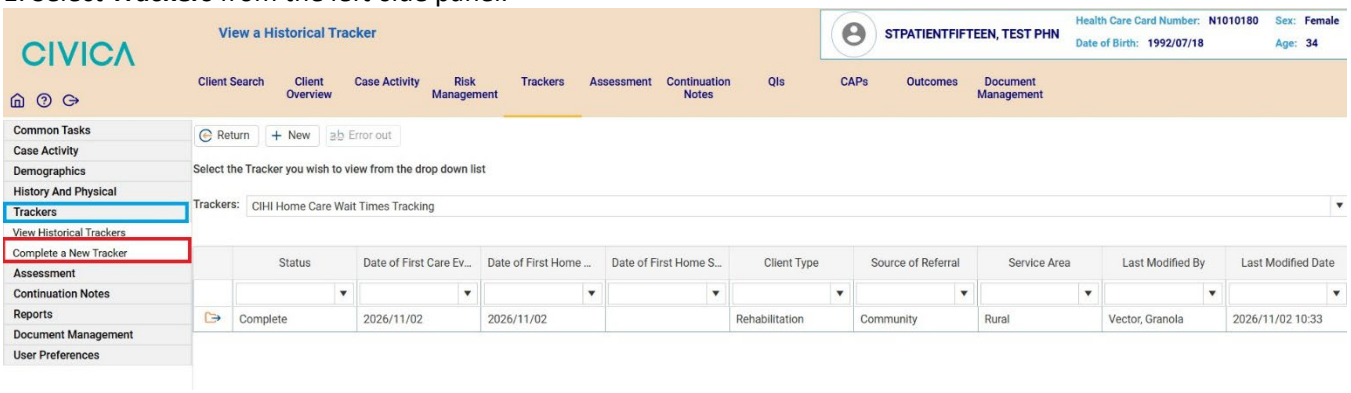
4. The system return to the ***View Historical Trackers*** page, where the entry now shows with a strikethrough. (Next Page)



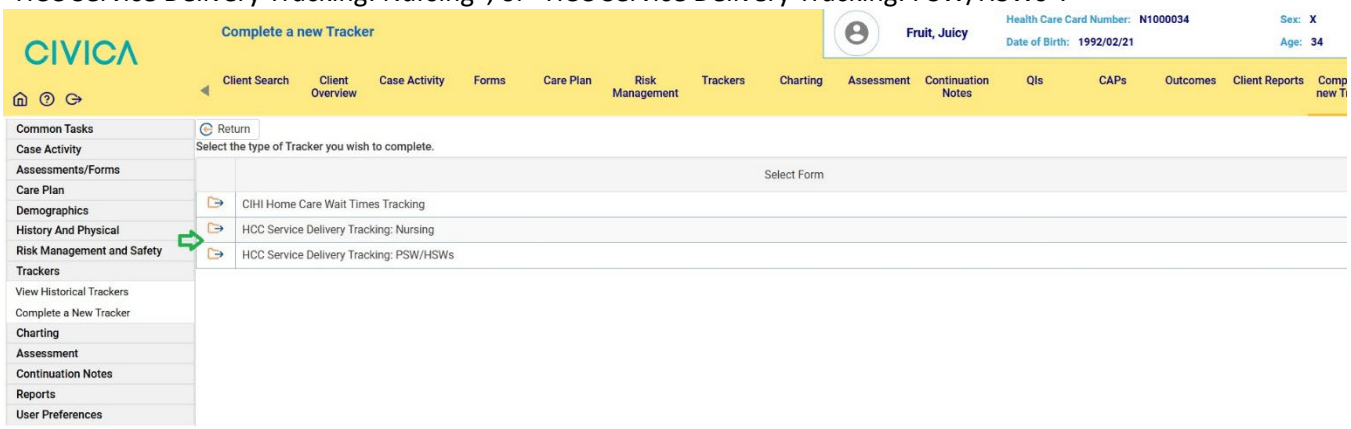
Service Delivery Tracking – Nursing and PSW/HSW

These trackers arecompleted after every service encounter, for as long as the client's case remains open. There are two Service Delivery Trackers (SDT): Nursing tracker for nursing services, and PSW/ HSW tracker for PSW/ HSW services.

1. Select **Trackers** from the left-side panel.

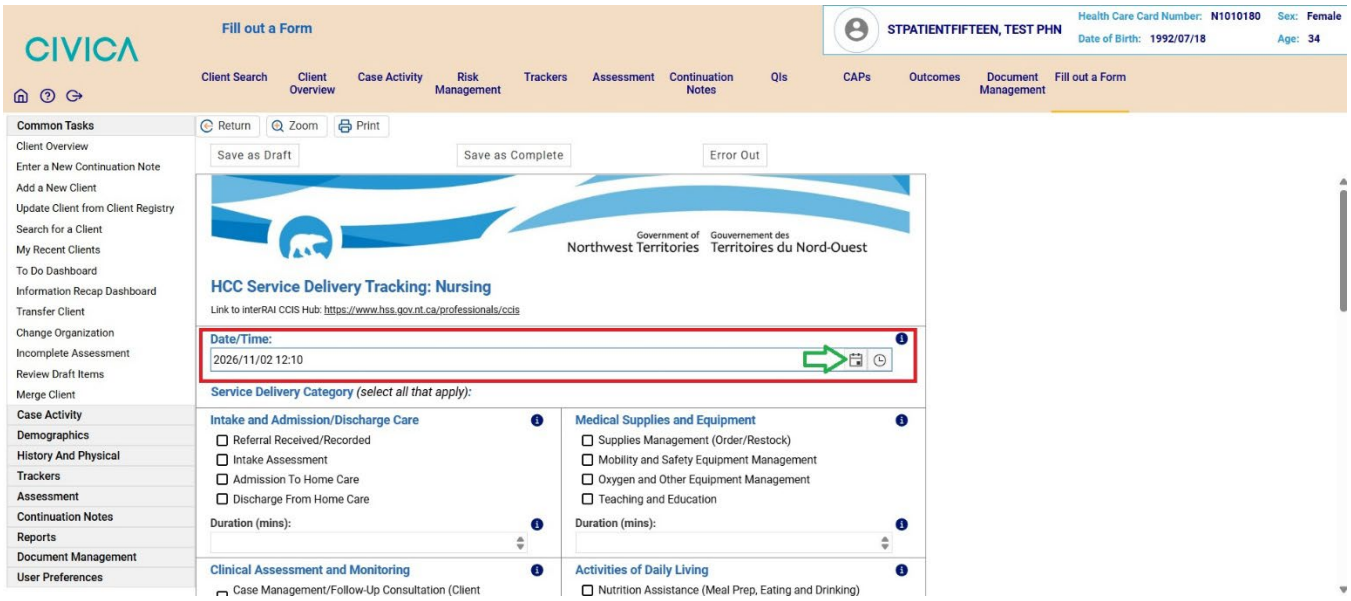


2. Select **Complete a New Tracker**, then select the HCC Service Delivery Tracking form that matches your role: "HCC Service Delivery Tracking: Nursing", or "HCC Service Delivery Tracking: PSW/HSWs".

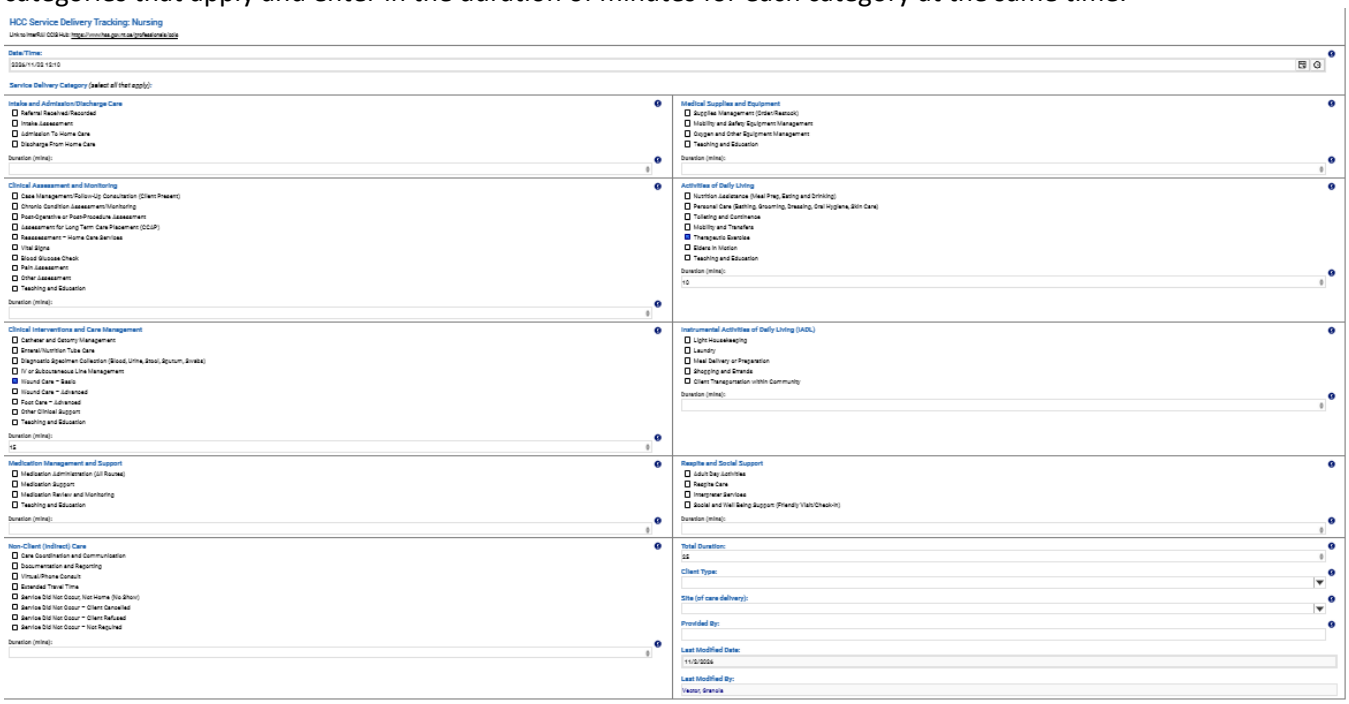


3. This date and time field is auto-populated to when the tracker is created. Users are to adjust this date and time to match when the service was delivered.

Tip: Click enter on your keyboard after you have selected the time. (Next Page)



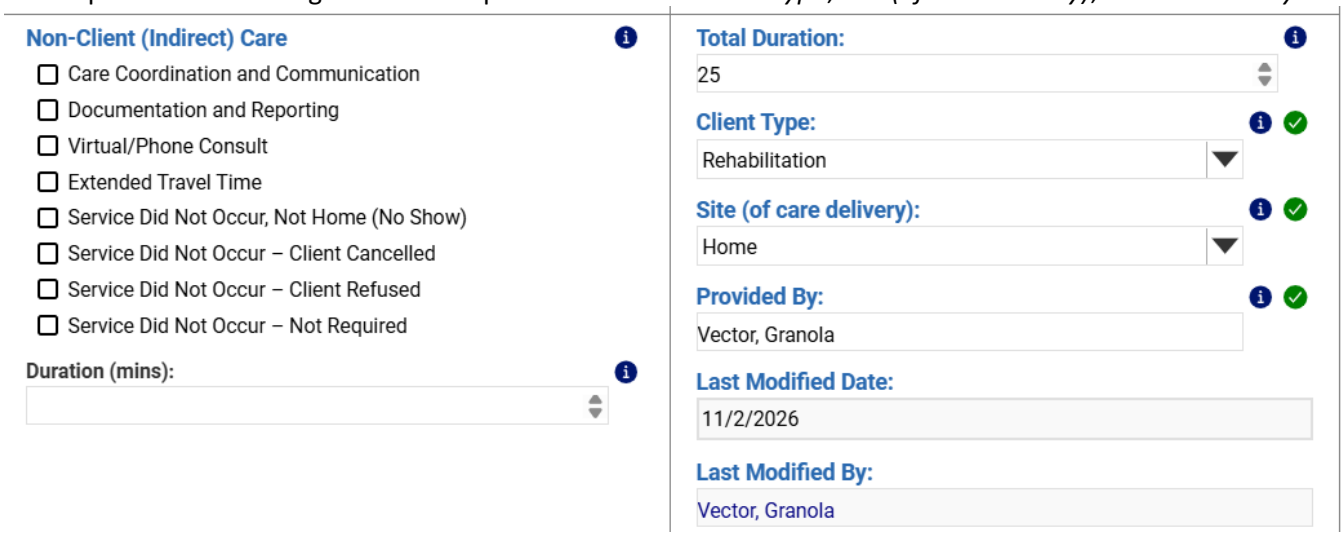
4. Under the **Service Delivery Category**, check every activity performed during the visit across any of the categories that apply and enter in the duration of minutes for each category at the same time.



⚠ Only check off services you actually provided during the visit except if you are recording time for the 'Referral received/ recorded' by a staff member that does not have access to submit Service Delivery Trackers

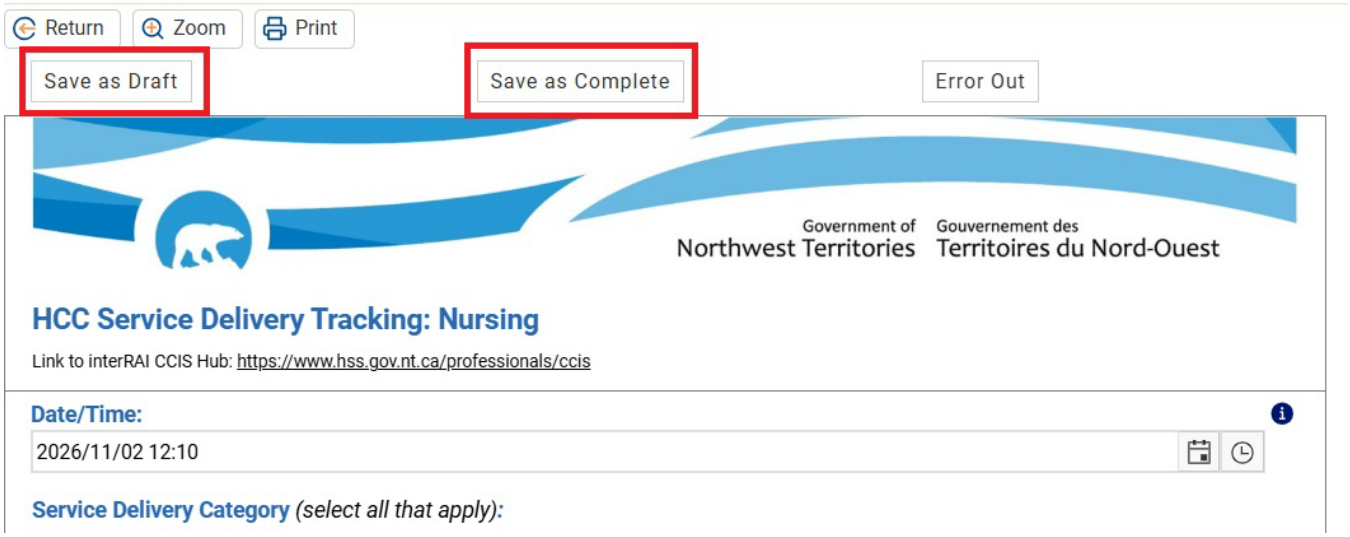
⚠ ! Total Duration: The system adds up all category durations automatically to fill the Total Duration section for the user.

6. Complete the remaining fields to complete the tracker: *Client Type*, *Site (of care delivery)*, and *Provided By*.

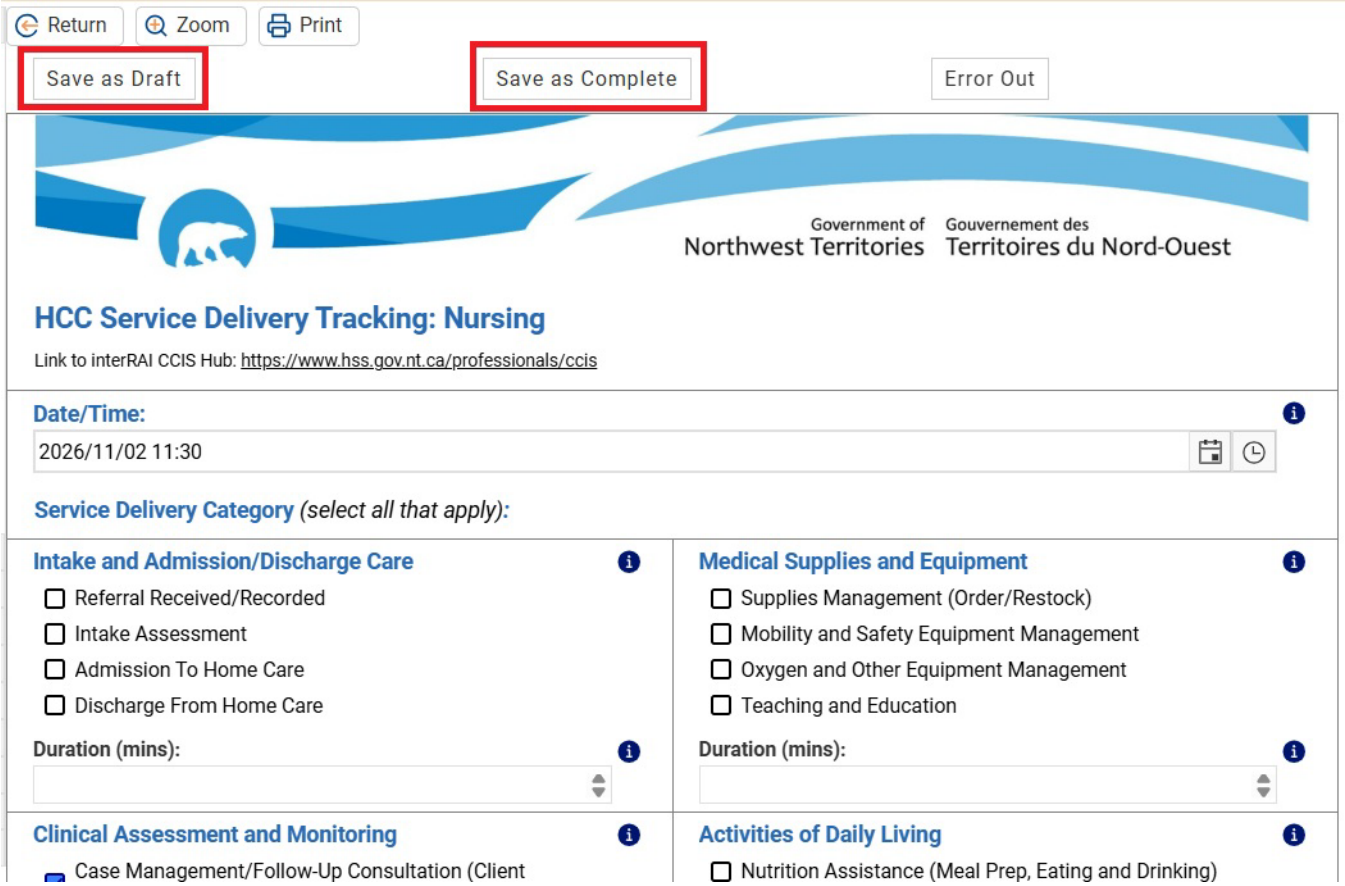


⚠ Click the ⓘ icons beside any field for inline guidance. For questions about specific selects, review the Data Dictionary & Glossary on the CCIS Hub.

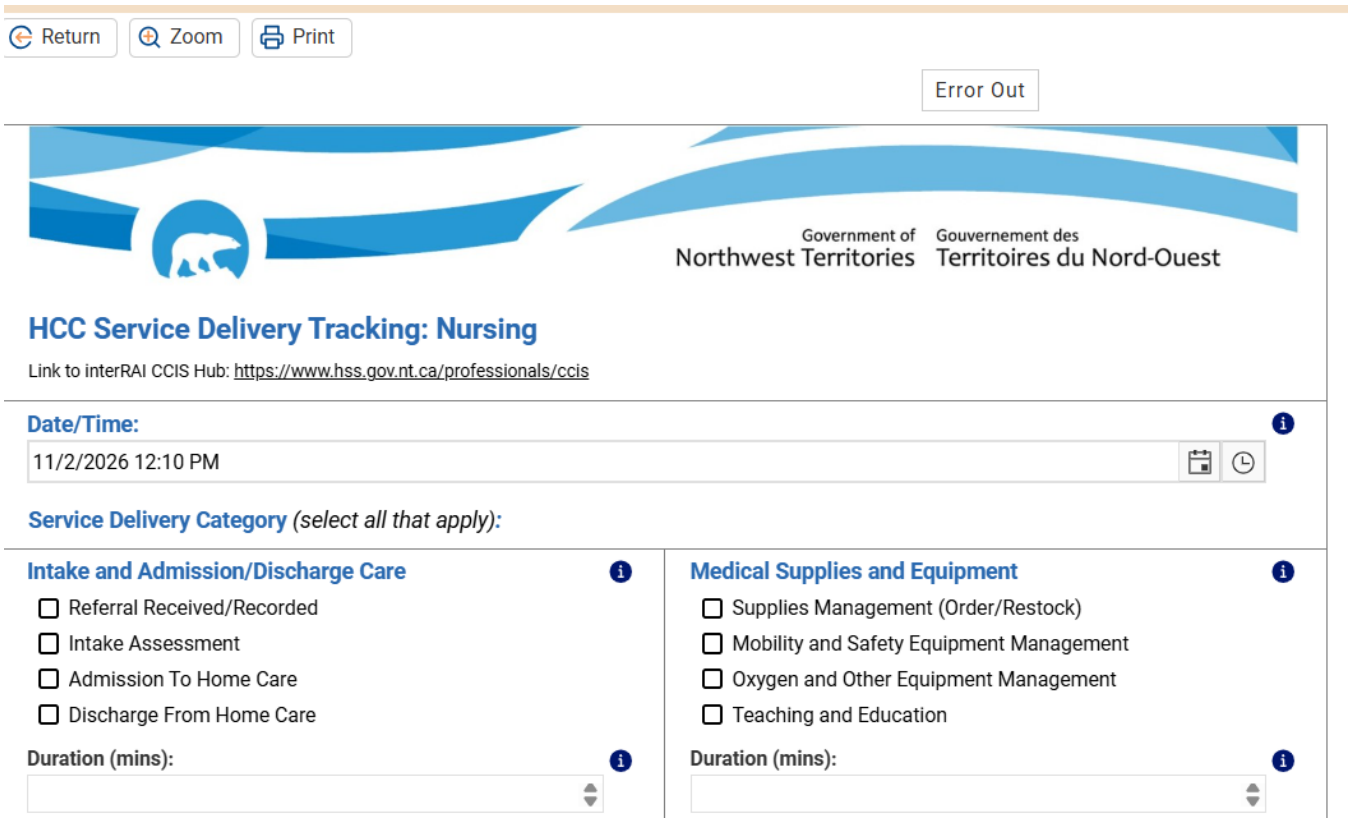
7. Save the tracker based on your workflow either: Option #1 – Save as Draft or Option #2 – Save and Complete.



Option #1 - Save as Draft: Select this if you need to finish entering details later. After you click **Save as Draft** button, the page refreshes but leaves the options to continue to **Save as Draft** or **Save as Complete** button. (Next Page)



Option #2 - Save and Complete: Select this once all required fields are complete and verified. The tracker is finalized and submitted. The page will refresh with the only option to **Error Out** the tracker.
Note: The trackers do not have a **Re-Open** button as what is on the CIHI tracker. (Next Page)

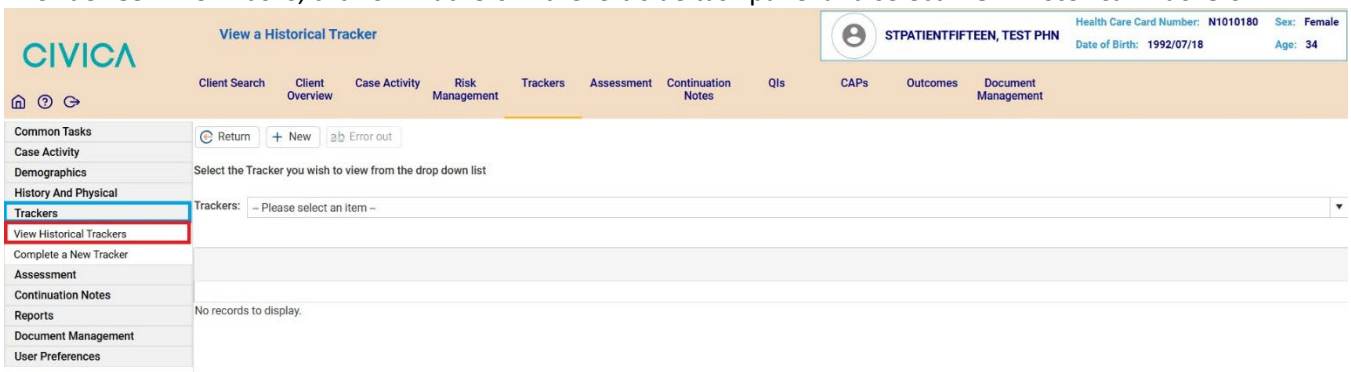


⚠ **Role-Based Entry:** only log services you provided.

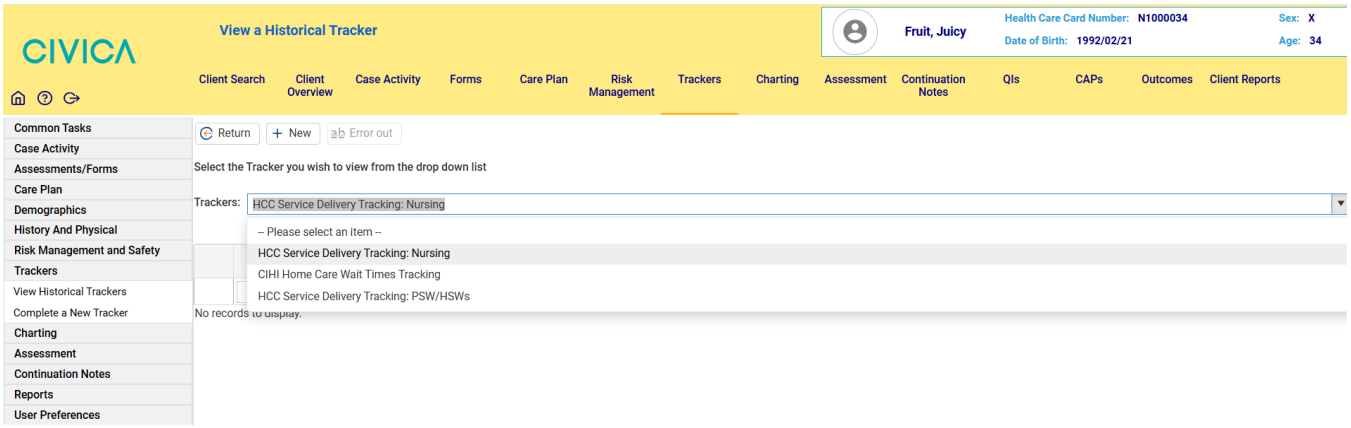
Viewing Historical Service Delivery trackers

Any time you want to review the CIHI record on file for the client:

1. Under **Common Tasks**, click on Trackers in the left-side task panel and select **View Historical Trackers**.



2. Select which trackers you would like to review from the dropdown list. (Next Page)



Field Reference for Service Delivery Trackers

Date/Time	This date and time field is auto-populated to when the tracker is created. Users are to adjust this date and time to match when the service was delivered. Date format: YYYY-MM-DD and HH:MM.
Duration (mins)	Duration captures time spent by a health care professional delivering the documented service(s). Measured in minutes (numeric manual entry, e.g., 15)
Total Duration	Must select at least one service and enter its corresponding duration before the Service Delivery Tracker can be saved. Cumulative time calculated by the system by summing the individual durations (in minutes) of all services.
Client Type	High-level description of home care clients, based on their health status and assessed needs
Site (of care delivery)	Location where client receiving care takes place
Provided By	Captures who provided the service to the client. Entered as Last Name, First Name
Last Modified Date	System-generated field that is unable to be modified by the user and is stamped with the date and time the record was last modified.
Last Modified By	System-tracked field that is unable to be modified and is stamped with whomever last modified the record.

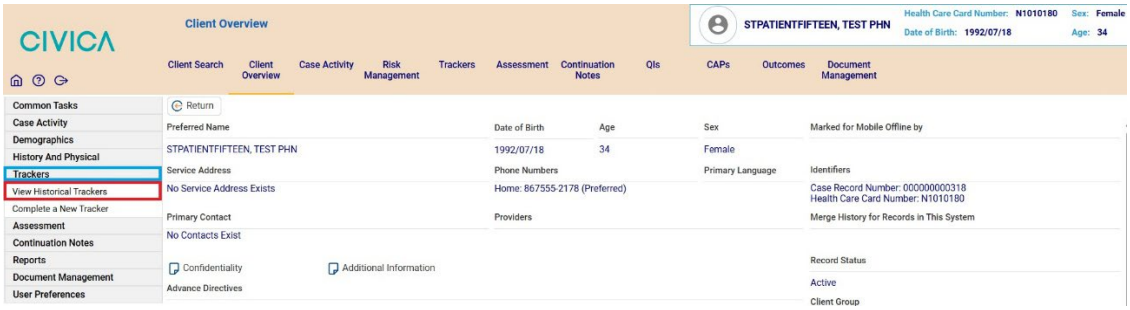
Tip: See Data Dictionary & Glossary on CCIS Hub for further details on categories

Correcting a Mistake

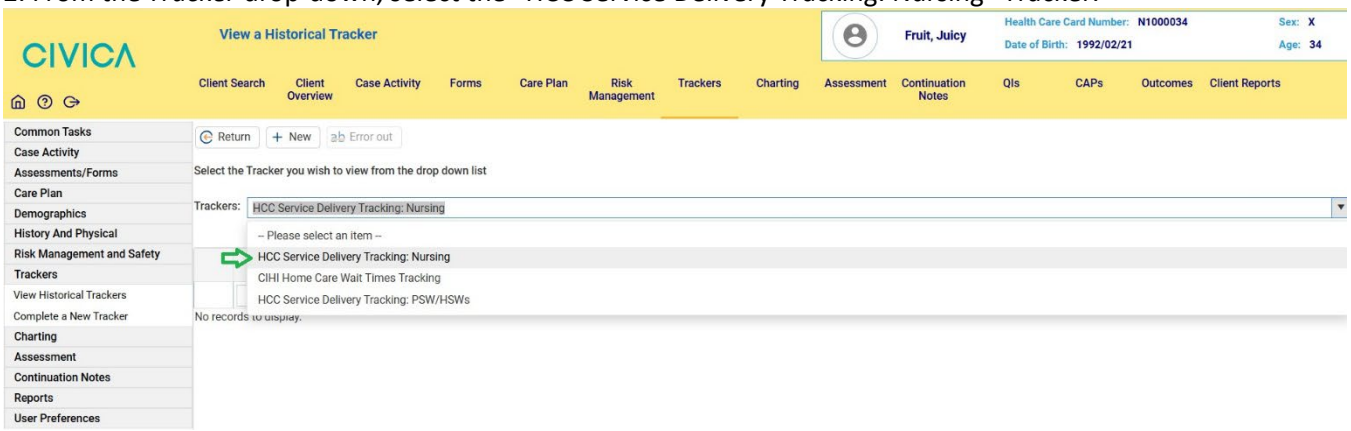
The same two options apply here as for the CIHI tracker, above:

Option 1 – From the Historical Tracker Page

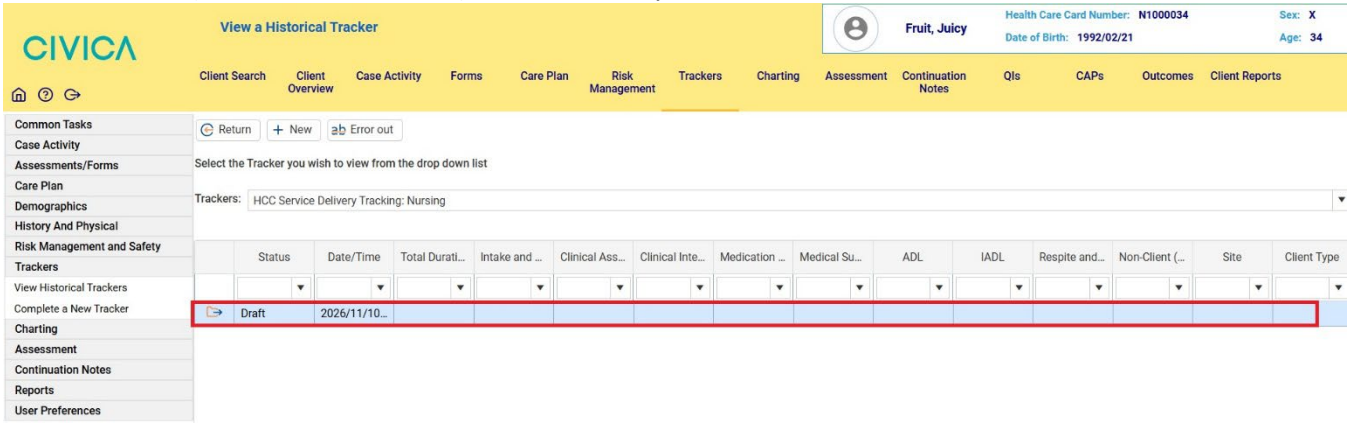
1. Under **Trackers** on the left-side panel, select **View Historical Trackers**



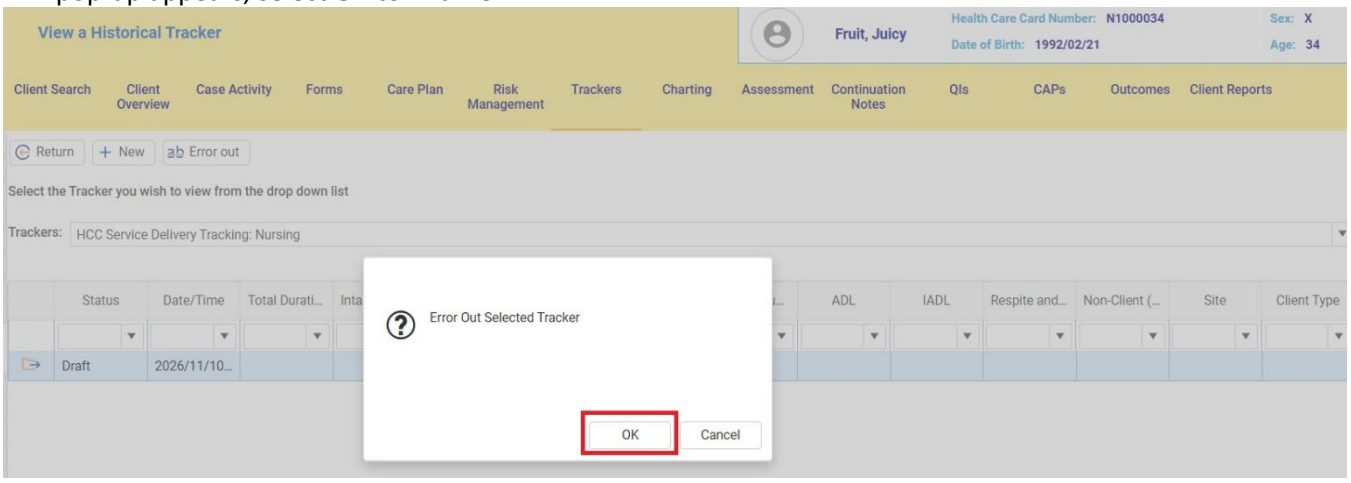
2. From the *Tracker* drop-down, select the “HCC Service Delivery Tracking: Nursing” Tracker.



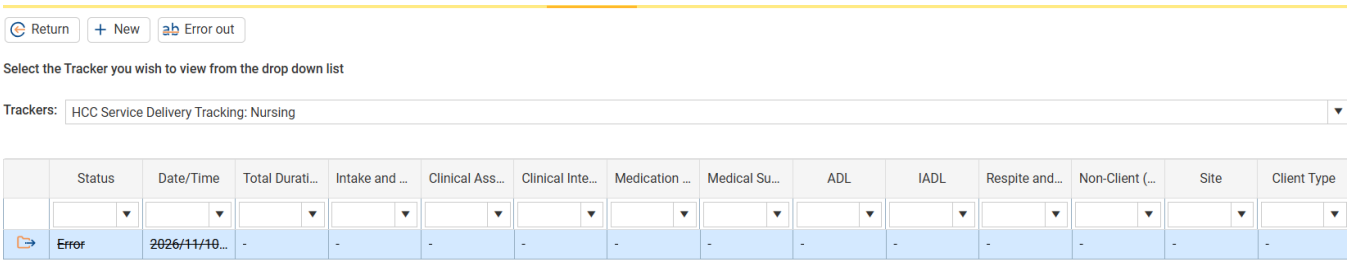
3. Click the line (not the client file icon) for the tracker you need to error out, then select the **Error Out** button.



4. A pop-up appears, select **OK** to finalize.

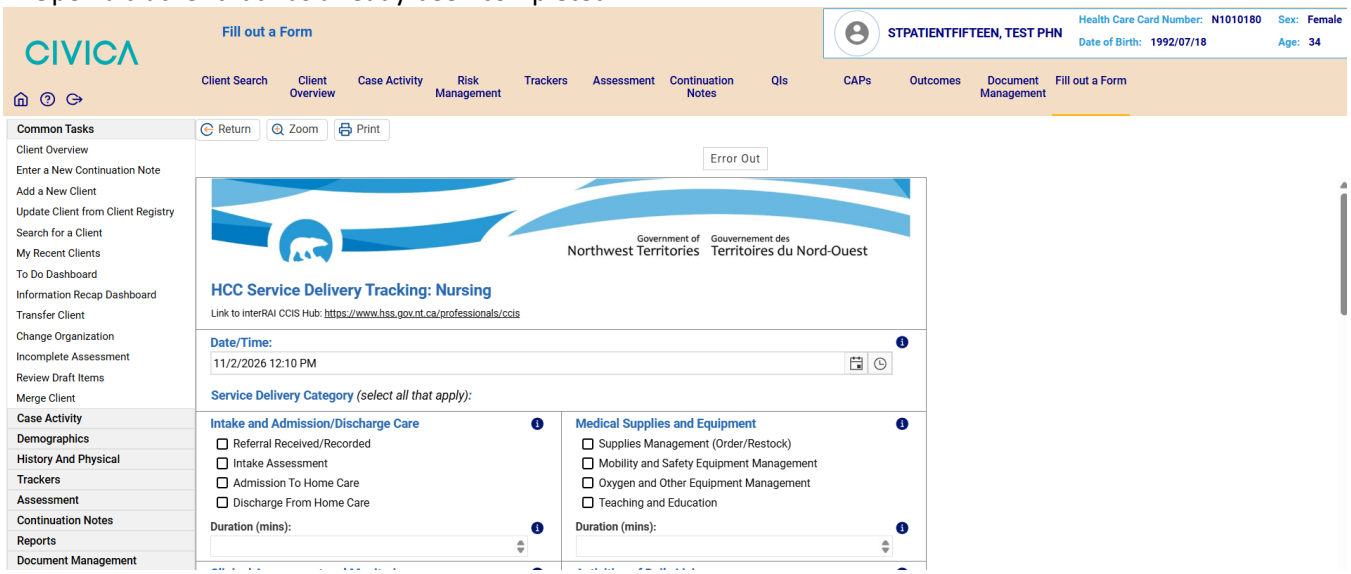


5. The entry now shows a strike-through on the ***Historical Trackers*** page. (Next Page)

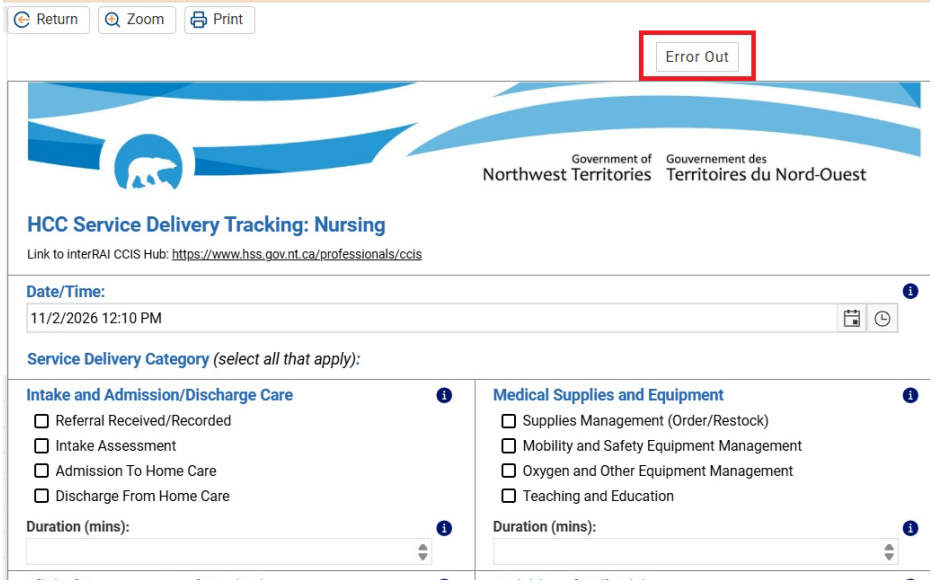


Option 2 – From Within the Record

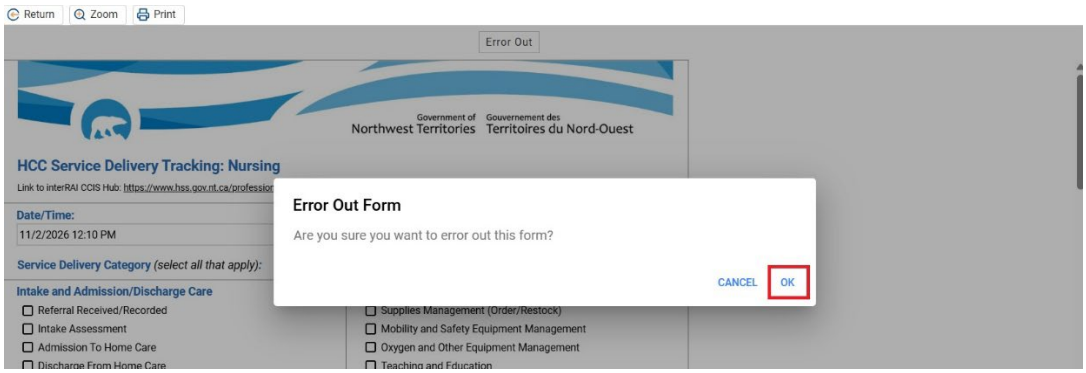
1. Open a tracker that has already been completed.



2. Click the **Error Out** button.



3. A pop-up appears – select **OK**. (Next Page)



3. The screen refreshes with no Save as a Draft, Save & Complete or Re-Open options. Click the **Return** button to go back to ***View Historical Trackers.***



4. On the **View Historical Trackers**, the entry for the tracker now shows with a strike-through.

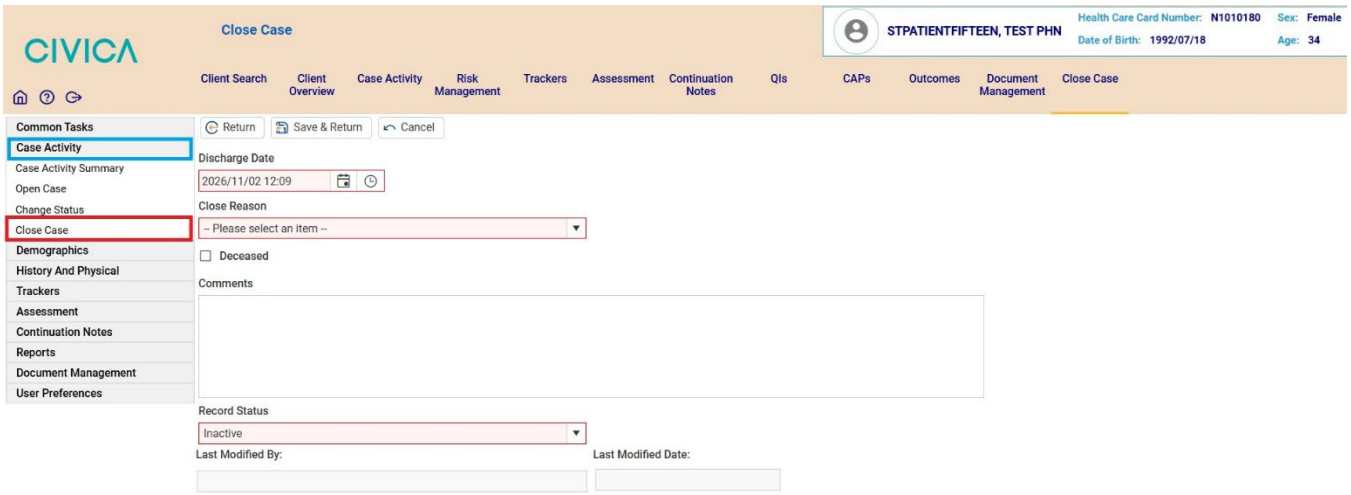


Stage 4: DISCHARGE

This stage involves ending a client's case in CCIS due to many reasons such as death, declined services, eligibility, service interruption, and transfer to another organization or service.
Note: Closing a client's file does not delete the client file in CCIS.

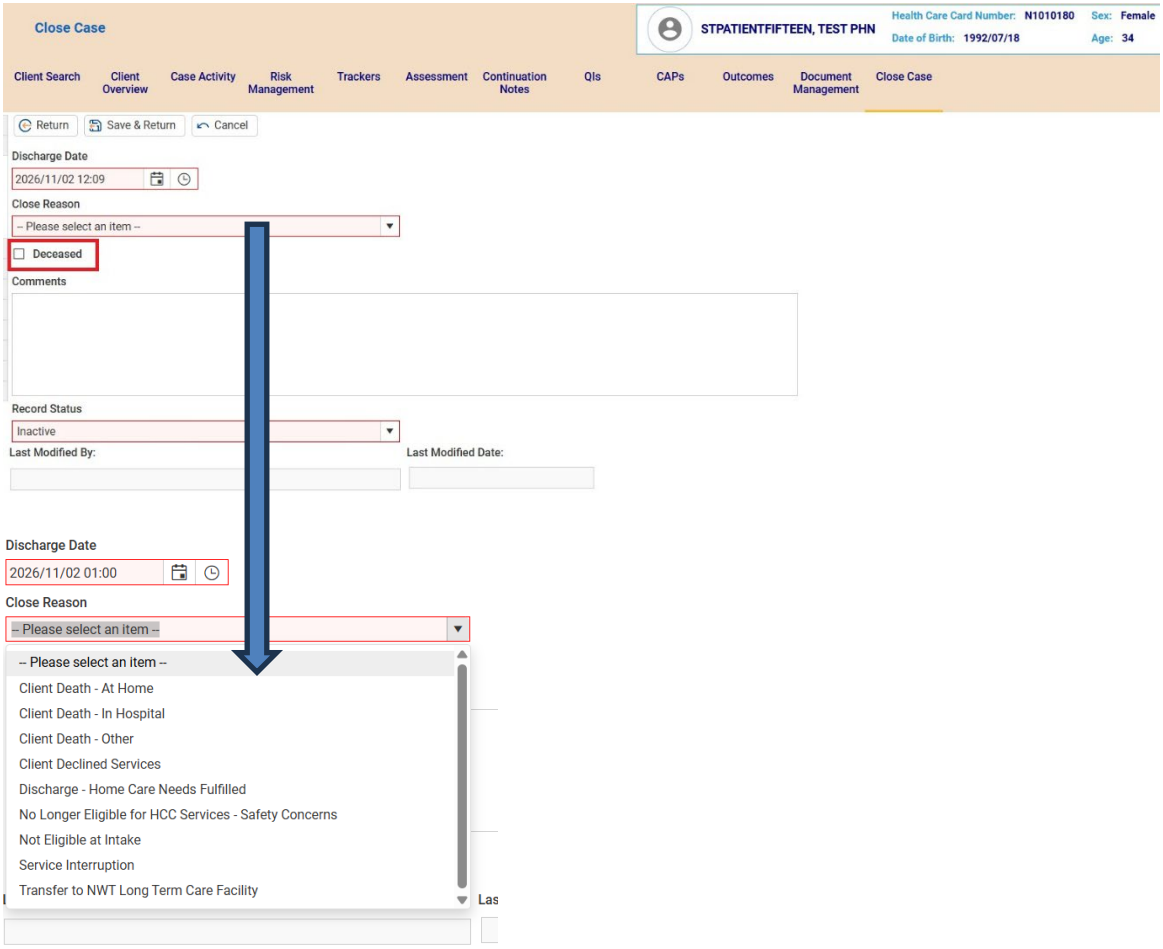
Closing a Case

1. Under **Common Tasks** in the left-side panel, click **Case Activity** then click **Close Case**. (Next Page)

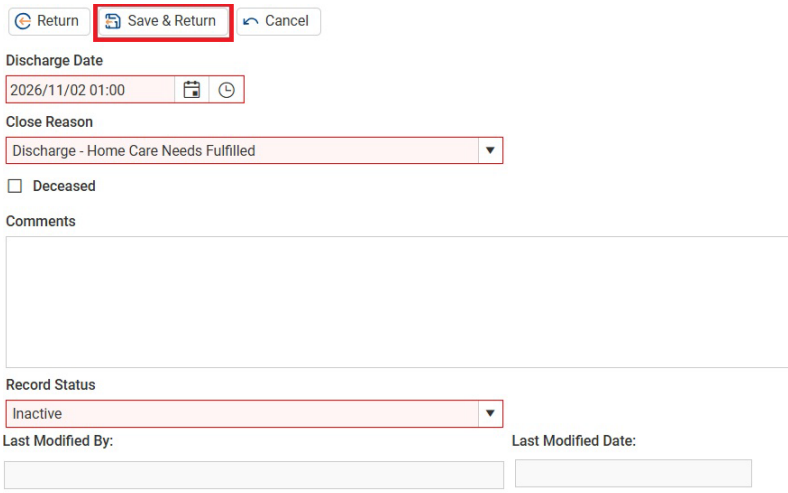


2. The Date field automatically populates with the current date and time. From the *Close Reason* dropdown menu, select the option that applies to the client record.

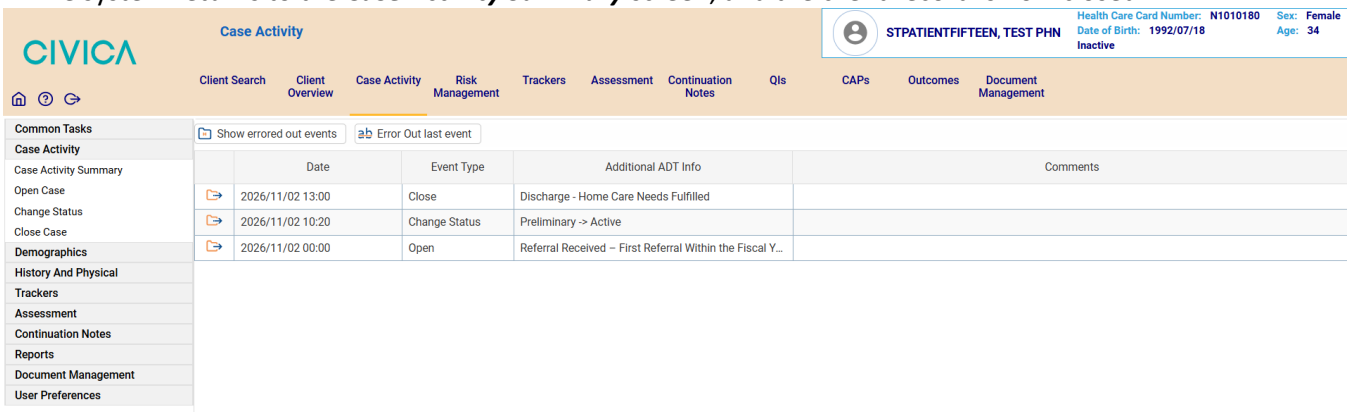
⚠ If selecting any of the three death-related reasons, select the Deceased checkbox located below the Close Reason dropdown menu. This automatically updates the Record Status to "Inactive Deceased".



3. Click the Save & Return button.



4. The system returns to the ***Case Activity Summary*** screen, and the client record is now closed.



⚠ Promptly close client cases. Leaving a case open after services can impact client file and data pulls.

Field Reference for Closing a Case

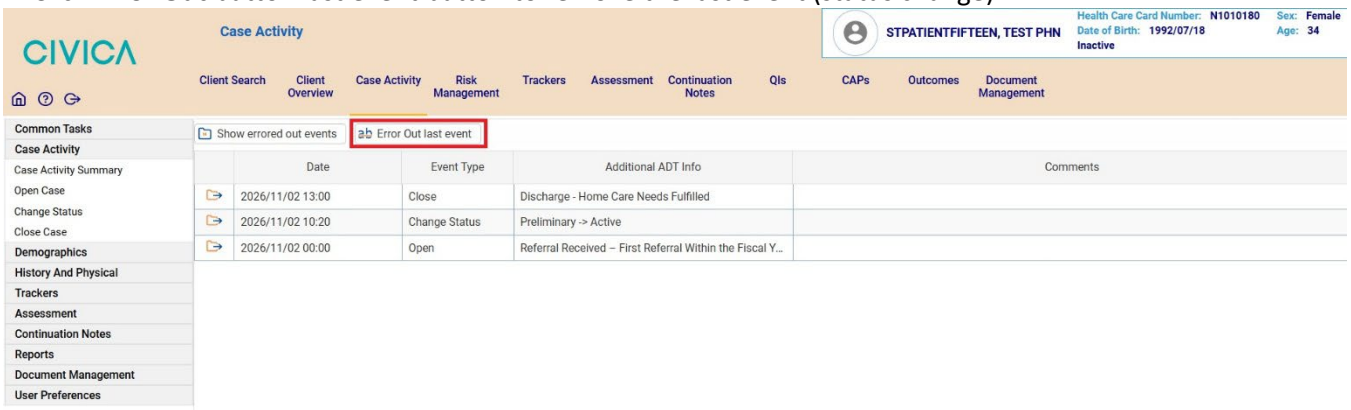
Discharge Date	Effective date and time (YYYY-MM-DD HH:MM) marking official case closure and discharge from HCC.
Close Reason	Mandatory drop-down category documenting the primary clinical or administrative reason for discharge.
Client Death-At Home	Client passed away at their home or private community residence.
Client Death-In Hospital	Client passed away while admitted to an acute care or inpatient hospital facility.
Client Death-Other	Client passed away at an alternate location (e.g., in transit, hospice, or unclassified setting).
Client Declined Services	Client or substitute decision-maker refused ongoing HCC services or withdrew consent.
Discharge - Home Care Needs Fulfilled	Client care goals were met, conditions improved, and client no longer needs HCC services at this time.
No Longer Eligible for HCC	Client not adhering to Home Care policies and/or service stoppage for staff

Services – Safety Concerns	safety.
Not Eligible at Intake	Intake assessment determined the client did not meet home and community care program criteria.
Service Interruption	Temporary suspension of services exceeding allowable thresholds (e.g., hospital stay).
Transfer to NWT Long Term Care Facility	Client discharged from home care upon permanent admission to a territorial long-term care facility.
Deceased (checkbox)	Checkbox indicating client is deceased; automatically updates Record Status to Deceased Inactive.
Record Status	Tracks where the client sits in the ADT process from referral through discharge.
Last Modified Date	System-generated timestamp (YYYY-MM-DD HH:MM) recording when the case was closed.
Last Modified By	System-tracked username of the provider or staff member who completed the case closure.

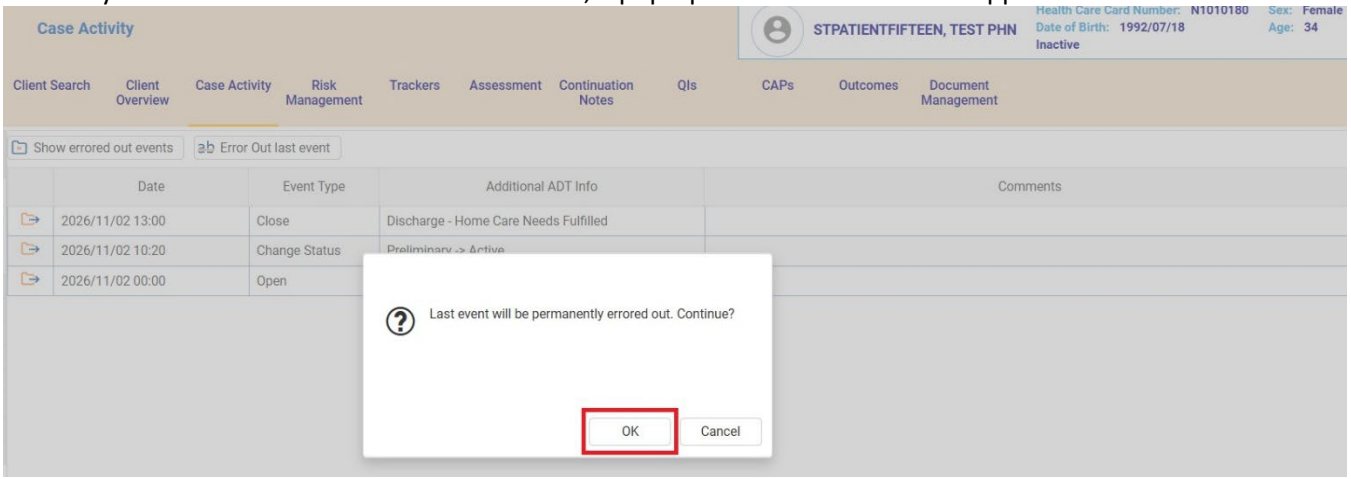
Correcting a Mistake

If a case is accidentally closed with the incorrect reason, it can be corrected using the Error Out option on the ***Case Activity Summary*** page.

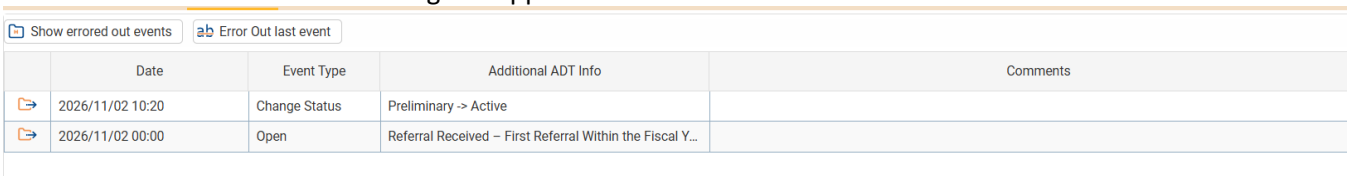
1. Click **Error Out** button last event button to remove the last event (status change).



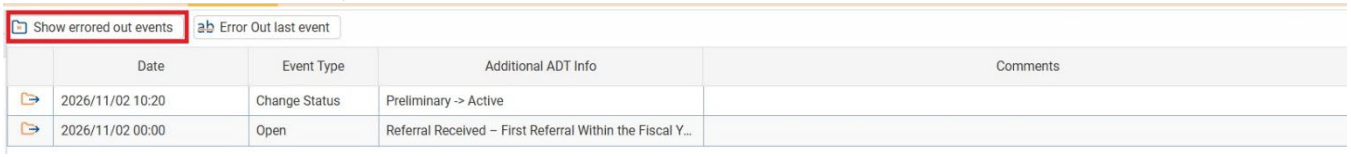
2. Once you click the **Error Out last event** button, a pop-up to confirm this action appears. Click **OK**.



3. The row with the last status change disappears.



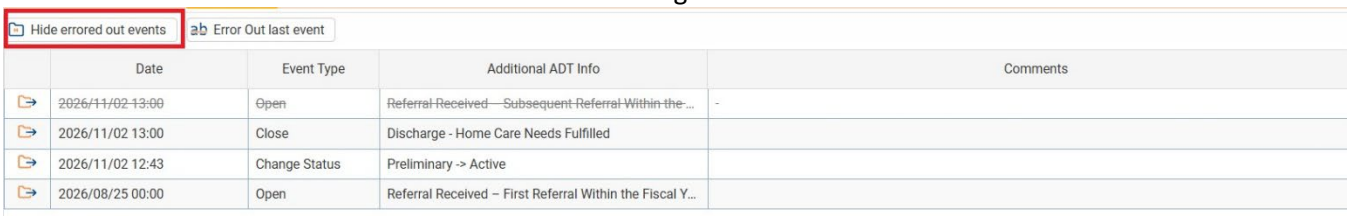
4. To see what was removed, click **Show errored out events** button.



5. Once the **Show errored out events** button is clicked, the list of case activity shows a strike-through for the action errored out.

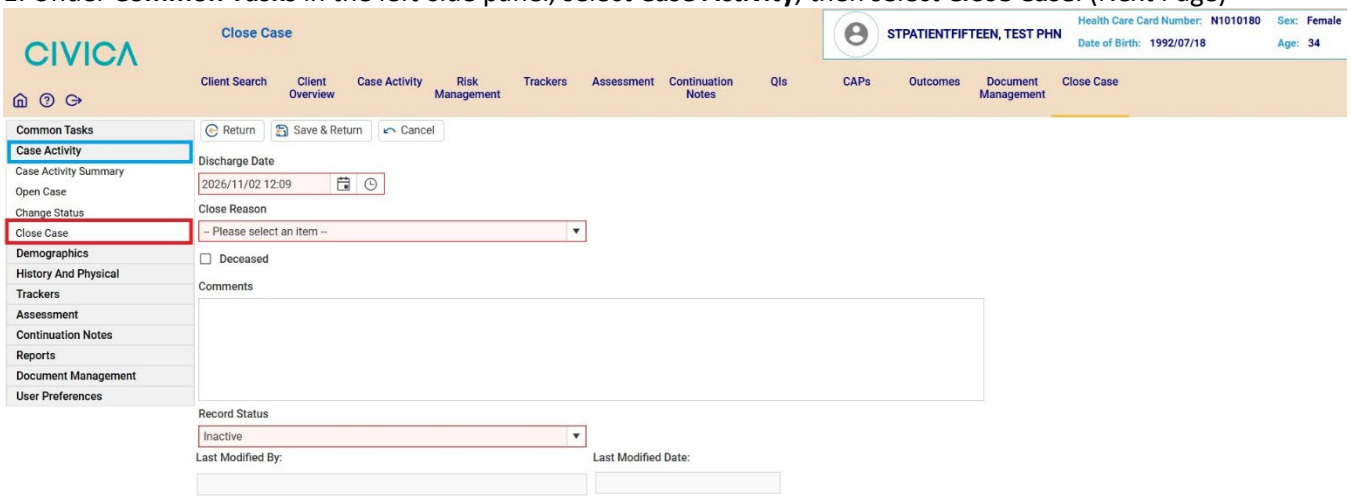


6. Click on the **Hide errored out events** button to once again hide the errored-out event.

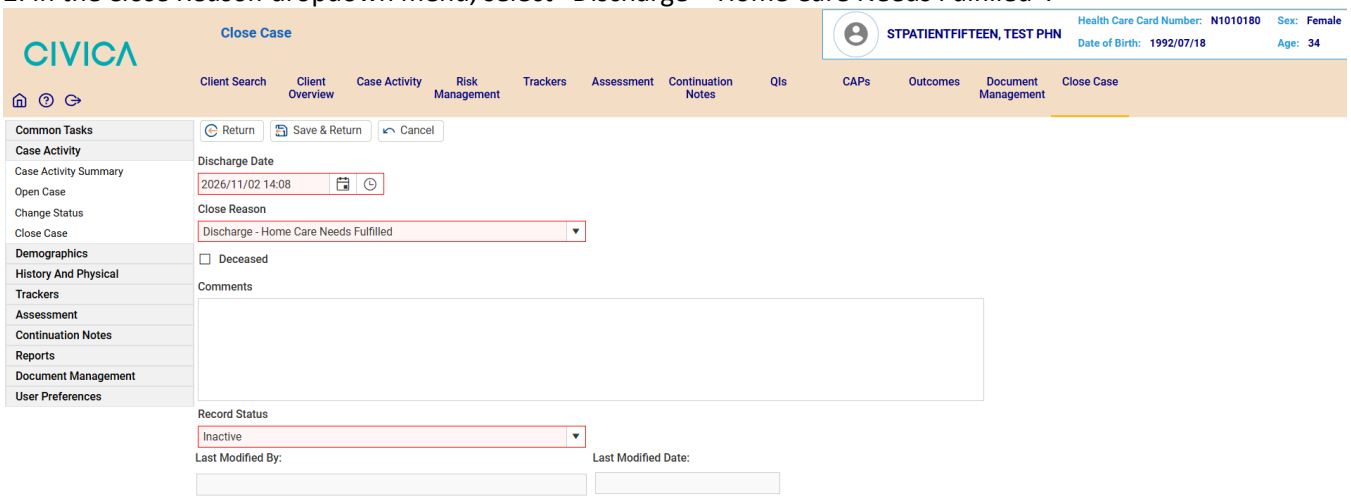


Transferring a Client

1. Under **Common Tasks** in the left-side panel, select **Case Activity**, then select **Close Case**. (Next Page)



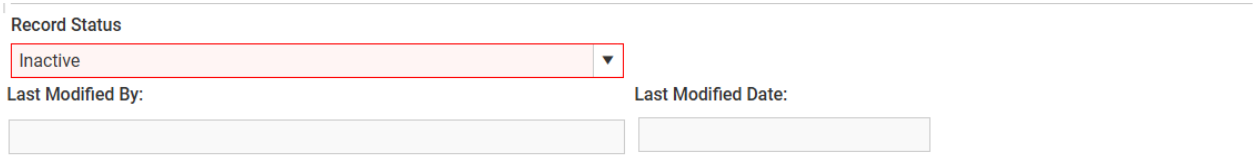
2. In the *Close Reason* dropdown menu, select “Discharge – Home Care Needs Fulfilled”.



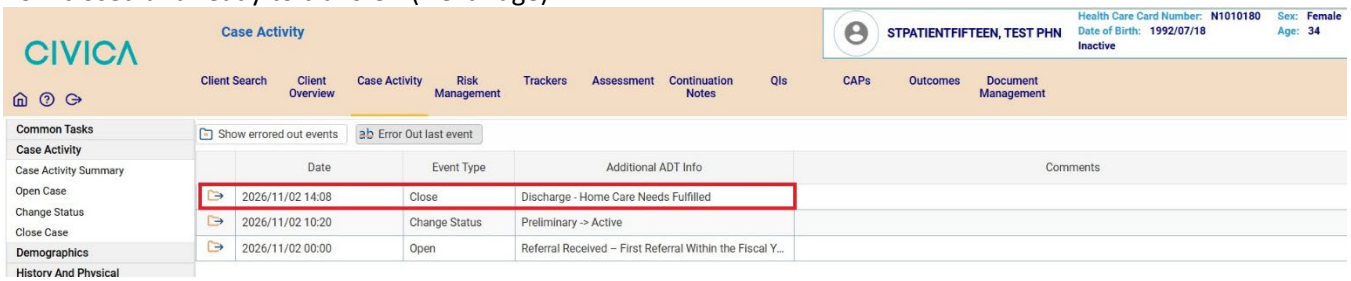
⚠ Date & Time Verification: Ensure the Date and Time fields reflect when the client was discharged from HCC Services. If this differs from the system-generated timestamp, enter the actual discharge date and time.

3. In the *Record Status* dropdown menu, select “Inactive” if it not already set as default. When a client transfers to another organization or community, you must complete a two-part workflow to transfer their client record in CCIS.

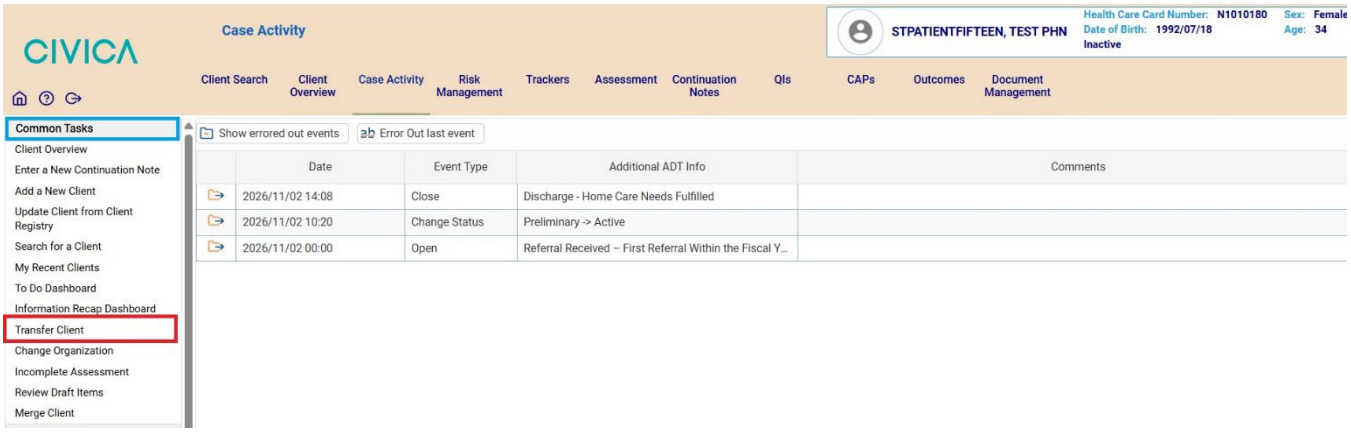
First, you must complete the Closing a Case process outlined above. It is critical to verify the client's *Record Status* is set to “Inactive” as a transfer cannot be initiated if the record status is still “Active”.



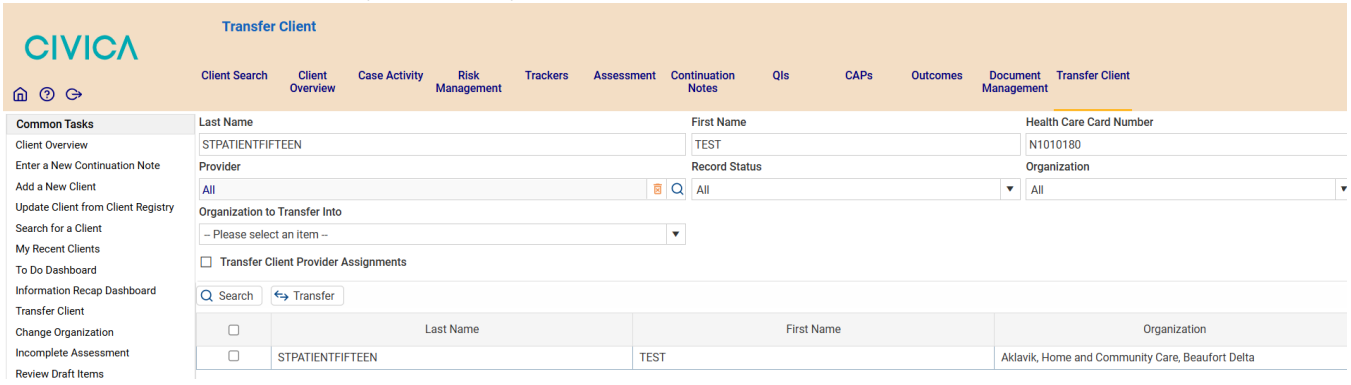
4. Click on the **Save & Return** button which brings you to the ***Case Activity Summary*** page. The client record is now closed and ready to transfer. (Next Page)



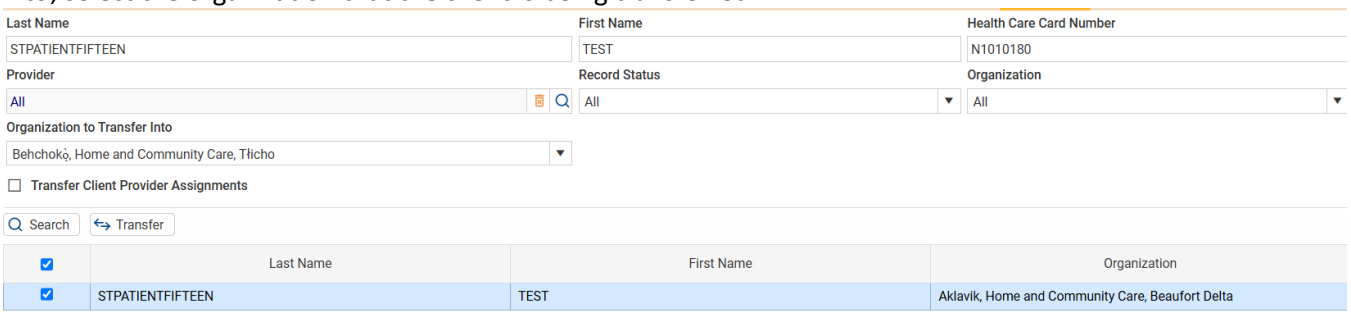
5. Under **Common Tasks**, select **Transfer Client**.



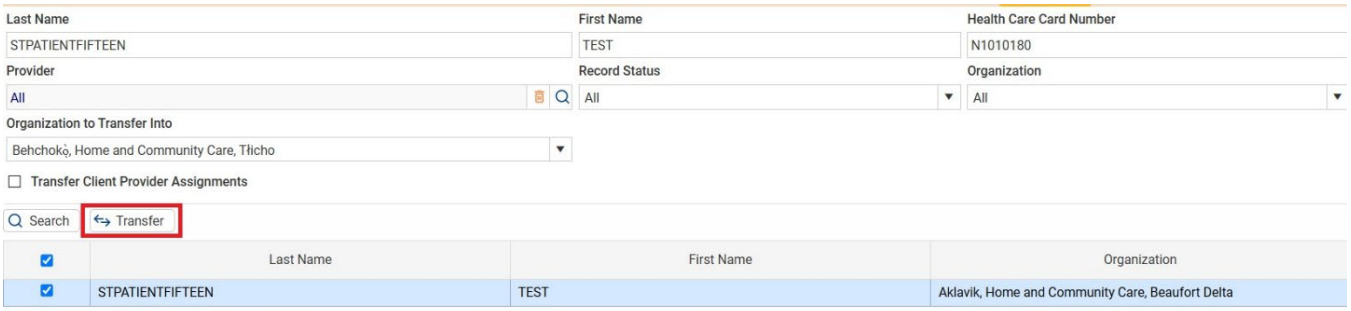
6. Enter the client's *Last Name*, *First Name*, and *Health Care Card Number* and click the **Search** button.



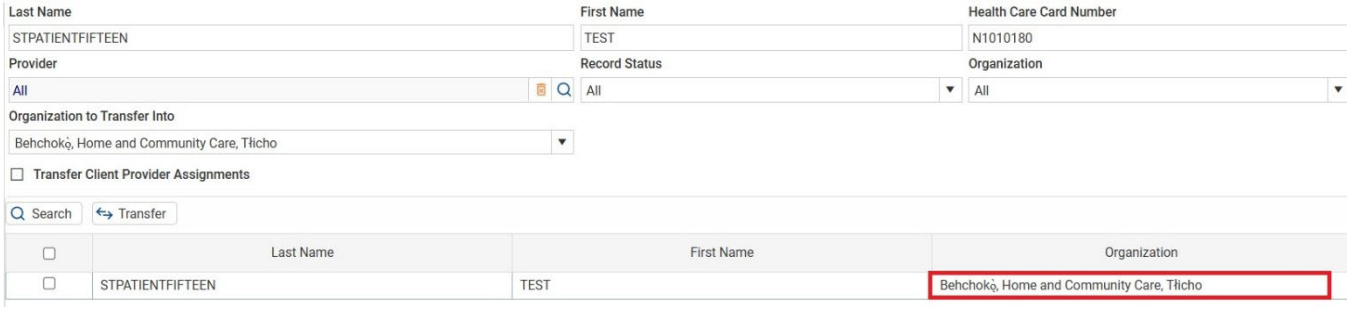
7. Once the client is found, click on the *checkbox* beside the client file, then then under *Organizations to Transfer Into*, select the organization that the client is being transferred.



8. Select the **Transfer** button.



9. The ***Transfer Client*** screen refreshes and under the search results, the client's Organization has changed to the organization that the client is transferred to, and the client has been transferred to another organization.



Field Reference for Transferring a Client

Last Name	Client's legal surname.
First Name	Client's legal first name.
Health Care Card Number	Client's Health Care Card Number (HCCN) acting as the primary unique identifier for transfer.
Record Status	Tracks where the client sits in the ADT process from referral through discharge.
Organization to Transfer Into	Destination organization assuming primary responsibility for the client record.
Organization	The designated health authority responsible for coordinating the client's home care episode.

Next Steps:

- **Case Closed:** No further action is required. The client's case is closed but their file remains in CCIS.
- **Case transferred:** The receiving organization continues the client's case, starting at Stage 1: Client Setup (Find a Client).

SECTION 4: PRINTING REPORTS

CCIS includes a Reports module for generating printable and downloadable reports covering service delivery activities, audit trails, and other system data. This section walks through running a Service Delivery Report, Audit Report and summarized the other report categories available.

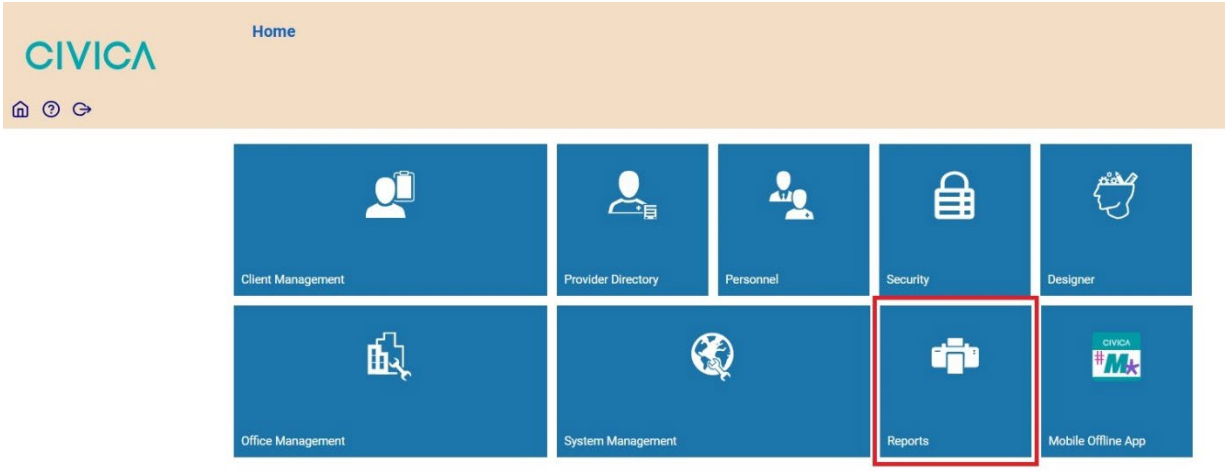
If this is you: you need to generate, download, or print a report from CCIS.

Depending on your assigned role in CCIS, you may have access to the following standard reports:

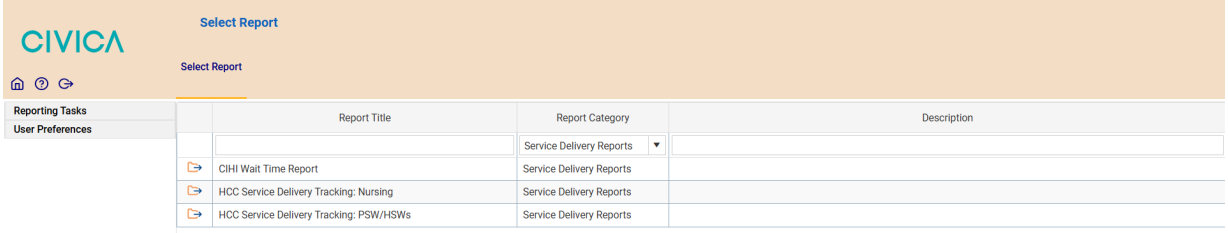
- **CIHI Wait Time Report:** Documents the exact duration between the initial referral and the client's first delivered care event(s).
- **HCC Service Delivery Tracking - Nursing:** Details all nursing visits and specific clinical services provided over a selected period.
- **HCC Service Delivery Tracking - PSW/HSW:** Details all personal support visits and services provided over a selected period.

ℹ *Report access is governed by strict role-based permissions. Your specific discipline and system role dictate which of these reports you are authorized to view, generate, and print.*

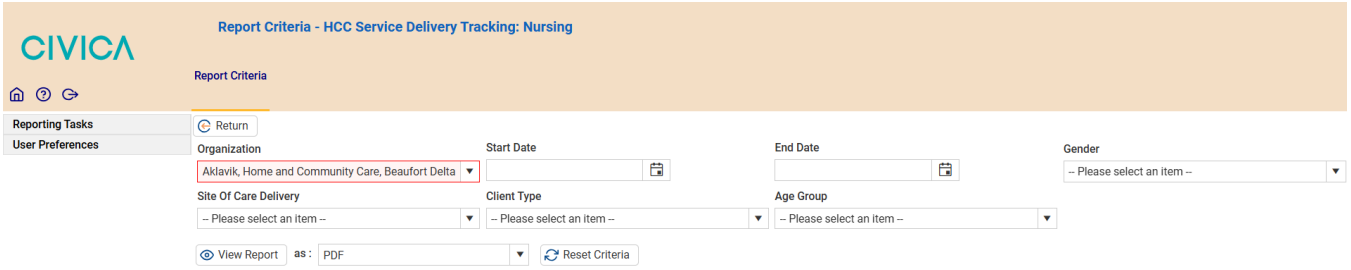
1. On the home screen, select the Reports module tile.



2. Under *Report Category*, select “Service Delivery Reports”.

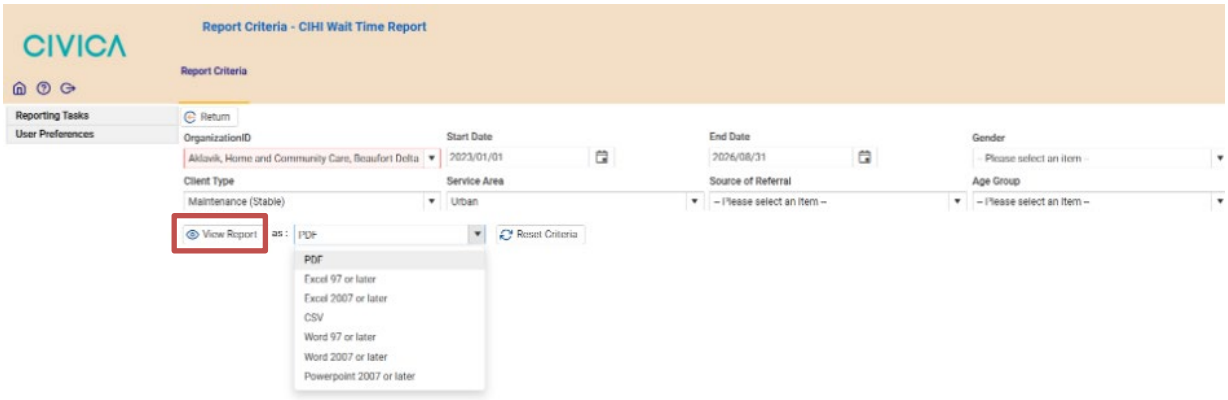


3. Choose the report you wish to run. It will take you to a page where you can choose the filters of the report to meet your needed. Organization field defaults to the organization you’re logged in with. (Next Page)

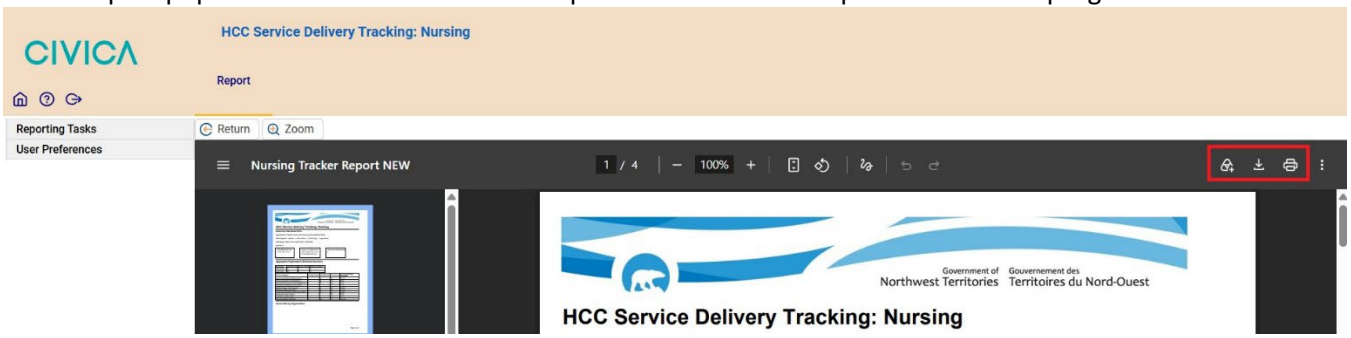


ℹ *Fill out fields that apply to the report you are running.*

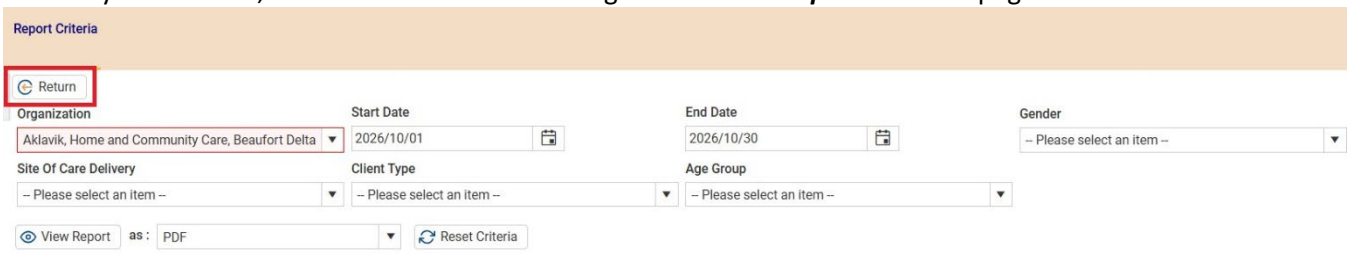
4. Once you have selected the filters you want in the report, select the file format from the dropdown (*PDF, Excel 97 or later, Excel 2007, CSV, Word 97 or later, Word 2007 or later, PowerPoint 2007 or later*) then select **View Report**.



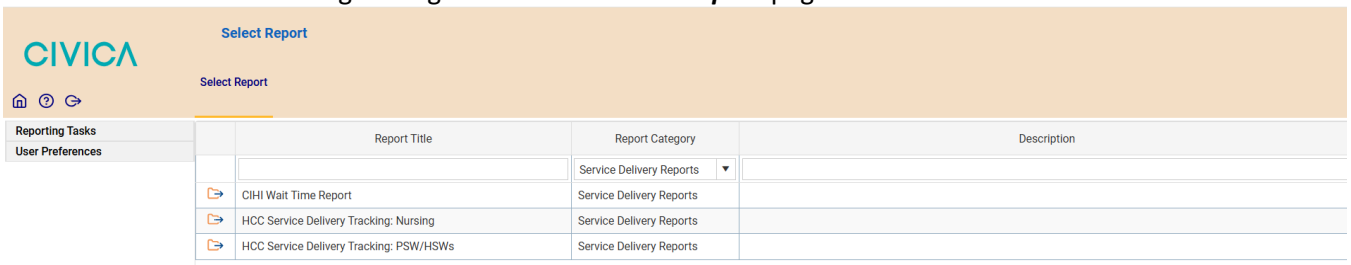
5. The report populates within CCIS. You have options to download or print outside the program.



6. Once you are done, select the **Return** button to go back to the ***Reports Criteria*** page.



7. Click the **Return** button again to go back to the ***Select Report*** page.



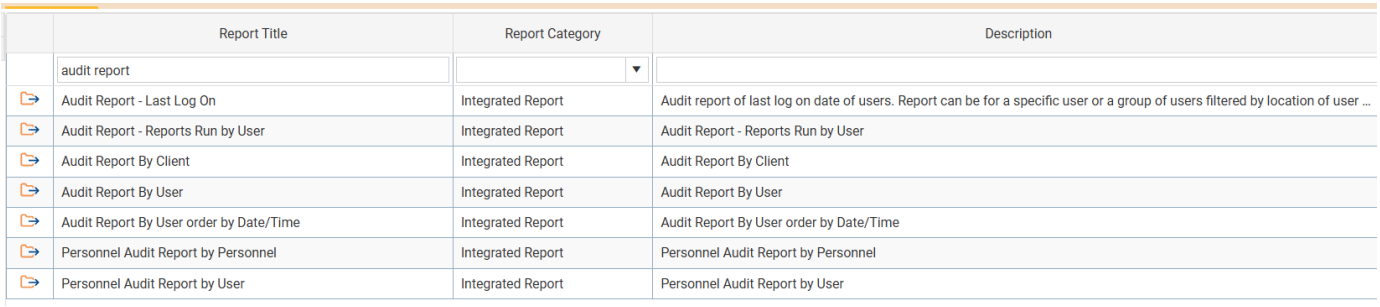
Field Reference for Printing Reports

Organization	Filters the Service Delivery report output by selecting one, multiple, or all communities within the user's authorized health authority regions.
Start Date	Date Picker (YYYY-MM-DD)
End Date	Date Picker (YYYY-MM-DD)
Gender (Note: Should be listed as 'Sex' in the CCIS)	Filters the Service Delivery report output by the client's documented sex (Female, Male, or X).
Site of Care Delivery	Filters the Service Delivery report output by the physical or virtual setting where the care encounter took place.
Client Type	Dropdown List (Check ALL, Acute, Long Term Supportive (Unstable), Maintenance (Stable), Other, Rehabilitation)
Age Group	Dropdown List (Check ALL, Adult 18-64, Senior 65+, Youth <18)

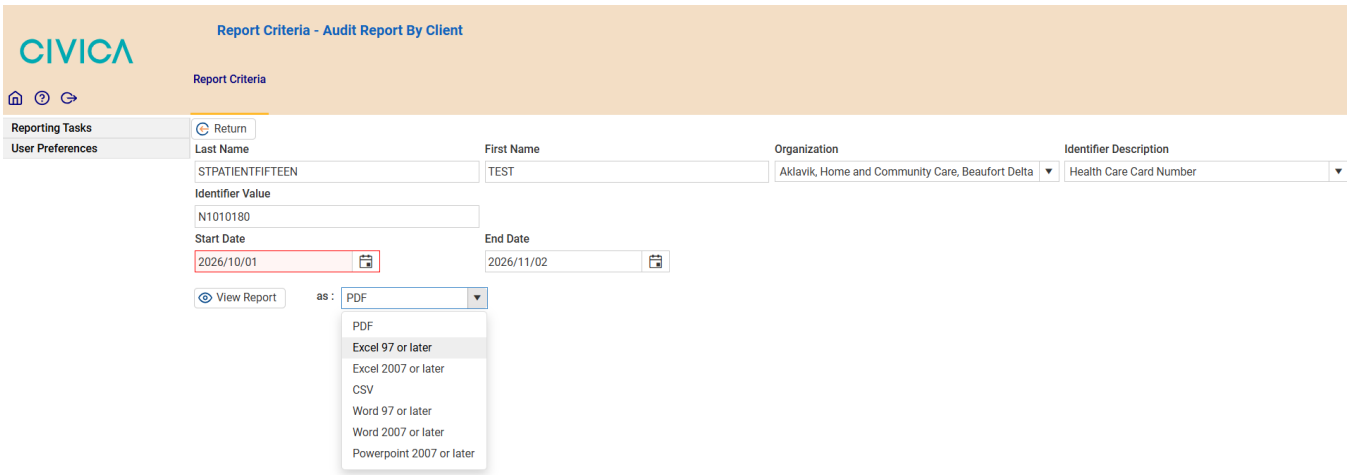
Running an Audit Report

The Reports module also generates reports for auditing purposes such as summarizing where a user has gone in CCIS and all users who have accessed a client's file.

1. Under Report Title, type "Audit Report" to filter the list, then choose the specific audit report you need (see Field Reference below).

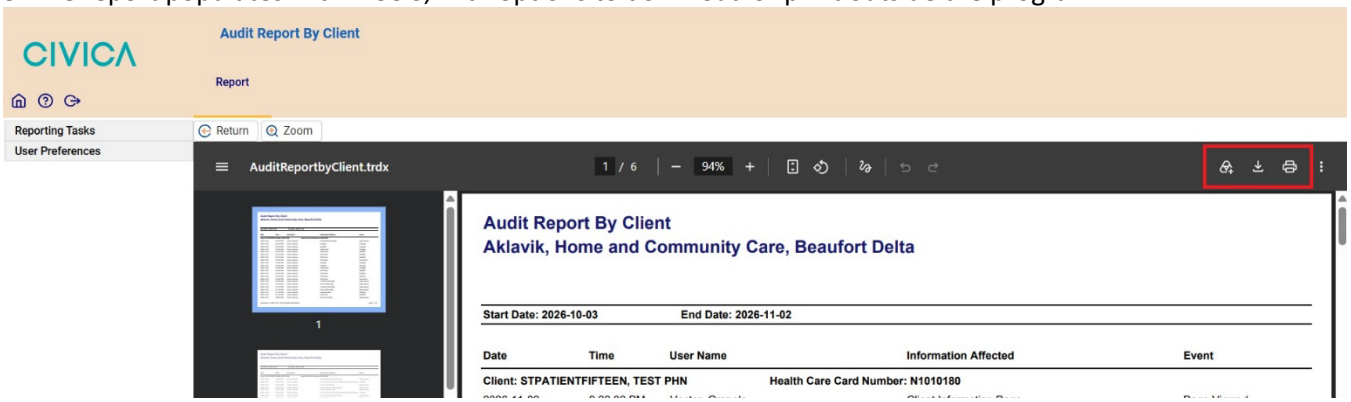


2. Fill out the required fields, select the file format, then select **View Report**.

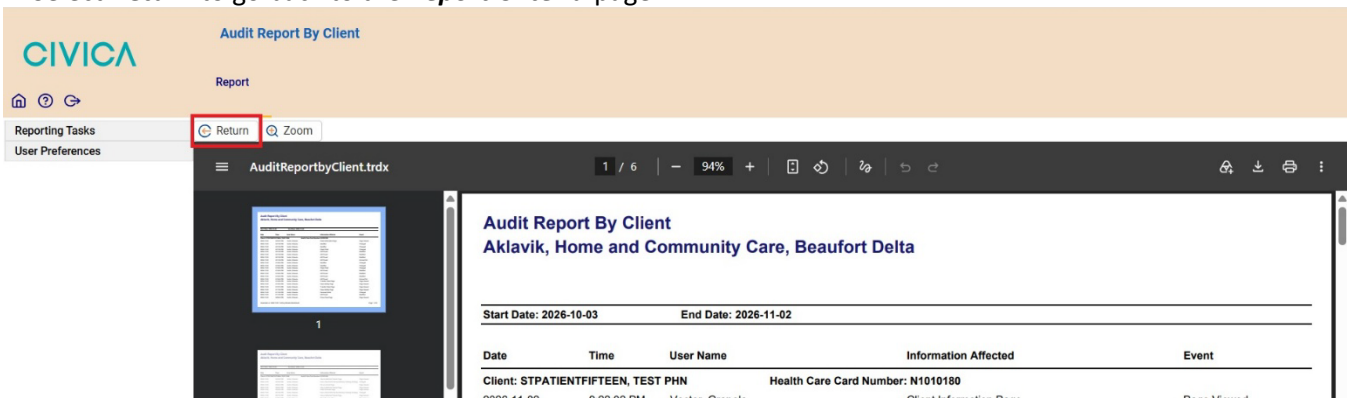


ℹ *Fill out fields that apply to the report you're running, not every report has the same fields.*

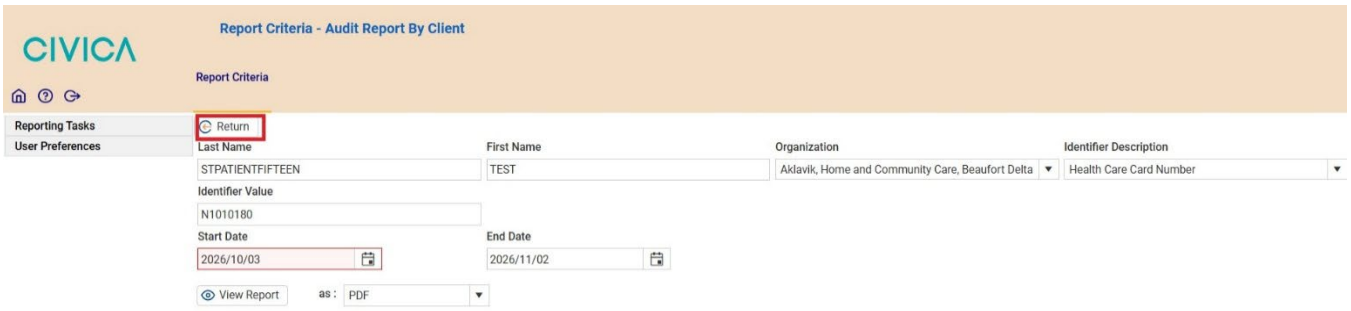
3. The report populates within CCIS, with options to download or print outside the program.



4. Select **Return** to go back to the ***Report Criteria*** page



5. Click the **Return** button again to go back to the ***Select Report*** page.



Field Reference – Audit Reports Available

Audit Report – Last Log On	Queries system authentication logs to list user accounts alongside their last recorded login timestamp, assisting administrators in monitoring active users and identifying inactive credentials.
Audit Report by Client	Queries and displays the complete administrative and clinical activity history for a specific client record, detailing who accessed, viewed, modified, or charted on the file and when.
Audit Report by User	Queries and displays all system transactions—including client searches, record creations, edits, status changes, and tracker submissions—attributed to a specific user ID to monitor user activity and documentation compliance.
Client Activity Report	Generates a report displaying client case lifecycle events—specifically tracking case openings, reopenings, and closures—filtered by selected open reasons, close reasons, and a specified date range.