Government of
Northwest Territories

Continuing Care Information System (CCIS)

Data Dictionary

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Table of Contents

Introduction 4

Overview 4

Abbreviations Used in the CCIs User Data Dictionary & Glossary 4

Section 1: Azure AD Login 5

Section 2: Selecting Working Organization 6

Section 3: Home 6

Section 4: CCIS Client Scenarios & Workflows 6

- **Search for a Client** 6
- **Search Client using Registry** 8
- **Add a New Client** 8
- **Open Case for existing CCIS Client** 10
- **Change a Client Status** 10
- **Close Case** 10
- **Transfer a Client** 11
- **Merge a Client** 12

Section 5: CIHI Home Care Wait Time Tracking 12

Section 6: HCC Service Delivery Tracking: Nursing 14

Section 7: HCC Service Delivery Tracking: PSW/HSWs 20

Section 8: CIHI Wait Time Report 26

Section 9: HCC Service Delivery Reports 27

Section 10: Audit Reports 28

- **Audit Report – Last Log On** 28
- **Audit Report by Client** 29
- **Aduit Report by User** 30
- **Client Activity Report** 30

Section 11: Logging Out 31

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.

Overview

The purpose of the CCIS Data Dictionary and Glossary is to provide GWNT staff (e.g. health care professionals, support staff, and clinical leaders) with a reference guide to inform the intention of the fields and terms within the CCIS system and how the data is to be applied in the CCIS system. This aims to ensure data is entered in a consistent and standardized manner across the Northwest Territories, which leads to optimal data accuracy and quality to inform clinical operations, program planning, and territory-wide continuing care improvements.

Abbreviations Used in the CCIs User Data Dictionary & Glossary

AD / Azure AD	Active Directory / Azure Active Directory (Microsoft Entra ID)
ADL	Activities of Daily Living
Admin	Administration / Administrative
ADT	Admission, Discharge, and Transfer
CCAP	Continuing Care Assessment Package (Assessment for Long-Term Care Placement)
CCIS	Continuing Care Information System
CIHI	Canadian Institute for Health Information
CSV	Comma-Separated Values (Extract File Format)
DHSS	Department of Health and Social Services
DOB	Date of Birth
EMPI	Enterprise Master Patient Index
FACES	Wong-Baker FACES Pain Rating Scale

FLACC	Face, Legs, Activity, Cry, Consolability Scale
GNWT	Government of the Northwest Territories
HCC	Home and Community Care
HCCN	Health Care Card Number
HCP	Health Care Provider
HCRS	Home Care Reporting System
HH:MM	Hours and Minutes (24-Hour Time Format)
HRHSSA	Hay River Health and Social Services Authority
HRS	Hours
HSW	Home Support Worker
IADL	Instrumental Activities of Daily Living
ID	Identification / Identifier
IM	Intramuscular
interRAI	International Resident Assessment Instrument
IV	Intravenous
LTC	Long-Term Care
MINS	Minutes
NRS	Numeric Rating Scale
NWT	Northwest Territories
OT	Occupational Therapist / Occupational Therapy
PDF	Portable Document Format
Prep	Preparation
PSW	Personal Support Worker
PT	Physical Therapist / Physiotherapy
SSO	Single Sign-On
SubQ (or SC)	Subcutaneous
TCSA	Tłı̨chǫ Community Services Agency
YYYY-MM-DD	Year, Month, Day (Standard Date Format)

Section 1: Azure AD Login

Field	Selection Options/ Format	Definition
Login with AzureAD	Action Button	Initiates the SSO authentication flow using Microsoft Entra ID (formerly Azure AD), allowing users to securely log into the application using their corporate or organizational Microsoft credentials.

Section 2: Selecting Working Organization

Field	Selection Options/Format	Definition
Organization Name	Editable Text Field/ Filter	A text input field that allows users to enter or filter records by the specific name of an organization.
Description	Editable Text Field/ Filter	A text input field used to enter or filter records based on the descriptive details or summary notes of an organization.
	General Button	Click the Select button to open an organization.

Section 3: Home

Field	Selection Options/ Format	Definition
Client Management	Module Tile	The core system module for managing client profiles, contact details, history, and associated records.
Provider Directory	Module Tile	The system module contains the centralized directory of service providers, credentials, and partner details.
Personnel	Module Tile	The staffing records module for managing employee profiles, editing user roles, and configuring allowed organizations.
Security	Module Tile	The administrative security module for managing user access controls, permissions, and roles.
Designer	Module Tile	The configuration and customization toolset used to modify forms, workflows, layouts, or application components.
Office Management	Module Tile	The administrative module that allows users to create, edit, and search organizations, manage and edit reference data, and configure system identifiers.
System Management	Module Tile	The high-level administrative module allows users to edit application options, send system notifications, and configure application options and roles.
Reports	Module Tile	The report module allows users to generate custom and standard reports based on system data.
Mobile Offline App	Module Tile	Directs the user to the mobile offline application interface and functionality.

Section 4: CCIS Client Scenarios & Workflows

Search for a Client

Field	Selection Options/ Format	Definition
Last Name	Editable Text Field	Client's legal surname.
First Name	Editable Text Field	Client's legal first name.

Record Status	*Drop Down List*	Tracks the client's progression through homecare services, from initial referral to final 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 currently.
	Inactive Deceased	Case closed because the client has passed away. Will auto fill if the Deceased click box is selected.
	Preliminary	Referral received, client records exist in CCIS; client is awaiting or undergoing intake assessment. ***Note: Does not start the CIHI Wait Time Clock***
Provider	*Locked Search Field*	An individual who delivers, has delivered or may deliver health care–related goods or Services. ***Note: Field is Locked and Set to ALL***
Organization	*Drop Down List*	Organization where client will receive Home Community Care services. ***Note: List will contain ALL organizations user has access to. Currently set to ALL.***
Identifier Description	*Drop Down List*	Displays the primary identifier designated in the Organization Management module. ***Note: Default set to Health Care Card Number***
	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.
Identifier Value	Editable Text Field	Unique client identifier number.
Sex	*Drop Down List*	Client's documented sex designation (Female, Male, or X) for clinical records and territorial reporting.
	Female	A client whose legal sex designation / sex assigned at birth is female.
	Male	A client whose legal sex designation / sex assigned at birth is male
	X	A client whose legal sex designation is non-binary or intersex individuals.
Date of Birth	Date Picker	Client's date of birth in YYYY-MM-DD format, used as a key demographic identifier.
Address	Editable Text Field	Primary residential address where the client lives and receives home care services.
Phone	Editable Text Field	Primary contact phone number for the client or designated contact.

		Note: (XXX) XXX-XXXX format
Employing Organization	*Drop Down List*	Organization which the service provider is currently employed. ***Note: Will contain ALL organizations user has access to. Currently set to ALL.***
Search	Action Button	Finds matching client records using the entered search criteria.
Clear Search Criteria	Action Button	Clears all local search fields and restores default settings to begin a new search.
Search Client Registry	Action Button	Brings the user to the EMPI Search engine when client record cannot be found locally.

Search Client using Registry

Field	Selection Options/ Format	Definition
Identifier Value	Editable Text Field	Unique client identifier number used to search central registry. ***Note: Default to Health Care Card Number***
Jurisdiction	*Drop Down List*	Issuing province, territory, or jurisdiction of the client's primary health care identifier. ***Note: Default to Health Care Card Number***
Last Name	Editable Text Field	Client's legal surname.
First Name	Editable Text Field	Client's legal first name.
Date of Birth	Date Picker	Client's date of birth in YYYY-MM-DD format used to confirm identity match.
Phone	Editable Text Field	Primary contact phone number registered for the client in the central registry. ***Note: Format +XXX (XXX) XXX-XXXX***
Search	Action Button	Finds matching client records using the entered search criteria.
Clear Search Criteria	Action Button	Clears all registry search criteria fields to reset the lookup form.

Add a New Client

Field	Selection Options/ Format	Definition
Return	Action Button	Click Return to go back to the previous page.
Save & Return	Action Button	Click Save and return to save your changes and return to the previous page.
Save	Action Button	Click Save to save changes you made.
Cancel	Action Button	Click Cancel to undo the changes you made.
Client Group	*Drop Down List*	**Not applicable**

Record Status	*Drop Down List* ***Record Status Types***	Tracks the client's progression through homecare services, from initial referral to final discharge. ***Note: Defaults to Preliminary Mandatory field.***
Organization	*Drop Down List*	Organization where client will be receiving Home Community Care services.
Last Name	Editable Text Field	Client's legal surname. ***Mandatory field***
First Name	Editable Text Field	Client's legal first name. ***Mandatory field***
Middle Name	Editable Text Field	Client's legal middle name
Title	*Drop Down List*	**Not applicable**
Sex	*Drop Down List* ***Sex Descriptions***	Client's documented sex designation (Female, Male, or X) for clinical records and territorial reporting.
Date of Birth	Date Picker	Client's date of birth (YYYY-MM-DD).
Marital Status	*Drop Down List*	**Not applicable**
Identifiers	Title Header (Yellow shading) ***Identifier Desciptions***	Distinct numerical identifiers assigned to verify client identity and link electronic health records. Fields under this Title are ***Mandatory fields***
Service	Title Header (Yellow shading)	**Not applicable**
Primary Contact	Title Header (Yellow shading)	**Not applicable**
Allergies	Title Header (Yellow shading)	**Not applicable**
Open Case for New Client (Mandatory)	Title Header (Yellow shading)	Fields under this Title are ***Mandatory fields***
Open Date	Date and Time Picker Field	Date and time (YYYY-MM-DD HH:MM) Note: Based on the community referral date or the hospital discharge date.
Description	*Drop Down List*	Mandatory documented rationale explaining why a new case episode is opened for an existing client.
	Existing HCC Client	An existing HCC client already actively receiving care who is being registered and onboarded into CCIS.
	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.

Comments	Editable Textbox Field	Not applicable

Open Case for existing CCIS Client

Field	Selection Options/ Format	Definition
Open Date	Date and Time Picker	Date and time (YYYY-MM-DD HH:MM) when reopening a case for an existing inactive client. ***Note: Based on the community referral date or the hospital discharge date.***
Open Reason	Drop Down List	Mandatory documented rationale explaining why a new case episode is opened for an existing client.
Comments	Editable Textbox Field	Not applicable
Record Status	Drop Down List	Tracks the client's progression through homecare services, from initial referral to final discharge.
	Active	A client associated with an open HCC case who is engaged in active service delivery.
	Preliminary	Referral received, client records exist in CCIS; client is awaiting or undergoing intake assessment. Not counted as an active HCC caseload.
Last Modified By:	Locked Text Field	System-tracked username of the healthcare provider or user who last updated this case record.
Last Modified Date:	Locked Text Field	System-generated timestamp (YYYY-MM-DD HH:MM) indicating when this case record was last modified.

Change a Client Status

Field	Selection Options/ Format	Definition
Date	Date and Time Picker	Effective date and time (YYYY-MM-DD HH:MM) when client transitions from preliminary to active caseload.
Record Status	Drop Down List	Tracks the client's progression through homecare services, from initial referral to final discharge.
	Active	A client associated with an open HCC case who is engaged in active service delivery.
Comments	Editable Textbox Field	Not applicable
Last Modified By:	Locked Text Field	System-tracked username of the healthcare provider or user who last updated this case record.
Last Modified Date:	Locked Text Field	System-generated timestamp (YYYY-MM-DD HH:MM) indicating when this case record was last modified.

Close Case

Field	Selection Options/ Format	Definition

Discharge Date	Date and Time Picker	Effective date and time (YYYY-MM-DD HH:MM) marking official case closure and discharge from HCC.
Close Reason	Drop Down List	Mandatory drop-down category documenting the primary clinical or administrative reason for discharge.
Deceased	Checkbox	When checked, automatically update Record Status to Deceased Inactive and generates new **Date Picker Field for Date of Death (Optional)**
	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 Program - Safety Concerns	Client not adhering to Home Care policies and/or service stoppage for staff safety.
	Not Eligible at Intake	Intake assessment determined that 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.
Record Status	*Drop Down List*	Tracks the client's progression through homecare services, from initial referral to final discharge.
	Inactive	Client is not actively receiving Home Care Services currently.
	Closed	Case is fully closed. Not receiving any home care services.
	Inactive Deceased	Case closed because the client has passed away. Will auto fill if the Deceased click box is selected.
Last Modified By	Locked Text Field	System-tracked username of the provider or staff member who completed the case closure.
Last Modified Date	Locked Text Field	System-generated timestamp (YYYY-MM-DD HH:MM) recording when the case was closed.

Transfer a Client

Field	Selection Options/ Format	Definition
Last Name	Editable Text Field	Client's legal surname.
First Name	Editable Text Field	Client's legal first name.
Health Care Card Number	Editable Text Field	Client's Health Care Card Number (HCCN) acting as the primary unique identifier for transfer.

Provider	Locked Seach Field	An individual who delivers, has delivered or may deliver health care–related goods or Services.
Record Status	Drop Down List Record Status Desciptions	Tracks the client's progression through homecare services, from initial referral to final discharge. ***Note: For Transfers, only clients with record status Inactive or Closed can be transferred.***
Organization	Drop Down List	Organization where client was last receiving Home Community Care services.
Organization to Transfer Into	Drop Down List	Destination organization assuming primary responsibility for the client record and giving HCC services.
Transfer Client Provider Assignments	Checkbox	Not applicable
Search	Action Button	Finds matching client records using the entered search criteria.
Transfer	Action Button	Completes official electronic transfer of client record into the destination organization.

Merge a Client

Field	Selection Options/ Format	Definition
Return	Action Button	Click Return to go back to the previous page.
Cancel	Action Button	Click Cancel to undo the changes you made.
Merge Records	Action Button	Initiates and executes the data consolidation process.
	Action Button	Brings the user to the Search a client screen
Major Record	Display Field	The primary surviving client record retained in CCIS, into which all historical and clinical data are merged.
Minor Record	Display Field	The duplicate client record that is merged into the major record and deleted from the system

Section 5: CIHI Home Care Wait Time Tracking

Field	Selection Options/ Format	Definition
Save as Draft	Action Button	Saves the current entry as an incomplete draft, allowing providers to return and complete documentation later.
Save and Complete	Action Button	Finalizes and submits the tracker form, validating mandatory fields and locking the entry for official CIHI reporting.

Reopen Form	Action Button	Unlocks a previously completed record to allow authorized edits, corrections, or additions to documentation. Only one CIHI Wait Time tracker form can exist per client in a fiscal year. Note: Can only be seen once a form is Save and Completed then action button will appear.
Error Out	Action Button	Marks an incorrectly created or duplicate record as entered in error, removing it from active clinical views and CIHI reporting extracts while retaining an audit trail. Note: The items is displayed with a strike-through.
Date/Time	Date and Time Picker	Complete the Date and Time the service delivery occurred Written as YYYY-MM-DD and HH:MM.
Date of First Care Event	Date and Time Picker	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.
Date of First Home Health	Date and Time Picker	Services by nursing, OT, dieticians, PT or other home health professionals. ***Note: Only Face-to-face visits for home health (e.g. in person, videoconference)***
Date of First Home Support	Date and Time Picker	Assistance to enable living at home (homemaking, personal care). **First event must be in person.** May include transportation or social supports.
Client Type	Drop Down List	High-level description of home care clients, based on their health status and assessed needs.
	Acute	A home care client who has been assessed to receive home health and/or home support services for a health condition that is expected to respond to a time-limited, individualized care plan. Discharge from home care services to independent management or recovery is expected within 3 months.
	Rehabilitation	A home care client who has been assessed to receive home health and/or home support services for a health condition that is expected to respond to a time-limited, individualized rehabilitation plan that predicts improvements in the client's functional status and their discharge date.
	Maintenance (Stable)	A home care client who has been assessed to receive home health and/or home support services and has ongoing stable health conditions, living condition(s) and personal resources where the plan of care has no predicted discharge date.
	Long Term Supportive (Unstable)	A home care client who has been assessed to receive home health and/or home support services and has ongoing unstable health conditions, living condition(s) and personal resources that place the client at significant risk for institutionalization.

	End of Life	A home care client who has been assessed to receive home health and/or home support services for a health condition that is not responsive to curative treatment and for which the client and/or family have been informed by a physician that the client is expected to live less than 6 months.
Source of Referral	Single-Select Checkbox	
	Hospital	Includes referrals from hospitals or health centres.
	Community	Includes self, family, and health care professionals in any setting except hospitals and health centres.
Service Area	Drop Down List	
	Urban	Yellowknife (postal code second digit not equal 0).
	Rural	All other NWT areas (postal code second digit equal 0).
Last Modified Date	Locked Date Picker	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	Locked Text Field	System-tracked field that is unable to be modified and is stamped with whomever last modified the record.

Section 6: HCC Service Delivery Tracking: Nursing

Field	Selection Options/ Format	Definition
Save as Draft	Action Button	Saves the current entry as an incomplete draft, allowing providers to return and complete documentation later.
Save and Complete	Action Button	Finalizes and submits the tracker form, validating mandatory fields, and locking the entry for official CIHI reporting.
Error Out	Action Button	Marks an incorrectly created or duplicate record as entered in error, removing it from active clinical views and CIHI reporting extracts while retaining an audit trail (displayed with a strike-through).
Date/ Time	Date and Time Picker	Complete the Date and Time the service delivery occurred Written as YYYY-MM-DD and HH:MM. ***Note: This field is auto-populated to when the tracker is created. Users are to adjust this date/ time to match when the service was delivered.***
Intake and Admission/ Discharge	Multi-Select Checkboxes ***Note: Must Select at least one service***	Activities related to initiating or closing a client's episode of care including intake assessment, admission and discharge planning.
	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.
	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.
	Admission To Home Care	Select this when the client is deemed eligible for service following the intake assessment and the formal admission process is completed. The client is now eligible to receive services.
	Discharge From Home Care	Select this when formally closing a client's active HCC episode of care because goals are met, services are no longer required, the client has moved/transferred, or care is discontinued.
Duration (mins)	Editable Time Field	Duration captures time spent by a health care professional delivering the documented service(s). Measured in minutes (numeric manual entry, e.g., 15).
Clinical Assessment & Monitoring	Multi-Select Checkboxes ***Note: Must Select at least one service***	Ongoing evaluation of client's health status to inform care planning.
	Case Management/Follow-Up Consultation (Client Present)	Select this when visiting the client at home or conducting a video conference to check on their care (e.g., seeing how they are feeling, talking about their services, or updating their care plan). ***Note: Regular phone call to a client does not apply***
	Chronic Condition Assessment/Monitoring	Select this anytime you assess a chronic illness for stability, worsening symptoms, or treatment adherence.
	Post-Operative or Post-Procedure Assessment	Select this when visiting a client at home right after surgery or procedure.
	Assessment for Long Term Care Placement (CCAP)	Select this when visiting a client at home to evaluate if they need to move into a long-term care facility.
	Reassessment – Home Care Services	Select this anytime you reassess if the client still needs ongoing HCC services. Note: This is to be selected when a formal reassessment is conducted due to clinical status changes and need to update the service care plan. This does not include daily minor reassessments as part of each clinical encounter.
	Vital Signs	Select this if a measurement of temperature, pulse, respirations, and blood pressure were taken.
	Blood Glucose Check	Select this if a blood glucose measurement was taken using either a glucometer or a continuous glucose monitor.

	Pain Assessment	Select this if an assessment using a PAIN scale was taken (e.g., Numeric Rating Scale (NRS), Wong- Baker FACES Scale or FLACC Scale)
	Other Assessment	Select this when doing a health check or screening that doesn't fit the other choices.
Duration (mins)	Editable Time field	Duration captures time spent by a health care professional delivering the documented service(s). Measured in minutes (numeric manual entry, e.g., 15).
Clinical Interventions and Care Management	Multi-Select Checkboxes ***Note: Must Select at least one service***	Direct clinical procedures and complex care activities beyond routine monitoring.
	Catheter and Ostomy Management	Select this when providing hands-on site assessment, appliance changes, or physical maintenance for urinary catheters or ostomies.
	Enteral/Nutrition Tube Care	Select this when providing direct site assessment, dressing changes, tube flushes, or feed administration for any enteral nutrition tube.
	Diagnostic Specimen Collection (Blood, Urine, Stool, Sputum, Swabs)	Select this when you physically collect, prepare, or handle biological samples (e.g., blood, urine, or swabs).
	IV or Subcutaneous Line Management	Select this when you provide direct site assessment, dressing and cap changes, or line flushing for any IV or subcutaneous access device.
	Wound Care – Basic	Select this when caring for simple, predictably healing wounds—such as skin tears, stage 1-2 pressure injuries, or simple incisions—by performing routine cleansing, basic site monitoring, and standard dressing applications.
	Wound Care – Advanced	Select this when managing severe, infected, or deteriorating wounds—such as deep ulcers and stage 3-4 pressure injuries—that require advanced clinical interventions like deep packing, negative pressure therapy, or sharp debridement.
	Foot Care – Advanced	Select this when using specialized tools for advanced foot and lower limb treatments, including complex nail reduction and sharp debridement for high-risk clients.
	Other Clinical Support	Select this when providing direct clinical care, acute physical assessments, or general symptom management that does not fit into any of the other categories.
Duration (mins)	Editable Time Field	Duration captures time spent by a health care professional delivering the documented service(s). Measured in minutes (numeric manual entry, e.g., 15).
Medication Management and Support	Multi-Select Checkboxes	Medication administration and activities that ensure safe medication use and adherence.

	Note: Must Select at least one service	
	Medication Administration (All Routes)	Select this when performing the administration of medications across all routes (e.g., oral, IV, IM, SubQ, topical).
	Medication Support	Select this when performing medication management tasks that do not involve direct administration.
	Medication Review and Monitoring	Select this when checking a client's medication list for safety or assessing them for side effects.
Duration (mins)	Editable Time Field	Duration captures time spent by a health care professional delivering the documented service(s). Measured in minutes (numeric manual entry, e.g., 15).
Medical Supplies and Equipment	Multi-Select Checkboxes ***Note: Must Select at least one service***	Provision and management of clinical supplies and assistive devices.
	Supplies Management (Order/Restock)	Select this when ordering, delivering, or restocking medical supplies and clinical equipment for a client.
	Mobility and Safety Equipment Management	Select this when assessing, ordering, or setting up mobility aids and home safety devices for a client.
	Oxygen and Other Equipment Management	Select this when setting up, monitoring, or maintaining oxygen therapy systems and other active medical devices for a client.
Duration (mins)	Editable Time Field	Duration captures time spent by a health care professional delivering the documented service(s). Measured in minutes (numeric manual entry, e.g., 15).
Activities of Daily Living (ADL)	Multi-Select Checkboxes ***Note: Must Select at least one service***	Assistance with basic self-care tasks that are essential for daily living.
	Nutrition Assistance (Meal Prep, Eating and Drinking)	Select this when helping a client prepare meals, modifying food textures, or physically assisting them with eating and drinking.
	Personal Care (Bathing, Grooming, Dressing, Oral Hygiene, Skin Care)	Select this when helping a client with their daily personal care routines (e.g., washing, grooming, dressing, and basic skin care).
	Toileting and Continence	Select this when helping a client with their elimination needs (e.g., assisting with washroom transfers or changing incontinence briefs and pads).
	Mobility and Transfers	Select this when physically assisting a client with moving (e.g., walking, repositioning in bed, or transferring between a bed, chair, or wheelchair).

	Therapeutic Exercise	Select this when helping a client complete active or passive range-of-motion exercises and other prescribed physical therapies.
	Elders in Motion	Select this when facilitating activities from the Elders in Motion program to help a client maintain strength, improve balance, and prevent falls.
Duration (mins)	Editable Time Field	Duration captures time spent by a health care professional delivering the documented service(s). Measured in minutes (numeric manual entry, e.g., 15).
Instrumental Activities of Daily Living (IADL)	Multi-Select Checkboxes ***Note: Must Select at least one service***	Support for instrumental activities of daily living related to assessed health or functional needs.
	Light Housekeeping	Select this when doing basic chores like washing dishes, sweeping, or taking out the trash.
	Laundry	Select this when washing, drying, folding, or putting away the client's clothes and bed linens.
	Meal Delivery or Preparation	Select this when delivering pre-made meals to the client's home or cooking and preparing food for them.
	Shopping and Errands	Select this when going out to buy groceries, pick up prescriptions, or run other essential errands for the client.
	Client Transportation within Community	Select this when driving or escorting the client to locations within their community (e.g., clinics, banks, or social events)
Duration (mins)	Editable Time Field	Duration captures time spent by a health care professional delivering the documented service(s). Measured in minutes (numeric manual entry, e.g., 15).
Respite and Social Support	Multi-Select Checkboxes ***Note: Must Select at least one service***	Services that provide relief to caregivers and social engagement for clients.
	Adult Day Activities	Select this when helping the client participate in adult day programs, such as group exercises, crafts, or social gatherings.
	Respite Care	Select this when taking over care to give the main caregiver a break.
	Interpreter Services	Select this when translating for the client or using an interpreter so they can communicate with staff.
	Social and Well Being Support (Friendly Visit/Check-In)	Select this when visiting the client just to chat, keep them company, or check on how they are doing.
Duration (mins)	Editable Time Field	Duration captures time spent by a health care professional delivering the documented service(s). Measured in minutes (numeric manual entry, e.g., 15).

Non-Client (Indirect) Care	Multi-Select Checkboxes ***Note: Must Select at least one service***	Non-client facing activities that are essential for care delivery. The client is not present for these activities.
	Care Coordination and Communication	Select this when coordinating a client's care, including scheduling visits, arranging appointments, liaising with family or healthcare providers, and logging client contact attempts.
	Documentation and Reporting	Select this when doing paperwork for a specific client, such as writing charting notes, updating their care file, or filling out an incident report.
	Virtual/Phone Consult	Select this when calling doctors, staff, or family to discuss the client.
	Extended Travel Time	Select this when logging travel to or from a client's location that exceeds routine or standard travel time (e.g., travel between communities or extended travel required to provide care). Must be logged as a separate line item from direct care services. Note: This does not include time needed to warm up a vehicle before driving or filling up a vehicle with gas.
	Service Did Not Occur, Not Home (No Show)	Select this when a visit did not happen because the client was not there (e.g., nobody answered the door).
	Service Did Not Occur – Client Canceled	Select this when a scheduled visit did not happen because the appointment was canceled.
	Service Did Not Occur – Client Refused	Select this when the scheduled visit does not happen because the client says no to the service.
	Service Did Not Occur – Not Required	Select this when an indirect task does not happen because the issue was already resolved or the client's care plan changed.
Duration (mins)	Editable Time Field	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	Locked Time Field	Cumulative time calculated by the system by summing the individual durations (in minutes) of all services.
Client Type	Single Select Drop Down List	High-level description of home care clients, based on their health status and assessed needs.
	Acute	A home care client who has been assessed to receive home health and/or home support services for a health condition that is expected to respond to a time-limited, individualized care plan. Discharge from home care services to independent management or recovery is expected within 3 months.
	Rehabilitation	A home care client who has been assessed to receive home health and/or home support services for a health condition that is expected to respond to a time-limited,

		individualized rehabilitation plan that predicts improvements in the client's functional status and their discharge date.
	Maintenance (Stable)	A home care client who has been assessed to receive home health and/or home support services and has ongoing stable health conditions, living condition(s) and personal resources where the plan of care has no predicted discharge date.
	Long Term Supportive (Unstable)	A home care client who has been assessed to receive home health and/or home support services and has ongoing unstable health conditions, living condition(s) and personal resources that place the client at significant risk for institutionalization.
	End of Life	A home care client who has been assessed to receive home health and/or home support services for a health condition that is not responsive to curative treatment and for which the client and/or family have been informed by a physician that the client is expected to live less than 6 months.
Site (of care delivery)	Single Select Drop down List	Location where client receives HCC care.
	Home	Private residence, including supported living.
	Health Centre or Clinic	Community Health Facility or Home and Community Care Clinic.
	Long Term Care Facility	Long-term care facility.
	Virtual	Phone or video encounters. No in-person contact.
	Other	Use when none of the above apply.
Provided By	Editable Text Field	Captures who provided the service to the client. Entered as Last Name, First Name
Last Modified Date	Locked Date Picker	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	Locked Text Field	System-tracked field that is unable to be modified and is stamped with whomever last modified the record.

Section 7: HCC Service Delivery Tracking: PSW/HSWs

Field	Select Options/ Format	Definition
Save as Draft	Action Button	Saves the current entry as an incomplete draft, allowing providers to return and complete documentation later.
Save and Complete	Action Button	Finalizes and submits the tracker form, validating mandatory fields, and locking the entry for official CIHI reporting.
Error Out	Action Button	Marks an incorrectly created or duplicate record as entered in error, removing it from active clinical views and CIHI reporting

		extracts while retaining an audit trail (displayed with a strike-through).
Date/ Time	Date and Time Picker	Complete the Date and Time the service delivery occurred Written as YYYY-MM-DD and HH:MM. ***Note: This field is auto-populated to when the tracker is created. Users are to adjust this date/ time to match when the service was delivered.***
Intake and Admission/ Discharge	Multi-Select Checkboxes ***Note: Must Select at least one service***	Activities performed with the client to initiate or close an episode of care, including admission, intake assessment and, discharge.
	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.
	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.
	Admission To Home Care	Select this when the client is deemed eligible for service following the intake assessment and the formal admission process is completed. The client is now eligible to receive services.
	Discharge From Home Care	Select this when formally closing a client's active HCC episode of care because goals are met, services are no longer required, the client has moved/transferred, or care is discontinued.
Duration (mins)	Editable Time Field	Duration captures time spent by a health care professional delivering the documented service(s). Measured in minutes (numeric manual entry, e.g., 15).
Clinical Assessment & Monitoring	Multi-Select Checkboxes ***Note: Must Select at least one service***	Ongoing evaluation of client's health status to inform care planning.
	Vital Signs	Select this if a measurement of temperature, pulse, respirations, and blood pressure were measured as per care plan.
	Weight Monitoring	Select this when performing scheduled weight checks as part of the care plan.
	Blood Glucose Check	Select this if a blood glucose measurement was taken using either a glucometer or continuous glucose monitor as per care plan.
	Pain Observation	Select this when checking for signs of pain or discomfort during a visit (e.g., noticing if they are wincing or rubbing a

		sore spot, and letting the nurse know if their pain is getting worse).
	Well-Being Observation	Select this when checking on a client's overall mood and mental well-being during a visit.
	Other Monitoring/ Observation	Select this when doing a health check or screening that does not fit the other choices.
Duration (mins)	Editable Time Field	Duration captures time spent by a health care professional delivering the documented service(s). Measured in minutes (numeric manual entry, e.g., 15).
Clinical Interventions and Care Management	Multi-Select Checkboxes Note: Must Select at least one service	Basic clinical supports as directed or assigned (non-advanced).
	Catheter and Ostomy Care - Basic	Select this when helping a client manage their catheter or ostomy bag (e.g., emptying urine or ostomy pouch).
	Enteral/Nutrition Tube Care -Basic	Select this when providing daily cleaning and basic care for a client's feeding tube.
	Diagnostic Specimen Collection – Basic (e.g., Collecting Urine Sample)	Select this when helping a client collect a basic, non-invasive sample (e.g., specimen cup for urine, collecting a stool sample, or gathering a sputum/spit sample).
	Wound Care – Basic	Select this when helping a client with simple wound care (e.g., putting on a fresh band-aid, washing a small scrape, changing a dry dressing over a healing cut).
	Foot Care -Basic	Select this when helping a client wash and care for their feet (e.g., washing and drying feet, rubbing moisturizers, checking for blisters, gently filing nails).
Duration (mins)	Editable Time Field	Duration captures time spent by a health care professional delivering the documented service(s). Measured in minutes (numeric manual entry, e.g., 15)
Medication Management and Support	Multi-Select Checkboxes ***Note: Must Select at least one service***	Medication supports provided within the role and through any delegation or assignment processes.
	Provide Medication as Directed	Select this when assisting a client with their pre-packaged daily medications according to their care plan.
	Medication Support	Select this when performing medication management tasks that do not involve direct administration.
Duration (mins)	Editable Time Field	Duration captures time spent by a health care professional delivering the documented service(s). Measured in minutes (numeric manual entry, e.g., 15)
Medical Supplies and Equipment	Multi-Select Checkboxes	Support with medical supplies and equipment like mobility equipment, safety equipment and supply stocking.

	Note: Must Select at least one service	
	Supplies Management (Restock Client Supplies)	Select this when making sure the client has enough supplies for their daily care and letting the supervisor know if things are running low.
	Mobility and Safety Equipment Management	Select this when cleaning, checking, or setting up a client's mobility equipment.
	Other Equipment Management	Select this when taking care of other health or care equipment in the home.
Duration (mins)	Editable Time Field	Duration captures time spent by a health care professional delivering the documented service(s). Measured in minutes (numeric manual entry, e.g., 15)
Activities of Daily Living (ADL)	Multi-Select Checkboxes ***Note: Must Select at least one service***	Assistance with basic self-care tasks that are essential for daily living.
	Nutrition Assistance (Meal Prep, Eating and Drinking)	Select this when helping a client prepare meals, modifying food textures, or physically assisting them with eating and drinking.
	Personal Care (Bathing, Grooming, Dressing, Oral Hygiene, Skin Care)	Select this when helping a client with their daily personal care routines (e.g., washing, grooming, dressing, and basic skin care).
	Toileting and Continence	Select this when helping a client with their elimination needs (e.g., assisting with washroom transfers or changing incontinence briefs and pads).
	Mobility and Transfers	Select this when physically assisting a client with moving (e.g., walking, repositioning in bed, or transferring between a bed, chair, or wheelchair).
	Therapeutic Exercise	Select this when helping a client complete active or passive range-of-motion exercises and other prescribed physical therapies.
	Elders in Motion	Select this when facilitating activities from the Elders in Motion program to help a client maintain strength, improve balance, and prevent falls.
Duration (mins)	Editable Time Field	Duration captures time spent by a health care professional delivering the documented service(s). Measured in minutes (numeric manual entry, e.g., 15)
Instrumental Activities of Daily Living (IADL)	Multi-Select Checkboxes ***Note: Must Select at least one service***	Support for instrumental activities of daily living related to assessed health or functional needs.

	Light Housekeeping	Select this when doing basic chores like washing dishes, sweeping, or taking out the trash.
	Laundry	Select this when washing, drying, folding, or putting away the client's clothes and bed linens.
	Meal Delivery or Preparation	Select this when delivering pre-made meals to the client's home or cooking and preparing food for them.
	Shopping and Errands	Select this when going out to buy groceries, pick up prescriptions, or run other essential errands for the client.
	Client Transportation within Community	Select this when driving or escorting the client to locations within their community (e.g., clinics, banks, or social events).
Duration (mins)	Editable Time Field	Duration captures time spent by a health care professional delivering the documented service(s). Measured in minutes (numeric manual entry, e.g., 15)
Respite and Social Support	Multi-Select Checkboxes ***Note: Must select at least one service***	Services that provide relief to caregivers and social engagement for clients.
	Adult Day Activities	Select this when helping the client participate in adult day programs, such as group exercises, crafts, or social gatherings.
	Respite Care	Select this when taking over care to give the main caregiver a break.
	Interpreter Services	Select this when translating for the client or using an interpreter so they can communicate with staff.
	Social and Well Being Support (Friendly Visit/Check-In)	Select this when visiting the client for a social visit, keep them company, or check on how they are doing.
Duration (mins)	Editable Time Field	Duration captures time spent by a health care professional delivering the documented service(s). Measured in minutes (numeric manual entry, e.g., 15)
Non-Client (Indirect) Care	Multi-Select Checkboxes ***Note: Must select at least one service***	Non-client facing activities that are essential for care delivery. The client is not present for these activities.
	Care Coordination and Communication	Select this when coordinating a client's care, including scheduling visits, arranging appointments, liaising with family or healthcare providers, and logging client contact attempts.
	Documentation and Reporting	Select this when doing paperwork for a specific client, such as writing charting notes, updating their care file, or filling out an incident report.
	Virtual/Phone Consult	Select this when calling doctors, staff, or family to discuss the client.
	Extended Travel Time	Select this when logging travel to or from a client's location that exceeds routine or standard travel time (e.g., travel between communities or extended travel required to provide

		care). Must be logged as a separate line item from direct care services. Note: This does not include time needed to warm up a vehicle before driving or filling up a vehicle with gas.
	Service Did Not Occur, Not Home (No Show)	Select this when a visit did not happen because the client was not there (e.g., nobody answered the door).
	Service Did Not Occur – Client Cancelled	Select this when a scheduled visit did not happen because the appointment was canceled.
	Service Did Not Occur – Client Refused	Select this when the scheduled visit doesn't happen because the client says no to the service.
	Service Did Not Occur – Not Required	Select this when an indirect task doesn't happen because the issue was already resolved or the client's care plan changed.
Total Duration	Locked Time Field	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	Single Select Drop Down List	High-level description of home care clients, based on their health status and assessed needs
	Acute	A home care client who has been assessed to receive home health and/or home support services for a health condition that is expected to respond to a time-limited, individualized care plan. Discharge from home care services to independent management or recovery is expected within 3 months.
	Rehabilitation	A home care client who has been assessed to receive home health and/or home support services for a health condition that is expected to respond to a time-limited, individualized rehabilitation plan that predicts improvements in the client's functional status and their discharge date.
	Maintenance (Stable)	A home care client who has been assessed to receive home health and/or home support services and has ongoing stable health conditions, living condition(s) and personal resources where the plan of care has no predicted discharge date.
	Long Term Supportive (Unstable)	A home care client who has been assessed to receive home health and/or home support services and has ongoing unstable health conditions, living condition(s) and personal resources that place the client at significant risk for institutionalization.
	End of Life	A home care client who has been assessed to receive home health and/or home support services for a health condition that is not responsive to curative treatment and for which the client and/or family have been informed by a physician that the client is expected to live less than 6 months.
Site (of care delivery)	Single Select Drop Down List	Location where client receives HCC care.
	Home	Private residence, including supported living.

	Health Centre or Clinic	Community Health Facility or Home and Community Care Clinic.
	Long Term Care Facility	Long-term care facility.
	Virtual	Phone or video encounters. No in-person contact.
	Other	Use when none of the above apply.
Provided By	Editable Text Field	Captures who provided the service to the client. Entered as Last Name, First Name.
Last Modified Date	Locked Date Picker	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	Locked Text Field	System-tracked field that is unable to be modified and is stamped with whomever last modified the record.

Section 8: CIHI Wait Time Report

Field	Selection Options/ Format	Definition
Return	Action Button	Navigates the user back to the previous screen or view without generating a report.
Organization	Dropdown List (Check ALL, single select, or select specific communities within the health authorities that user has access to)	Filters the CIHI Median Wait Time report cohort by selecting one, multiple, or all communities within the user's authorized health authority regions.
First Care Event Start Date	Date Picker (YYYY-MM-DD)	Filters report results to include only records where the client's First Care Event occurred on or after the selected date (YYYY-MM-DD).
First Care Event End Date	Date Picker (YYYY-MM-DD)	Filters report results to include only records where the client's First Care Event occurred on or before the selected date (YYYY-MM-DD).
Gender (Note: Should be listed as 'Sex' in the CCIS)	Dropdown List (Check ALL, Female, Male, X)	Filters the CIHI Median Wait Time report cohort by the client's documented sex designation (Female, Male, or X).
Client Type	Dropdown List (Check ALL, Acute, Long Term Supportive (Unstable), Maintenance (Stable), Other, Rehabilitation)	Filters the CIHI Median Wait Time report cohort by the client's assigned clinical acuity and care complexity stream.

Service Area	Dropdown List (Check ALL, Urban, Rural)	Filters the CIHI Median Wait Time report cohort by the client's geographic delivery setting (Urban or Rural) based on community postal code designation.
Source of Referral	Dropdown List (Check All, Community, Hospital)	Filters the CIHI Median Wait Time report cohort by the client's referral origin or entry pathway into home care (Community or Hospital).
Age Group	Dropdown List (Check ALL, Adult 18-64, Senior 65+, Youth <18)	Filters the CIHI Median Wait Time report cohort by the client's age bracket at the time of referral (Youth under 18, Adult 18–64, or Senior 65+).
View Report	Action Button	Executes the query using selected filter criteria and renders the CIHI Median Wait Time calculation and cohort summary.
As:	Single Select Drop Down (PDF, Excel 97 or later, Excel 2007 or later, CSV, Word 97 or later, Word 2007 or later, and Powerpoint 2007 or later).	Selects the preferred file format for exporting or rendering the generated report.
Reset Criteria	Action Button	Clears all customized filter inputs and restores default parameter values across the report criteria form.

Section 9: HCC Service Delivery Reports

Field	Select Options/ Format	Definition
Return	Action Button	Navigates the user back to the previous screen or view without generating a report.
Organization	Dropdown List (Check ALL, single select, or select specific communities within the health authorities that user has access to)	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)	Filters Service Delivery report results to include only records where the service encounter occurred on or after 00:00:00 of the selected date (YYYY-MM-DD).
End Date	Date Picker (YYYY-MM-DD)	Filters Service Delivery report results to include only records where the service encounter occurred on or before 23:59:59 of the selected date (YYYY-MM-DD).
Gender (Note should be listed as 'Sex')	Dropdown List (Check ALL, Female, Male, X)	Filters the Service Delivery report output by the client's documented sex designation (Female, Male, or X).

Site of Care Delivery	Dropdown List (Check ALL, Health Centre or Clinic, Home, Long Term Care Facility, Other, Virtual)	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).	Filters the Service Delivery report output by the client's assigned clinical acuity and care complexity stream.
Age Group	Dropdown List (Check ALL, Adult 18-64, Senior 65+, Youth <18)	Filters the Service Delivery report output by the client's age bracket (Youth under 18, Adult 18–64, or Senior 65+).
View Report	Action Button	Executes the query using selected filter criteria to generate and render summary metrics, service volumes, and encounter data for CIHI reporting.
As:	Single Select Drop Down (PDF, Excel 97 or later, Excel 2007 or later, CSV, Word 97 or later, Word 2007 or later, and Powerpoint 2007 or later).	Selects the preferred file format for exporting or rendering the generated report.
Reset Criteria	Action Button	Clears all customized filter inputs and restores default parameter values across the report criteria form.

Section 10: Audit Reports

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.

Field	Select Options/ Format	Definition
Return	Action Button	Navigates the user back to the previous screen or view without generating a report.
Personnel	Search Field (Default set to All)	Filters or display audit records by specific staff members or system users.
Organization	Single Select Drop Down List (All, or select specific community within the health	Filters the audit report output by selecting one, or all communities within the user's authorized health authority regions.

	authorities that user has access to)	
Discipline	Single Select Drop Down List (All, Admin & System Support, Administration, Clinical Coordinator/ Educator, Management & Oversight, and Nursing).	Filters the audit report output to be selected in one, or all disciplines.
View Report	Action Button	Executes the query using selected filter criteria to generate and render last log on data.
As:	Single Select Drop Down (PDF, Excel 97 or later, Excel 2007 or later, CSV, Word 97 or later, Word 2007 or later, and Powerpoint 2007 or later).	Selects the preferred file format for exporting or rendering the generated report.

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.

Field	Select Options/ Format	Definition
Return	Action Button	Navigates the user back to the previous screen or view without generating a report.
Last Name	Editable Text Field	Filters the audit report output by the client's legal surname.
First Name	Editable Text Field	Filters the audit report output by the client's legal first name.
Organization	Single Select Drop Down list	Filters the audit report output by selecting one community within the user's authorized health authority regions.
Identifier Description	Single Select Drop Down List	Displays the primary identifier designated in the Organization Management module. ***Note: Default Set to Health Care Card Number***
Identifier Value	Editable Text Field	Filters the audit report output by client's Unique client identifier number.
Start Date	Date Picker	Filters report results to include only records where access occurred on or after the selected date (YYYY-MM-DD).
End Date	Date Picker	Filters report results to include only records where access occurred on or before the selected date (YYYY-MM-DD).

View Report	Action button	Executes the query using selected filter criteria to generate and render.
As:	Single Select Drop Down (PDF, Excel 97 or later, Excel 2007 or later, CSV, Word 97 or later, Word 2007 or later, and Powerpoint 2007 or later).	Selects the preferred file format for exporting or rendering the generated report.

Aduit 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.

Field	Select Options/ Format	Definition
Return	Action Button	Navigates the user back to the previous screen or view without generating a report.
Personnel	Search Field	Filters or display audit records by specific staff members or system users. ***Note: Defaults to current user***
Start Date	Date Picker	Filters report results to include only selected user actions within CCIS that occurred on or after the selected date (YYYY-MM-DD).
End Date	Date Picker	Filters report results to include only selected user actions within CCIS that occurred on or before the selected date (YYYY-MM-DD).
View Report	Action Button	Executes the query using selected filter criteria to generate and render.
As:	Single Select Drop Down (PDF, Excel 97 or later, Excel 2007 or later, CSV, Word 97 or later, Word 2007 or later, and Powerpoint 2007 or later).	Selects the preferred file format for exporting or rendering the generated report.

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.

Field	Select Options/ Format	Definitions

Return	Action Button	Navigates the user back to the previous screen or view without generating a report.
Last Name	Editable Text Field	Filters the audit report output by client last name.
First Name	Editable Text Field	Filters the audit report output by clients first name.
Record Status	Single Select Drop Down List	Filters the audit report output by record status.
Organization	Multi Select Drop Down List	Filters the audit report output by selecting one community within the user's authorized health authority regions.
Primary ID	Editable Text Field	Filters the report output by the client's primary unique identifier ***Note: Health Care Card Number [HCCN] or Case Record Number.***
Reason	Multi Select Drop Down List	Filters that audit report output by Case Closed/ Open Reason.
Start Date	Date Picker	Filters report results to include only selected user actions within CCIS that occurred on or after the selected date (YYYY-MM-DD).
End Date	Date Picker	Filters report results to include only selected user actions within CCIS that occurred on or before the selected date (YYYY-MM-DD).
View Report	Action Button	Executes the query using selected filter criteria to generate and render.
As:	Single Select Drop Down (PDF, Excel 97 or later, Excel 2007 or later, CSV, Word 97 or later, Word 2007 or later, and Powerpoint 2007 or later).	Selects the preferred file format for exporting or rendering the generated report.
Reset Criteria	Action Button	Clear all customized filter inputs and restores default parameter values across the report criteria form.

Section 11: Logging Out

Field	Select Options/ Format	Definition
Login again	Action Button	Redirects the user back to the login screen to initiate a new SSO authentication session in CCIS.
Logout AzureAD account	Action Button	Terminates the active SSO session and signs the user out of their corporate or organizational Microsoft Entra ID (formerly Azure AD) credentials.