Improving Data Quality for Better Funding, Planning and Evidence Based Decision Making

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Disclosure of Commercial Support

Presenter Disclosure

Presenters: Maria Marin and Cindy Sabo

Relationships with commercial interests:

• Grants/Research Support: None

• Speakers Bureau/Honoraria: None

• Consulting Fees: None

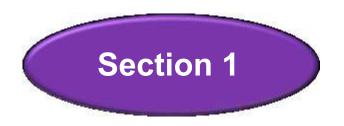
• Other: None

Session Key Objectives

- Understand the importance of reporting high-quality, timely, accurate and consistent data
- Understand how the Trial Balance submission data is used
- Understand how to analyze and improve your data quality

AGENDA

- Section 1 –Background
- Section 2 Key Statistical Reporting Requirements for CHC sector
- Section 3 Observations from the 2014/15 Q3 Trial Balance Submission
- Section 4 OHRS Resources
- Section 5 CHC Comparative Reports 2014/15 Q3
- Section 6 Questions





Background

OHRS and MIS

What is MIS?

A set of national standards for collecting, processing and reporting financial and statistical healthcare data developed by CIHI

What is OHRS?

- Ontario Healthcare Reporting Standards, a requirement for reporting all financial and statistical healthcare data in Ontario
- OHRS framework is based on MIS national standards to meet
 Ontario needs
- OHRS overrides CIHI MIS guidelines

Benefits of Ontario Healthcare Reporting Standards (OHRS)

The availability of quality, standardized data across all healthcare sectors enables:

- Evidence-based decision making
- * Equitable allocation of health care resources across and within healthcare sectors
- * Analysis and comparison of data across CHCs and other healthcare sectors
- Development of benchmarks and performance indicators
- * Effective planning, analysis and resource allocation
- Integrated reporting

Why is Health Data Important?

Health data is the backbone for:

- Funding
- Planning
- Decision making
- Utilization
- Trend analysis
- Resource allocation



Who Uses the Information?

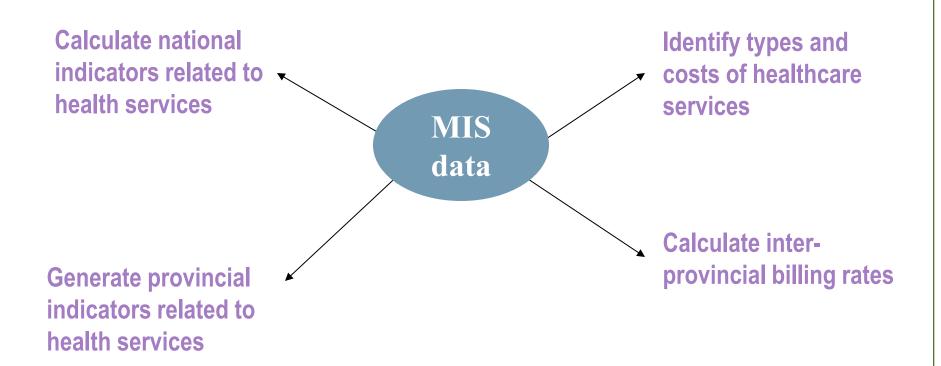
Canadian Institute for Health Information (CIHI)

CIHI is a national organization whose mission is to coordinate the development and maintenance of a comprehensive and integrated health information system for Canada, and to provide and coordinate accurate and timely information required to:

- Establish sound health policy
- * Effectively manage the Canadian health system
- ❖ Generate public awareness about factors affecting good health Canadian provinces and jurisdictions submit their healthcare MIS financial and statistical information to CIHI for inclusion in the Canadian MIS Database (CMDB).

How is Data Used?

After CIHI receives the MIS data from Canadian jurisdictions, it uses the data to:



Ministry of Health and Long Term Care, LHINs and Health Service Provider Organizations

Reports and tools created based on the data in the OHFS database assist the health service provider organizations, Local Health Integration Networks (LHINs), and the funding ministries in the review and planning of resources

The data is used for:

Analysis, comparison and decision making processes

Data in OHFS can be used to:

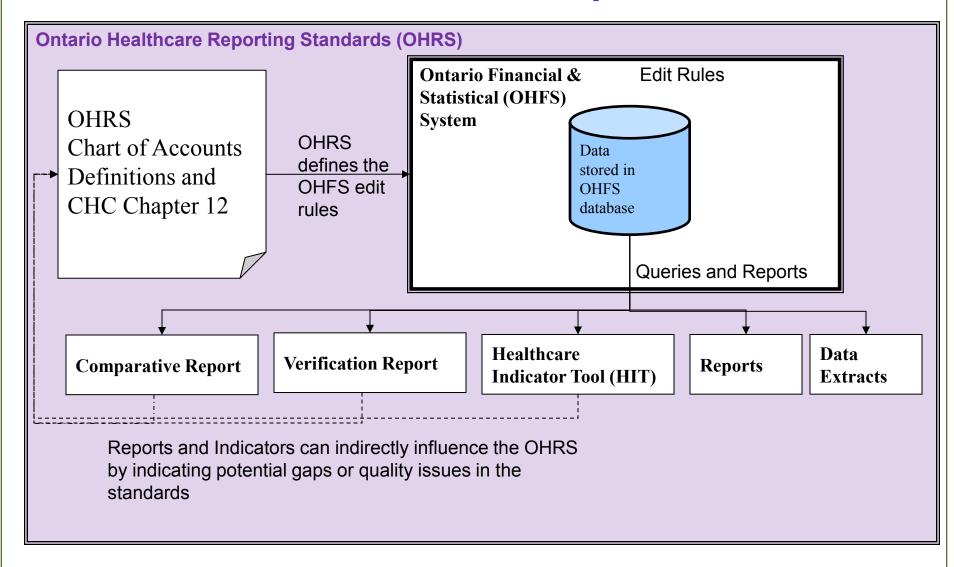
- Generate reports and assist other resource outputs, such as:
 - Online reports (e.g. data quality reports and/or comparative reports)
 - Decision support tools (e.g. **Healthcare Indicator Tool**)

How is Data Used Internally?

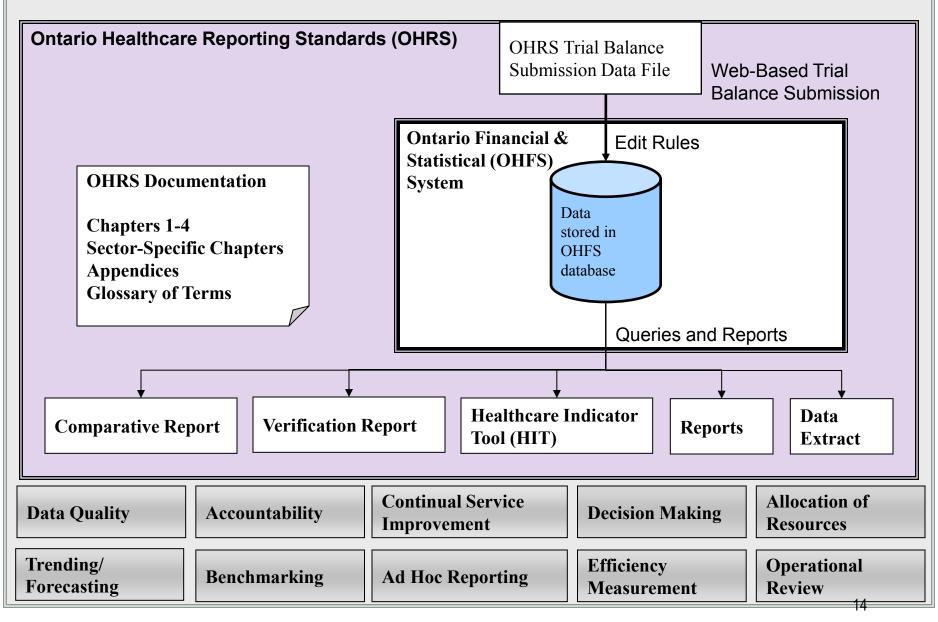
Many healthcare decisions can also be made based on OHRS data:

- Staffing requirements
- Education and skill mix
- How to effectively meet defined client needs
- How to use the most efficient processes
- Identify the cost of service delivery
- How to maximize service delivery within fiscal restraints
- How to balance the costs of service delivery

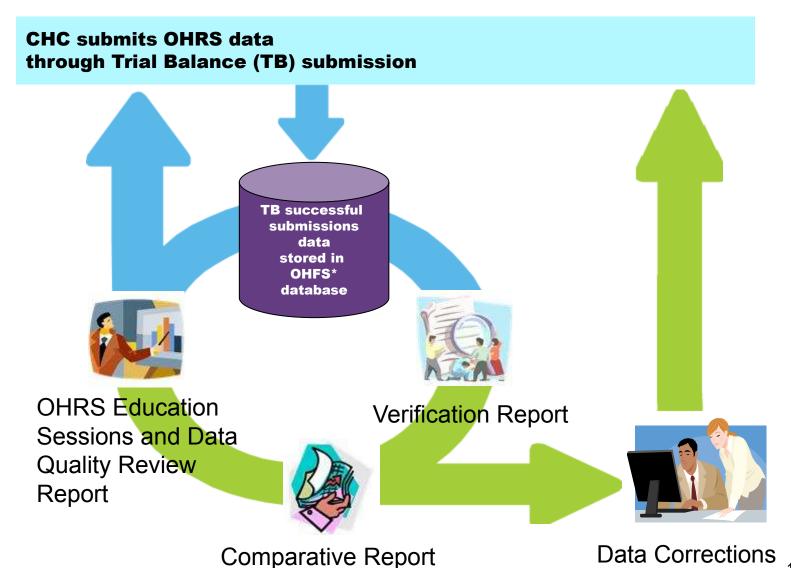
OHRS and OHFS Relationship

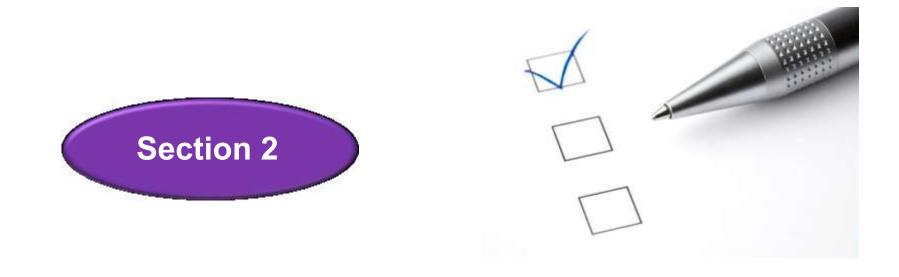


Uses of OHRS Data



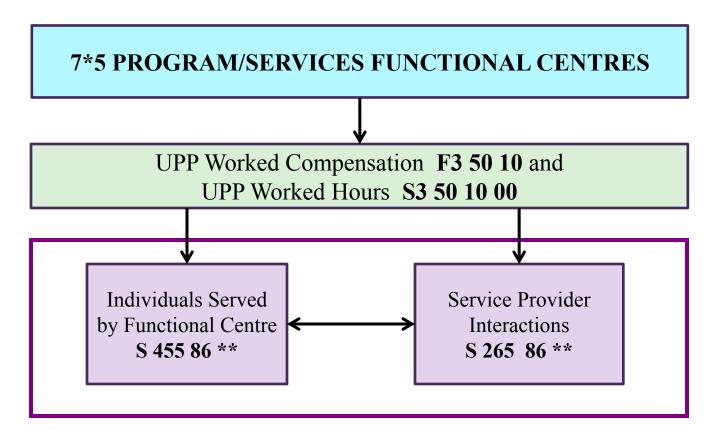
Data Submission and Data Quality Process





Key Statistical Reporting Requirements for CHC sector

Service Provider Interactions and Individuals Served



- Individuals Served are counted only once within the functional centre within a fiscal period regardless of how many different services they have received during that period.
- Service Provider Interactions are reported each time service is provided to service recipients i.e. individuals served. Service must be longer than 5 minutes.

Uniquely Identified Client/Service Recipient

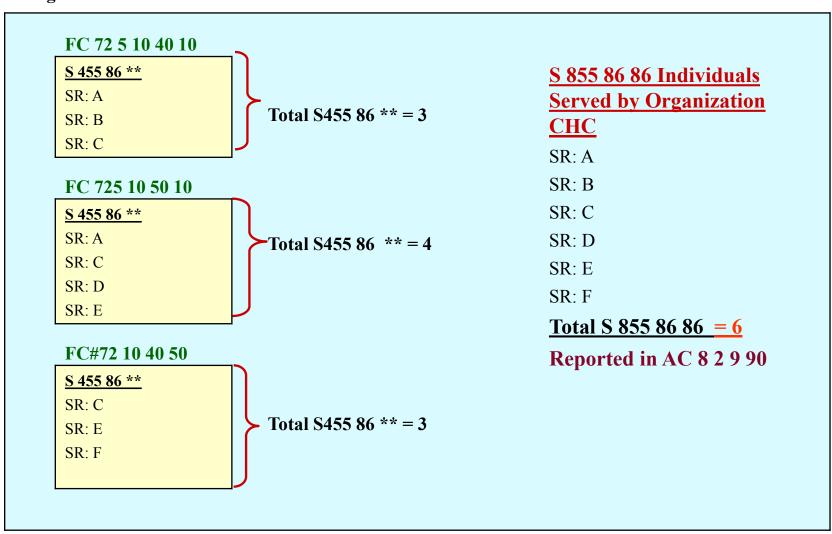
An individual who receives service(s) from a Community Health Centre and who is registered as a client, whose encounter is recorded in the registration or information system of the organization and who has a unique identifier assigned. CHC organization maintains records of this individual using a unique identifier.

S 455 ** ** Individuals Served by the Functional Centre

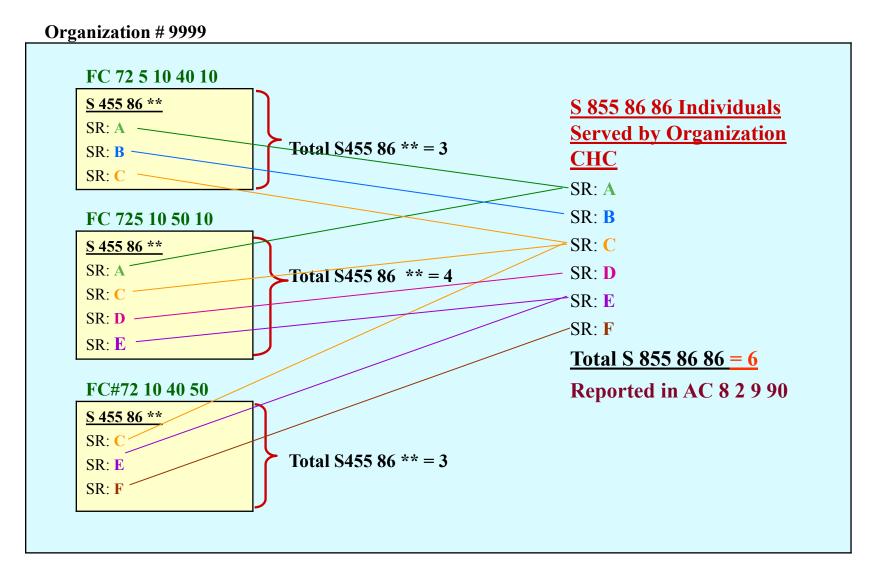
- Year-to-date count of number of individuals served by the <u>functional centre</u> in a reporting period and identified by a unique identifier
- Individuals are <u>counted only once</u> within the functional centre in a fiscal year regardless of how many different services they have received or the number of times they were admitted or discharged within the reporting period
- Reported in the functional centre where the service was received.
- An individual may receive services from several functional centres during the same reporting period.
- Service recipient category and age category are required.

Individuals Served by Functional Centre S455 86 ** and Individuals Served by Organization S 855 86 86

Organization # 9999



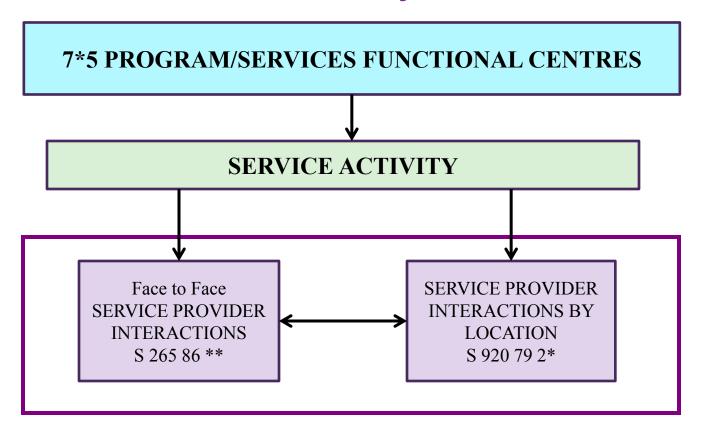
S 455 86 ** versus S 855 86 86



Service Provider Interactions (S265 ** **)

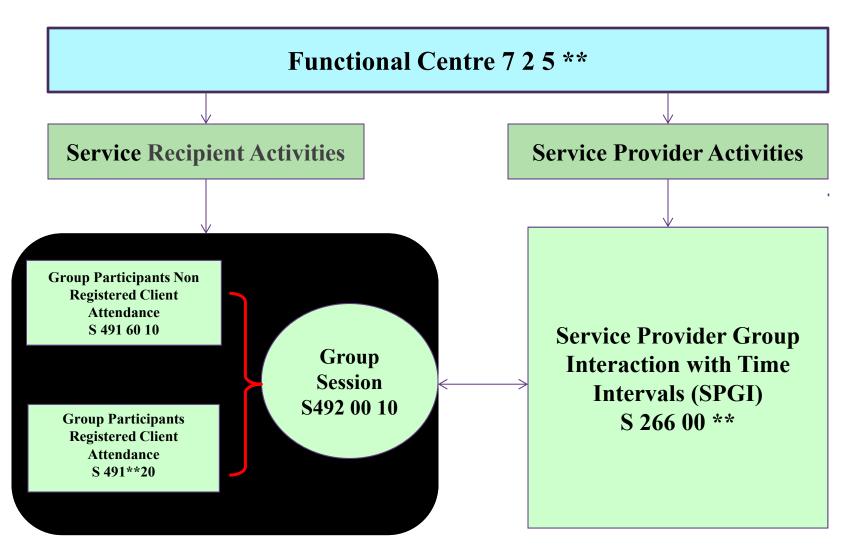
- * A service provider interaction is reported each time service recipient activity is provided to a client/SR.
- * The service recipient and/or significant other(s) must be present during the interaction and the service must be provided longer than 5 minutes.
- ❖ If a service provider serves the SR multiple times, report each service provider interaction.
- If a multi disciplinary team provides service to a SR in the same FC, report a service provider interaction for each member of the team who provided the service.
- Service provider interactions are only provided by UPP/NP/MED staff.
- Lach interaction may be reported according to the length of time a service provider provided **direct service** to the service recipient.
- ❖ It includes interactions via telephone or emails/chats/videoconferencing

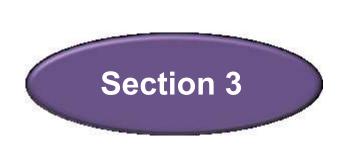
Service Provider Interaction and Service Provider Interactions by Location



The sum of S920792* Service Provider Interactions by Location cannot be greater than the sum of S 265 ** ** Service Provider Interaction

SPGI & Group Activities







Observations from the 2014/15 Q3 Trial Balance Submission

Our Analysis is based on...

- 2014/2015 Q3 OHRS/MIS Trial Balance submission
- Functional Centre 7 2 510 20 COM Clinic/Program General Clinic
- Fund Type 2 only
- * 74 CHCs successfully passed the submission
- ❖ 73 CHCs submitted under 72 5 10 20 Clinic/Program General Clinic functional centre

Most Common Errors

- Reporting Individuals Served without reporting Service Provider Interactions
- Reporting Group Sessions without reporting Group Participants Attendances and vice versa
- Reporting Group Sessions and Group Participants Attendances without reporting Service Provider Group Interactions
- Reporting Individuals Served by functional centre without reporting Individuals Served by the organization

FC 7 25 10 20 COM Clinics/Programs – General Clinic

Mandatory Reporting:

- Individuals Served by Functional Centre S 455 86* reported, but NO Service Provider Interactions S 265 86 **reported
- Service Provider Interactions S 265 86** reported, but the number of interactions is lower or equal than the number of individuals served
- Number of Service Provider Interactions is very high compared to the number of individuals served

Org #	SPI S 265 86 **	SR Uniquely Identified Clients CHC served by FC S 455 86 **
A	?	4924
В	?	2587
C	?	855
D	?	2020
E	23009	24392
F	10339	12166
G	3984	3984
Н	7285	1

FC 7 25 10 20 COM Clinics/Programs – General Clinic

- Group participants attendances reported but no group sessions reported
- Group sessions reported but no group participants attendances reported

Org	Group Sessions	Group Participants Non Registered Attendances	Group Participants Registered Attendances
Α	?	1003	
В	?		22
С	?		144
D	8	?	?

FC 7 25 10 20 COM Clinics/Programs – General Clinic

- 24 CHCs reported S455 Individuals Served by functional centre (72 5 10 20), but did not report any S 855 Individuals served by organization
- 11 CHC reported the number of individuals served by functional centre 72 510 20 greater than the number of Individuals Served by organization S855

Correct reporting: The number of individuals reported using account S455 86 ** Individuals Served by Functional Centre within functional centre CANNOT be greater than the number of

individuals served by the organization S 855 86 86

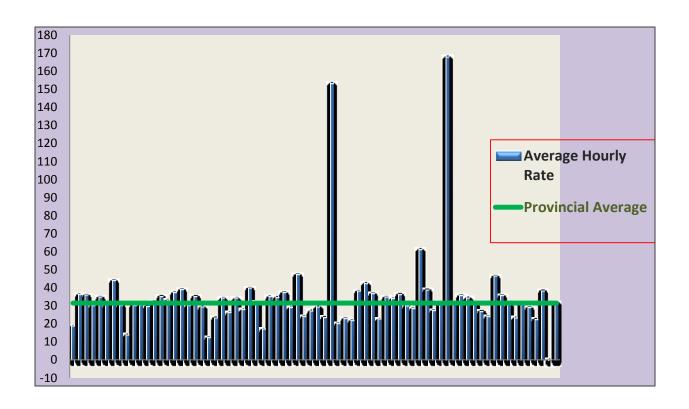
Org #	SR served by functional centre (72 5 10 20) S 455 86 **	SR Served by Organization S 855 86 86
A	6895	4338
В	20819	9723
C	5357	3681
D	4361	2846
E	3984	3086
F	24392	6174
G	1455	1328
Н	2992	2652
I	8992	2966
J	8820	5971
K	9091	2539

UPP Compensation FC 7251020 COM Clinics/Programs – General Clinic

Provincial Average Hourly Rate: \$31

Maximum: \$168

Minimum: \$0



Tips for Compensation and Hours Data Validation



- Use arithmetic mean or average to validate the alignment of financial and statistical data
 - Example: Use average compensation expense per earned hour to check reasonableness of Unit Producing Personnel (UPP) hours reported against UPP compensation within the same functional centre by using the formula:

(Worked Compensation + Benefit Compensations) / (Worked Hours + Benefit Hours)

OR (F35010 + F35030) / (S3501000 + S3503000)

Ask yourself – "Does the result make sense?"

Tips on Validating Group Participants and Sessions

• Use arithmetic mean or average to validate number of participants against the number of group sessions reported within the same functional centre

Total Group Participants / Total Group Sessions

Or

(S4916010 + S491**20) / S4920010

• Ask yourself – "Does the result make sense?"

Tips on Validating Service Provider Interactions and Individuals Served

 Use arithmetic mean or average to validate number of Service Provider Interactions against the number of Individuals Served within the same functional centre

Total Service Provider Interactions/ Total Individuals Served

Or

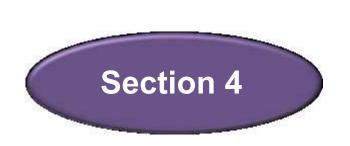
S265 86 ** / S45586**

• Ask yourself – "Does the result make sense?"

Improving Data Quality – Checklist

Before your Trial Balance submission:

- Ensure the proper CHC-specific functional centres are used
- Report all mandatory statistics as per OHRS Chapter 12 and CHC reference card
- Follow the reporting rules to submit financial data at the proper level of detail
- Report statistics using the proper service recipient codes and age categories
- Ensure the valid combination and account numbers are used
- Review the Verification Report after you receive the green happy face

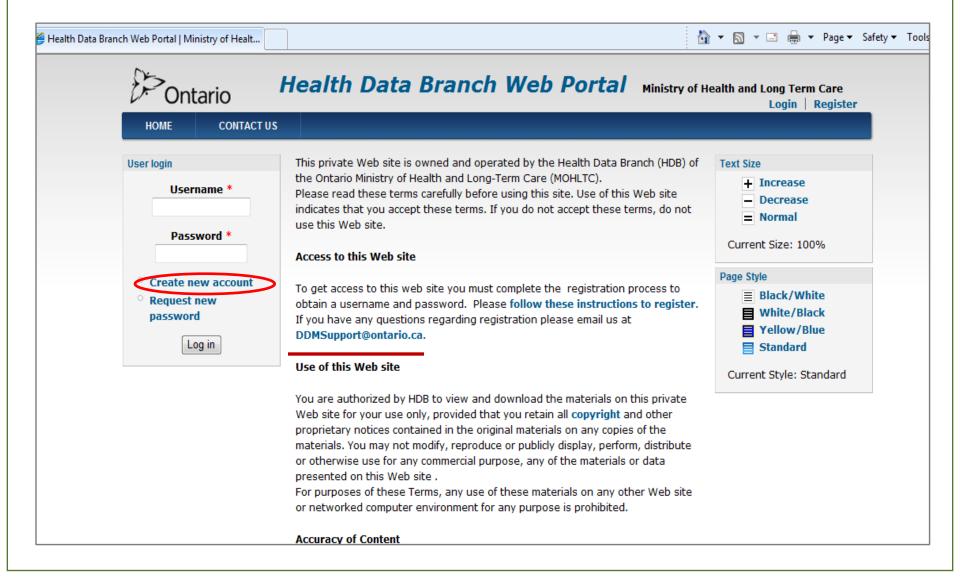




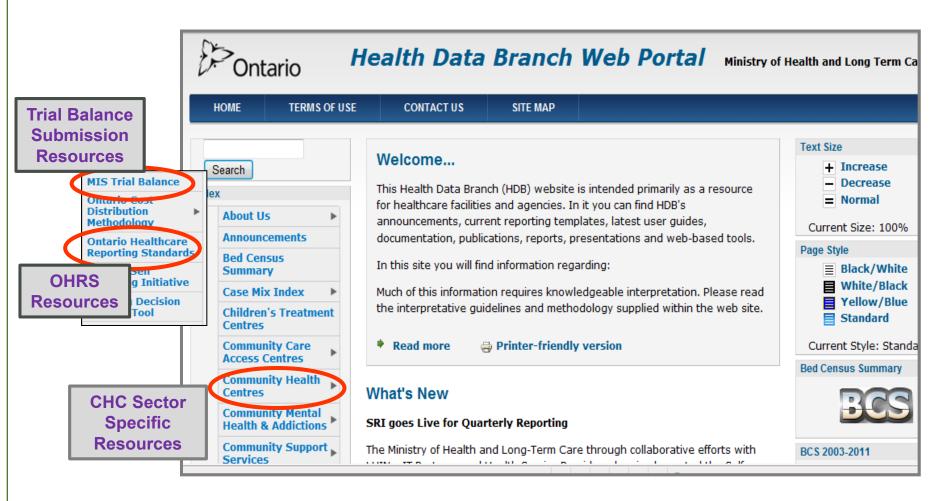
OHRS Resources

https://hsimi.on.ca/hdbportal/

Accessing Health Data Branch (HDB) Web Portal and OHRS Resources



Health Data Branch Web Portal



OHRS Documentation

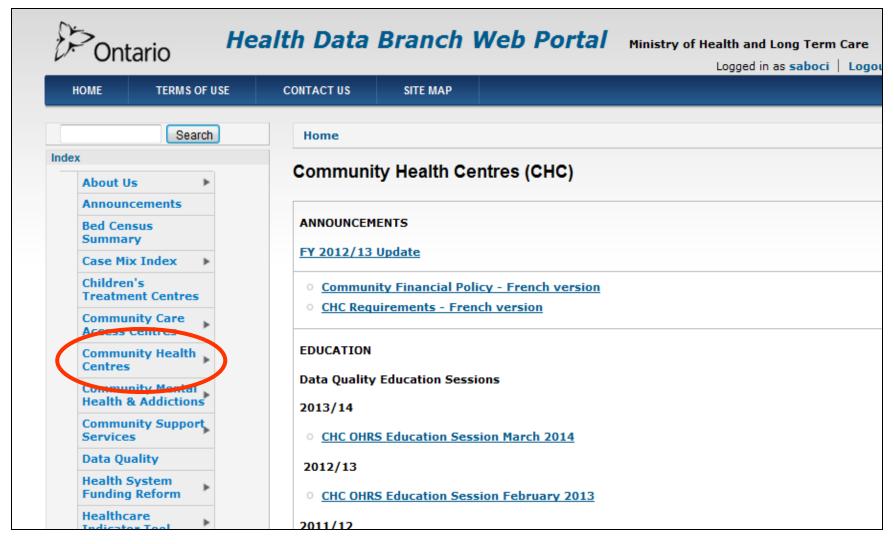
	OHRS Chapters 1 to 4	Standards and information applicable
	OHRS Appendix A	Full Functional/Accounting Centre (FC/AC) List of Accounts
Applies to all sectors	OHRS Appendix B	Full Financial List of Accounts
	OHRS Appendix C	Full Statistical List of Account
	OHRS Appendix D	Full Balance Sheet List of Accounts
	OHRS Appendix H	Glossary of Terms
	OHRS Chapter 5 CCAC	Specific standards and requirements for CCAC sector
	OHRS Chapter 6 CTC	Specific standards and requirements for CTC sector
	OHRS Chapter 7 CMH&A	Specific standards and requirements for CMH&A sector
Sector specific	OHRS Chapter 8 Hospital	Specific standards and requirements for Hospital sector
	OHRS Chapter 9 LTCH	Specific standards and requirements for LTCH sector
	OHRS Chapter 10 CSS	Specific standards and requirements for CSS sector
	OHRS Chapter 12 CHC	Specific standards and requirements for CHC sector



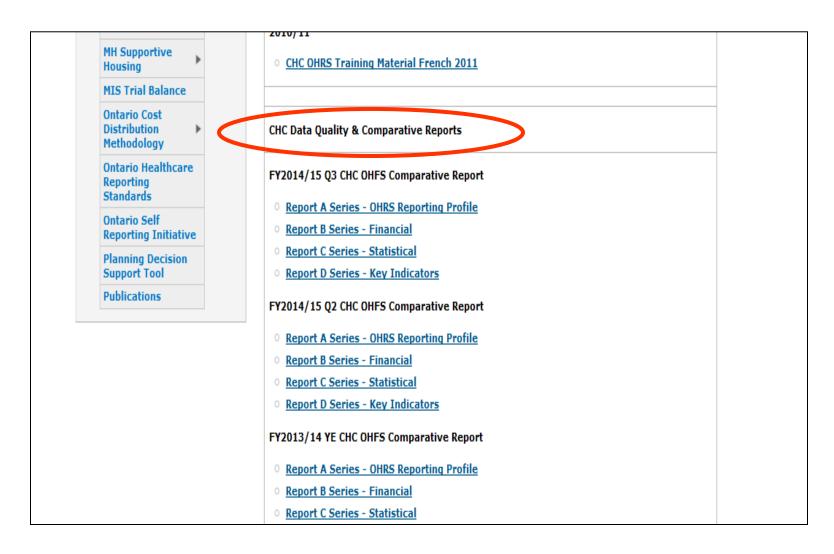


CHC Comparative Reports 2014/15 Q3 Trial Balance Submission

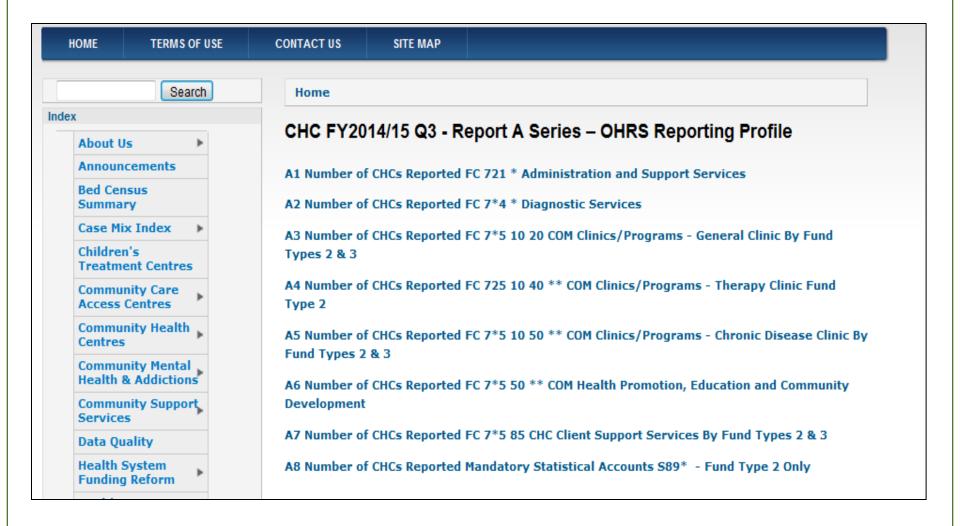
Locating CHC Comparative Reports on HDB website



Locating CHC Comparative Reports on HDB website



CHC Report A Series – OHRS Reporting Profile

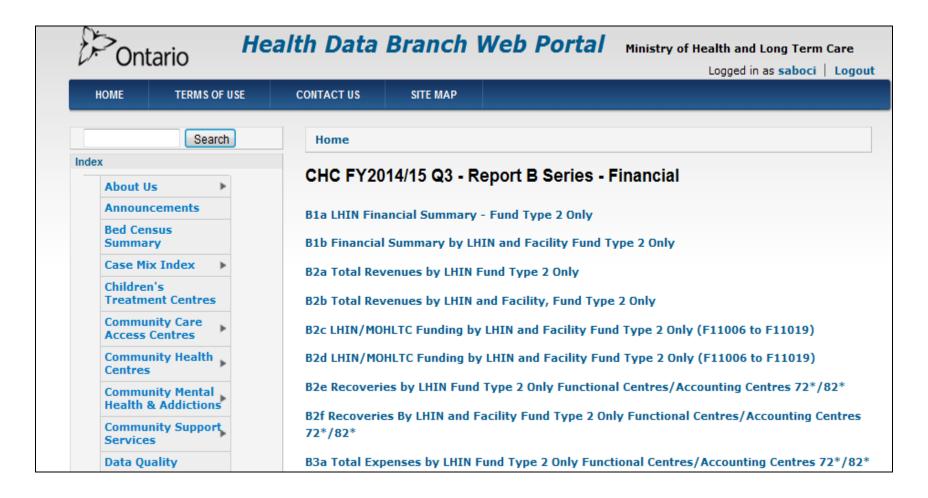


Community Health Centres (CHC) OHRS Comparative Reports For Year-to-Date 2014/2015 Q3 Report A1. Number of CHCs Reported FC 721 * Administration and Support Services

				report 1		or orres itt	ported I C	721 Administ		Support Servi						
	Total							AS Informatio						AS Plant Maintenanc	1	
	# of	strative Service		Service s -	e	Resour		n Systems Support		er Services	-	Operatio n	Securit	e	tion/Tran slation	Recipie
LHIN	CHC	S		Plannin		CCS	and	Support	OHS	Ser vices	Linen	11	y			Transpo
	in LHIN		ve Offices	g and Develo pment			Retent									rt
			0	721105 0						72140				72165	72179	72186
		Count	Count	Count	Count	Count	Count		Count	Count	Count	Count	Count	Count	Count	Count
1 ERIE ST. CLAIR	5	4						3		2		3				
2 SOUTH WEST	5	5						5	1	1		5				
3 WATERLOO WELLINGTON	4	4						4		2		4			1	
4 HAMILTON NIAGARA HALDIMAND BRANT	7	7						7	1	1		7		1	1	2
5 CENTRAL WEST	2	2						1		1		2			2	
7 TORONTO CENTRAL	17	17			4	1		17		1		17		1	6	1
8 CENTRAL	2	2			1			1				2			1	
9 CENTRAL EAST	7	7			2	1	1	7		1		7				
10 SOUTH EAST	5	4	1	1	1			5		1		5				
11 CHAMPLAIN	11	11			2		1	9	1	3		10	1	2	1	
12 NORTH SIMCOE MUSKOKA	3	3						3				3				
13 NORTH EAST	6	5						4		1	1	5			1	
14 NORTH WEST	2	2						2				2				
Provincial Total	76	73	1	1	10	2	2	68	3	14	1	72	1	4	13	3
																12

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CHC Report B Series – Financial



Community Health Centres (CHC) OHRS Comparative Reports for Period 2014/2015 Q3

$Report\ B2c.\ LHIN/MOHLTC\ Funding\ by\ LHIN\ and\ Facility\ Fund\ Type\ 2\ Only\ (F11006\ to\ F11019)$

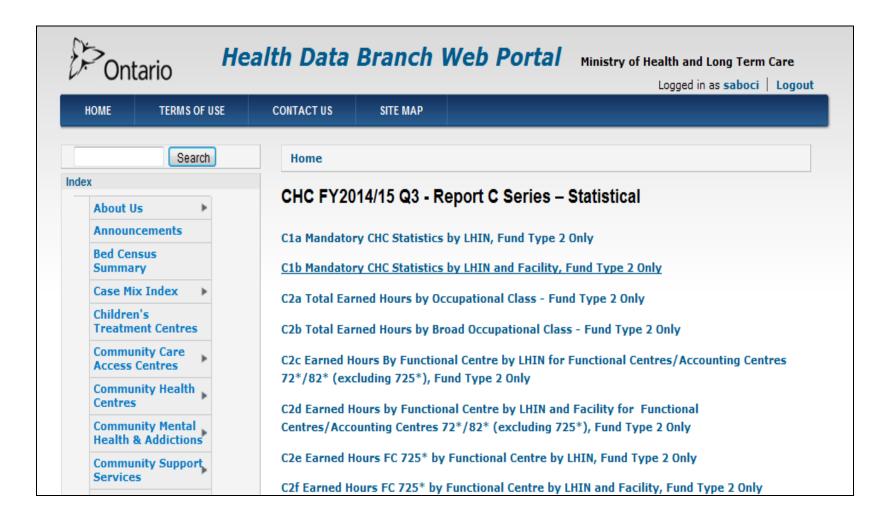
LHIN Name	# of CHCs Reported	Funding-LHIN	Funding-LHINs One Time	Funding-Provincial MOHLTC (Allocation)	Funding-Provision for Recoveries	Funding-MOHLTC One Time	Funding-MOHLTC Other Funding Envelopes	Funding- Paymaster/Flowthrou gh	Total
		F11006	F11008	F11010	F11011	F11012	F11014	F11019	
1 ERIE ST. CLAIR	4	\$18,591,193		\$2,537,606		\$25,230	\$105,803	(\$1,615,904)	\$19,643,928
2 SOUTH WEST	5	\$15,944,200	\$30,000				\$879,786		\$16,853,986
3 WATERLOO WELLINGTON	4	\$15,562,935	\$135,000	\$6,160,556			\$209,551	(\$2,919,913)	\$19,148,129
4 HAMILTON NIAGARA HALDIMAND BRANT	7	\$21,592,108	\$141,617	\$5,523,107			\$157,803	(\$4,377,367)	\$23,037,268
5 CENTRAL WEST	2	\$8,157,011		\$182,142			\$1,135,360	\$30,900	\$9,505,413
7 TORONTO CENTRAL	17	\$65,091,016	\$536,776	\$2,422,665			\$2,776,567	(\$19,045)	\$71,039,979
8 CENTRAL	2	\$7,161,166		\$1,797,276	\$135,000			\$363,268	\$9,456,710
9 CENTRAL EAST	7	\$21,816,942		\$1,188,475			\$335,973	(\$95,384)	\$23,246,006
10 SOUTH EAST	5	\$18,632,050	\$3,616,184	\$413,431	\$106	\$239,625		(\$353,033)	\$22,548,363
11 CHAMPLAIN	11	\$45,543,633	\$30,685	\$11,453,228		\$37,070	\$190,026	(\$4,039,501)	\$53,215,141
12 NORTH SIMCOE MUSKOKA	3	\$7,992,214	\$566,870				\$133,149	\$5,224,170	\$13,916,403
13 NORTH EAST	5	\$10,776,126	\$91,547	\$164,904		\$56,598			\$11,089,175
14 NORTH WEST	2	\$7,109,188	\$112,500	\$218,177		\$2,150	\$1,247	\$10,125	\$7,453,387
Provincial Total	74	\$263,969,782	\$5,261,179	\$32,061,567	\$135,106	\$360,673	\$5,925,265	(\$7,791,684 45	\$300,153,888

Community Health Centres (CHC) OHRS Comparative Reports for Period 2014/2015 Q3

Report B2d. LHIN/MOHLTC Funding by LHIN and Facility Fund Type 2 Only (F11006 to F11019)

F11006 F11008 F11010 F11012 F11014 F11019 I ERIE ST. CLAIR S003 GRAND BEND AREA CHC S3,506,476 S22,469 S3,528,945 8009 WINDSOR ESSEX CHC S8,474,122 \$2,353,326 \$35,545 (\$1,413,404) \$9,449,589 8052 CHATHAM-KENT CHATHAM KENT CHATHAM KENT CHCS S18,591,193 \$2,537,606 \$25,230 \$105,803 (\$1,615,904) \$19,643,928 2 SOUTH WEST S109 ELGIN COMMUNITY HEALTH CENTRE S2,878,223 S2,878,223 S2,878,223 8019 ELGIN CENTRAL CHC, ST THOMAS S2,159,239 S2,135,629 8020 MARKDALE SOUTH EAST GREY CHC S2,135,629 S2,135,629 8030 OXFORD WOODSTOCK AND AREA CHC S15,944,200 S30,000 S879,786 S16,853,986 Total 2 SOUTH WEST S15,944,200 S30,000 S879,786 S16,853,986	LHIN	Facility #	Facility Name	Funding-LHIN	Funding- LHINs One Time	Funding- Provincial MOHLTC (Allocation)	Funding- MOHLTC One Time	Funding- MOHLTC Other Funding Envelopes	Funding- Paymaster/Fl owthrough	Total
CLAIR				F11006	F11008	F11010	F11012	F11014	F11019	
8009 WINDSOR ESSEX CHC \$8,474,122 \$2,353,326 \$35,545 (\$1,413,404) \$9,449,589		403		\$1,430,901		\$184,280		\$47,789		\$1,662,970
8052 CHATHAM-KENT CHATHAM \$5,179,694 \$25,230 (\$202,500) \$5,002,424 Total 1 ERIE ST. CLAIR \$18,591,193 \$2,537,606 \$25,230 \$105,803 (\$1,615,904) \$19,643,928 2 SOUTH WEST 4500 LONDON INTERCOMMUNITY \$6,605,095 \$30,000 \$879,786 \$7,514,881 4529 WEST ELGIN COMMUNITY \$2,878,223 \$2,878,223 \$2,878,223 HEALTH CENTRE \$2,878,223 \$2,159,239 \$2,159,239 THOMAS \$8020 MARKDALE SOUTH EAST GREY \$2,135,629 CHC \$8030 OXFORD WOODSTOCK AND \$2,166,014 AREA CHC \$2,166,014		8003	GRAND BEND AREA CHC	\$3,506,476				\$22,469		\$3,528,945
Total 1 ERIE ST. CLAIR \$18,591,193 \$2,537,606 \$25,230 \$105,803 (\$1,615,904) \$19,643,928 2 SOUTH WEST 4500 LONDON INTERCOMMUNITY		8009	WINDSOR ESSEX CHC	\$8,474,122		\$2,353,326		\$35,545	(\$1,413,404)	\$9,449,589
2 SOUTH WEST 4500 LONDON INTERCOMMUNITY \$6,605,095 \$30,000 \$879,786 \$7,514,881 HEALTH CENTRE 4529 WEST ELGIN COMMUNITY \$2,878,223 \$2,878,223 \$2,878,223 \$2,878,223 HEALTH CENTRE 8019 ELGIN CENTRAL CHC, ST \$2,159,239 \$2,159,239 \$2,159,239 \$2,159,239 CHC 8020 MARKDALE SOUTH EAST GREY \$2,135,629				\$5,179,694			\$25,230		(\$202,500)	\$5,002,424
WEST HEALTH CENTRE 4529 WEST ELGIN COMMUNITY	Total 1 ERI	E ST. CLAII	R	\$18,591,193		\$2,537,606	\$25,230	\$105,803	(\$1,615,904)	\$19,643,928
HEALTH CENTRE 8019 ELGIN CENTRAL CHC, ST \$2,159,239 \$2,159,239 THOMAS 8020 MARKDALE SOUTH EAST GREY \$2,135,629 \$2,135,629 CHC 8030 OXFORD WOODSTOCK AND \$2,166,014 \$2,166,014 AREA CHC		4500		\$6,605,095	\$30,000			\$879,786		\$7,514,881
THOMAS 8020 MARKDALE SOUTH EAST GREY CHC 8030 OXFORD WOODSTOCK AND AREA CHC \$2,135,629 \$2,135,629 \$2,166,014				\$2,878,223						\$2,878,223
CHC 8030 OXFORD WOODSTOCK AND \$2,166,014 AREA CHC \$2,166,014		8019		\$2,159,239						\$2,159,239
AREA CHC				\$2,135,629						\$2,135,629
Total 2 SOUTH WEST \$15,944,200 \$30,000 \$879,786 \$16,853,986		8030		\$2,166,014						\$2,166,014
	Total 2 SOU	JTH WEST		\$15,944,200	\$30,000			\$879,786		\$16,853,986

CHC Report C Series – Statistical



Report C1b. Mandatory CHC Statistics by LHIN and Facility, Fund Type 2 Only

LHIN	Facility #	Facility Name	Service Provider Interactions	Not Uniquely Identified SR Interactions	Total Group Participants	Group Sessions (number of group sessions)	Service Provider Group Interactions
			S265**00	S4526000	S4916010, S491**20	S4920010	S2660000
1 ERIE ST. CLAIR	403	WINDSOR CMHA WINDSOR-ESSEX COUNTY	10,459				
	8003	GRAND BEND AREA CHC	20,792		6,353	448	460
	8009	WINDSOR ESSEX CHC	46,705	18	11,969	1,462	2,057
	8052	CHATHAM-KENT CHATHAM KENT CHCS	15,019		3,320	398	390
Total 1 ERIE ST	C. CLAIR		92,975	18	21,642	2,308	2,907
2 SOUTH WEST		LONDON INTERCOMMUNITY HEALTH CENTRE	26,740	14	7,384	598	1,098
	4529	WEST ELGIN COMMUNITY HEALTH CENTRE	15,776		911	54	
	8019	ELGIN CENTRAL CHC, ST THOMAS	8,579		718	86	192
	8020	MARKDALE SOUTH EAST GREY CHC	19,771		4,631	571	
	8030	OXFORD WOODSTOCK AND AREA CHC	10,325	7	2,048		
Total 2 SOUTH WES	T		81,191	21	15,692	1,309	1,903

Community Health Centres (CHC) OHRS Comparative Reports for Period 2014/2015 Q3

Report C6b. Total Individuals Served by Functional Centre By LHIN and Facility Fund Type 2 Only

Functional Centre	LHIN	Facility #	Facility Name	Individu als Served - Elderly	% to Total	Individu als Served - Adult	% to Total	Individu als Served - Pediatri c	% to Total	Individu als Served - Age Unknow n	% to Total	Total Individual s Served
7251020 General Cli	inic											
7251020	1 ERIE ST. CLAIR	403	WINDSOR CMHA WINDSOR-ESSEX COUNTY	407	12.1%	2,826	83.9%	135	4.0%			3,368
		8003	GRAND BEND AREA CHC	1,480	36.6%	2,028	50.1%	536	13.3%			4,044
		8009	WINDSOR ESSEX CHC	4,075	17.8%	16,484	71.9%	2,367	10.3%			22,926
		8052	CHATHAM-KENT CHATHAM KENT CHCS	2,934	24.1%	8,048	66.2%	1,175	9.7%	9	0.1%	12,166
	Total 1 ERIE	ST. CLAIR	8,896	20.9%	29,386	69.1%	4,213	9.9%	9	0.0%	42,504	
	2 SOUTH WEST	4500	LONDON INTERCOMMUNITY HEALTH CENTRE	346	9.8%	2,792	79.0%	398	11.3%			3,536
		4529	WEST ELGIN COMMUNITY HEALTH CENTRE	375	22.6%	949	57.2%	336	20.2%			1,660
		8019	ELGIN CENTRAL CHC, ST THOMAS	150	18.8%	573	71.6%	77	9.6%			800
		8020	MARKDALE SOUTH EAST GREY CHC	717	26.1%	1,278	46.5%	453	16.5%	299	10.9%	2,747
		8030	OXFORD WOODSTOCK AND AREA CHC	423	29.1%	850	58.4%	182	12.5%			1,455
	Total 2 SOUT	TH WEST		2,011	19.7%	6,442	63.2%	1,446	14.2%	299	2.9%	10,198

Community Health Centres (CHC) Comparative Reports

Report D1H Key Indicators for 7251020 Foot care

LHIN	Facility #	Facility Name	Total Expenses	Allowable Recoveries	Total	SPI	Avg cost per SPI & SPGI		Ave Cost Per Individua 1 Served
2 SOUTH WEST	4529	WEST ELGIN COMMUNITY HEALTH CENTRE	\$72,991	\$840	\$72,151	1,766	\$40.86	491	\$146.95
	8019	ELGIN CENTRAL CHC, ST THOMAS	\$43,078	\$1,751	\$41,327	622	\$66.44	245	\$168.68
	8020	MARKDALE SOUTH EAST GREY CHC	\$33,701		\$33,701	1,043	\$32.31	268	\$125.75
Total 2 SOUTH	WEST		\$149,770	\$2,591	\$147,179	3,431	\$42.90	1,004	\$146.59
3 WATERLOO	8029	WATERLOO WOOLWICH CHC	\$126,767		\$126,767	2,151	\$58.93	1,987	\$63.80
WELLINGTO N	8038	WATERLOO KITCHENER DOWNTOWN CHC	\$33,003		\$33,003	390	\$84.62	213	\$154.94
Total 3 WATERLOO WELLINGTON			\$159,770		\$159,770	2,541	\$62.88	2,200	\$72.62
Provincial			\$3,493,608	\$2,906	\$3,490,702	51,362	\$67.94	23,330	\$149.62

Section 6



QUESTIONS



Thank You 😊

Please email any questions to OHRSCHC@ontario.ca

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