Spring 2010

CONNECTIONS

Community Care Information Management Newsletter

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LTC sector trailblazers transition from project to Ministry support

Within the life cycle of all projects, there is a progression from the pilot stage to the steady state stage and just recently, the first group of RAI-MDS homes reached this milestone. On April 1, 2010, the early adopter homes that completed the implementation of the RAI-MDS 2.0 officially transitioned over to Health Data Branch (HDB), Health System Information Management & Investment Division of the Ministry of Health and Long-Term Care (MOHLTC). Moving forward, these homes will now be supported by HDB for RAI-MDS related questions such as data accuracy and home processes as well as other general inquiries.

1

Support for the first group of long term care (LTC) homes officially transitioned from CCIM to the Health Data Branch (HDB) team (holding symbolic house) on April 1, 2010.

2

Some LTCH queries will also be handled by this team at Canadian Institute for Health Information (CIHI).

3

Other queries go to the LTCH CAP Support Centre team.

The Phase 1-5 homes were the very first group within the Long-Term Care sector to embrace the RAI-MDS standard assessment tool. In 2005, a call was put out to the sector inviting volunteers to participate in an early adoption of the RAI-MDS 2.0. These homes answered the call and became the sector trailblazers. As Early Adopters, these homes had the opportunity to work closely with the Project to help develop new standards and best practices for future rollouts of the RAI-MDS 2.0.

> *The teams worked to ensure a seamless transition*

Earlier this year, all LTC homes were advised of the upcoming transition of Phases 1-5 homes. In preparation for the changeover, the LTCH CAP team actively worked with HDB to ensure a seamless transition with no disruption to the daily activities in the homes. It was business as usual for all transitional homes. Knowledge transfer sessions were ongoing throughout the past few months to help ensure HDB was well equipped to support Phase 1-5 homes after April 1.

As part of the transition and to make things as easy as possible for the transitioned Homes, the Phase 1-5 homes received a contact information CONTINUED ON PAGE 2

CCIM Community Care Information Management
ACCESS TO INFORMATION

A Newsletter for Community Care stakeholders from the Community Care Information Management program. We welcome your comments and inquiries by email to communications@ccim.on.ca.

LTC homes take advantage of 'Limited Time' chance for customized support

When the St. Patrick's home of Ottawa was offered the chance for personalized support from the LTCH OHRS/MIS project team, they jumped at the opportunity.

"We needed to get the mapping process started and we were grateful for the opportunity to have an expert from the project team help us on site," says Marilyn Willms, vice-president of finance at St. Patrick's.

Indra Narula, a business analyst with the LTCH OHRS/MIS project, travelled to St. Patrick's and dedicated a day and half to the home. The mapping and documentation expertise she provided enabled the home to be well on their way to success as a project participant.

"It was extremely helpful having Indra's input," Marilyn notes. "It is much easier to have this support in person and her help has ensured we completed all the work properly."

The project team is able to provide the type of personalized support St. Patrick's received on a case-by-case basis, depending on a home's unique requirements or circumstances, such as having limited internal resources.

In St. Patrick's case, they are a Community Support Services (CSS) organization that expressed interest in an HRIS software application, but must become compliant with LTCH OHRS standards, before they can implement the application.

Indra also assisted the Ottawa-based Glebe Centre with personal mapping facilitation. The one-on-one support has helped make both of these homes confident and comfortable with their mapping.

"These experiences show why homes should take advantage of the limited-time opportunity to receive this customized project facilitation and creative, flexible support, before it is no longer available," Indra emphasizes.

As the project grows and the number of homes participating climbs, it won't always be possible for project resources to travel to each home and provide this type of support. That's why joining Phase 2 now is a smart move, since customized, on-site support will not be offered in Phase 3.

To register, please contact the Support Centre at ohrsltch@ccim.on.ca or by calling 1.866.909.5600, option 7 for scheduling and then option 2 for LTCH MIS.

OHRS Phase 2 Training Calendar

4 – 6 May	3 Day – Kitchener
11 – 13 May	3 Day – Toronto
18 – 20 May	3 Day – St. Catharines
26 – 28 May	3 Day – Ottawa
1 – 3 June	3 Day – London
1 – 3 June	3 Day – Sudbury
15 – 17 June	3 Day – Toronto
15 – 17 June	3 Day – Hamilton
22 – 24 June	3 Day – Peterborough
7 – 9 July	3 Day – Toronto
13 – 15 July	3 Day – Hamilton

LTC sector trailblazers transition from project to Ministry support // CONTINUED FROM PAGE 1

sheet that identifies general question categories linked with the appropriate contact information. Depending on the inquiry type, homes can contact the Health Data Branch (HDB), the Canadian Institute for Health Information (CIHI) or the Long-Term Care Homes Common Assessment Project (LTCH CAP).

"The Phases 1-5 Homes demonstrated tremendous leadership as the first group of Homes to implement the RAI-MDS 2.0," says Christina Hoy, Director, Health Data Branch. "They should be very proud of all the hard work they put forth in achieving this incredible milestone."

CSS sector chooses core assessment tool

The Community Support Services Common Assessment Project (CSS CAP) announced in April 2010 that the InterRAI-Community Health Assessment (CHA) has been chosen as the core comprehensive assessment instrument for the Community Support Services sector.

The interRAI CHA can assess the well elderly individual and identify persons meriting further assessment to prevent or stabilize early functional or health decline. The CHA is made up of a brief basic assessment and four supplements. They include a functional, assisted living, mental health and deaf/blind supplement. CSS CAP will be helping the sector implement the assessment instrument across Ontario.

The vision of the project is to equip CSS health care services providers (HSPs) with an assessment tool that facilitates the collection and use of client information. CSS CAP was formed to help HSPs support clients in getting the right services at the right time, and to create a sustainable approach to manage and measure improvement in client outcomes over time.

"The tool selection process has now been completed and has been strongly endorsed by the CSS CAP Steering Committee

Over the past three months, a working group of representatives from the sector, LHIN and MOHLTC, identified the criteria for a formal evaluation of existing common assessment tools. Strict guidelines were established and the Working Group worked very hard to accomplish their tasks in record time. The tool selection process has now been completed and has been strongly endorsed by the CSS CAP Steering Committee. The Ministry is satisfied with the selection process and supports the Steering Committee's choice of the tool.

The Steering Committee and Working Group have identified that not all clients will require a comprehensive assessment.

With this in mind, CSS CAP will work with the sector to determine which client groups will be eligible for a comprehensive assessment and which groups will receive a shorter "screener-type" assessment.

The next stage is to consult with the LHINs and their CSS sector to plan their implementation approach and schedule. Two or three LHINs will be selected to pilot the automated common assessment. The expectation during this pilot period will be to test the automation and associated processes and resources which will help guide and inform the project regarding the implementation approach. HSPs that have already implemented InterRAI CHA will also be provided with project support.

If you have any questions or you would like to provide your feedback to the team, please contact us by email at csscap@ccim.on.ca or telephone the project Support Centre at 1.866.909.5600.

CSS organization boosts data collection, reporting efficiency and accuracy

"Efficiency, time-savings and accuracy have been the biggest benefits to using Microsoft Dynamics GP and Quadrant software solutions," says Dana Taylor, Director of Finance and Administrative Services at the Alzheimer's Society of Windsor Essex.

This Community Support Services (CSS) organization of about 35 staff provides services for people with Alzheimer's disease and their caregivers through a day program, in-home respite care, counselling, education and more. It also provides back-office support for the Alzheimer's Society of Sarnia, a much smaller organization, and recently helped them complete their implementation of Microsoft Dynamics GP and Quadrant software solutions.

"My role is large and I need an efficient system to manage the accounting," Dana explained. "After hearing about the projects through the CCIM communications I receive, I decided that both Microsoft Dynamics GP and Quadrant were necessary. I needed the whole package to make my life easier."

Dana has completed implementation and attended Webinars for both Microsoft Dynamics GP and Quadrant software solutions, as well as a special one-on-one online training session for HR Suite, and feels confident and excited about the benefits she is experiencing from using the solutions. "Now that I have been trained on HR suite, we will be tracking all our employee information, including training, reminders and performance evaluations using this software and we hope to include Scheduling as our next module."

Since replacing her organization's old accounting and payroll/human resources software systems with the solutions offered by the CSS Management Information Systems (MIS) and Human Resources Information Systems (HRIS) projects, Dana has seen vast improvements in the efficiency and accuracy of data collection and reporting. She currently uses both Microsoft Dynamics GP and Quadrant for all day-to-day business needs.

"I use both systems for everything. Microsoft Dynamics GP and Quadrant are our only systems. Once you understand the systems – and with both systems being on the same portal- it's very easy to use them together" said Dana.

"I decided that both Microsoft Dynamics GP and Quadrant were necessary. I needed the whole package to make my life easier."

Dana has also seen a reduction in the errors and time spent submitting their organization's Trial Balance. Before Microsoft Dynamics GP, Trial Balance submissions were very cumbersome. Something wouldn't balance, there would be a rounding issue, there was always something happening and it would end up taking me six or seven submissions before it was successful, now I do it in only two submissions."

Though the initial implementation of the software solutions was challenging and at times frustrating, Dana would still advise organizations that may be considering implementing to work through it. "The challenge is worth it! It's nice to know that both solutions are updated for us. Like with the Harmonized Sales Tax (HST), I don't have to worry about updating my software the way I did when using my old accounting software. It's one less stress for me!"

She also added that, "as the LHINs are encouraging the use of these programs, bigger organizations can help the smaller organizations to implement them and become OHRS-compliant, like we did with the Alzheimer's Society of Sarnia. I moved them over in only a few days, compared to what they would have had to do if they did it on their own."

"Using these software solutions is consistent with what the LHINs are asking us to do, by allowing us to easily share back-office processes and minimize expenses."

For more information on how to implement Microsoft Dynamics GP, please contact the CSS MIS project at OHRSCSS@ccim.on.ca or 1-866-909-5600.

For more information on how to implement Quandrant, please contact the HRIS CSS project at css.hris@ccim.on.ca or 1-877-706-8094.

Alzheimer's Society of Windsor Essex building in Windsor, ON.

CSS manager is keen to share positive HRIS experience

When Steve Moore received a call from the Human Resources Information Systems (HRIS) project inviting him to participate in an information session for new organizations, he was thrilled.

"I was happy to have been asked to provide both a testimonial and presentation to other organizations," says the Business Systems Manager at St. Joseph's Home Care. "That's because the HRIS project and the Quadrant software has worked very well for us."

St. Joseph's Home Care joined the HRIS Community Support Services (HRIS CSS) project in June 2009. After fully implementing the HRIS software solution Quadrant, St Joseph's Home Care went "live" in the 2010 payroll year. The organization has now completed seven payroll cycles. The benefits gained from implementing the software have been so positive that Steve felt sharing his experience with other organizations was a must.

"All of the limitations we experienced with our old software system have been resolved with Quadrant."

Steve Moore, Business Systems Manager, St. Joseph's Home Care.

"All of the limitations we experienced with our old software system have been resolved with Quadrant," he says. "More than that, there are extra features of Quadrant, such as online accounting or the scheduling module that will benefit us greatly."

And that is exactly what Steve told a packed room of CSS and Community Mental Health and Addictions (CMH&A) organizations as well as Hamilton Niagara Haldimand Brant Local Health Integration Network (HNHB LHIN) representatives interested in the HRIS project in April.

The group had been invited to attend information sessions in Hamilton and St. Catharines, Ont. as part of the HRIS projects plan to engage new organizations and LHINs. Having Steve provide a testimonial was an added advantage for organizations as they benefited from peer to peer experience and knowledge.

For HRIS, this engagement strategy has meant working closely with the LHINs and organizations locally to organize a forum where the HRIS project can answer questions and talk to organizations one on one about what is on offer to them.

According to Michael Benin, CEO, CMH&A- Haldimand Norfolk Branch, attending the HRIS information session was extremely useful and informative. "I think it is great," he says. "We are definitely going to implement the software. From listening to the presentations, I think the Quadrant software will be a very useful tool for our agency. Just being able to compile everything in one centralized location will be advantageous."

With positive feedback from the information sessions and the continued support of participating organizations, the HRIS project is continuing to grow and pick up momentum across the province.

The project is pleased to have Steve on board, as peer engagement is important to the HRIS team and the sector organizations.

"I am not that easily impressed by software or the technical people who install it for a living," Steve admits. "But, in the case of the HRIS project, I am impressed by both and I will back up my beliefs by speaking as many times as I am asked to."

For more information or to join the HRIS CSS or CMH&A project please contact the HRIS Support Centre as indicated.
CSS organizations: css.hris@ccim.on.ca
CMH&A organizations: cmh_a.hris@ccim.on.ca

CMHA Lambton finds OCAN improves delivery of services

Since Canadian Mental Health Association (CMHA), Lambton County Branch launched OCAN (Ontario Common Assessment of Need) in March 2008 in its Case Management and Early Intervention programs, it has completed the highest number of early intervention OCAN assessments in Ontario. Of the roughly 400 OCAN assessments the agency completed, 35 of those were with clients in their early intervention program.

CMHA Lambton was one of the original 16 pilot organizations of the Community Mental Health Common Assessment Project (CMH CAP). Sarah Aberhart, the OCAN Coordinator for CMHA Lambton shared her experiences using OCAN at the 2010 Ontario Working Group for Early Psychosis Intervention annual conference in March.

She reported that completing an OCAN assessment is a conversation that can help build stronger relationships between client and worker. OCAN provides information about a person's current life experience. This information, along with support from family and friends, helps consumers clearly outline and work actively towards achieving their goals.

"For me the best part of the OCAN is the discussion that it creates and how it really allows people to see the strengths in their lives," Sarah said.

OCAN captures informal support in every domain of the assessment by asking similar questions like "how much help with (domain topic) does this person get from family and friends?" Clients start to appreciate the support they have. "OCAN validates family support by showing how much family is involved and how supported they truly are," she added.

The first signs of a psychotic episode may occur in early adulthood with the potential to affect education, work and social situations. For example, consumers who have experienced mental illness in adolescence may have had interruptions in their education preventing them from finishing high school. OCAN can be helpful in gaining knowledge into what can aid consumer recovery including education, often very relevant to this age group. OCAN questions around "hopes and dreams" could potentially spark a realization that it might now be the right time to consider going back to school.

The consumer has the opportunity to review these hopes and dreams every six months with the OCAN reassessments. A more comprehensive picture of the client is developed, and reassessment is an important step in evaluating progress over time.

"Our agency has expanded OCAN use with concurrent disorder clients - people who experience a psychiatric disorder and either a substance use disorder and/or a gambling disorder," Sarah said. "We are also using the tool to replace psychosocial and intake assessments to help streamline our assessment process. We are encouraged to see how OCAN continues to improve the way we deliver services to benefit our clients."

For more information about OCAN, please contact the Support Centre at cmhcap@ccim.on.ca or call us at 1-866-909-5600.

IAR earns praise as single access point for care

Early test results of the Integrated Assessment Record (IAR) project currently being implemented in LHINs across Ontario show that providers within a client's circle of care are finding it very beneficial to have easy access to assessment information.

The IAR is a CCIM initiative to allow assessment information to flow with the client or patient by being viewed by authorized health service providers across care settings. This facilitates a common understanding of a client's needs and helps to improve the continuity of care across community and hospital settings.

"It offers not only information at a single access point, it allows us to see trends in care and episodes which is extremely valuable in serving this community of clients," states Tamison Doey, MD, Chief of Psychiatry Hotel Dieu Grace Hospital, Adjunct Professor and Program Coordinator, Child and Adolescent Psychiatry, Schulich School of Medicine and Dentistry.

The Integrated Assessment Record system currently supports the OCAN (Ontario Common Assessment of Need) assessment and the RAI-MH. Other standardized assessments within community care will be added in the future.

Anticipated benefits of the IAR for clients, health service providers and the health care system include:

- Identifying other providers within the client's circle of care and providing access to their most recent assessment
- Improving the quality and reliability of information sharing
- Ensuring a secure exchange of personal health information
- Providing data for health service planning to healthcare providers and LHINs
- Supporting networks and learning opportunities across organizations
- Providing the basis for coordinated community-based care planning, and assisting organizations to identify service overlaps and gaps

For more information about IAR, please contact: IAR@ccim.on.ca or at 1.866.909.5600.

CMH&A sector closes in on completing MIS software implementation

The implementation of the Management Information Systems (MIS) software solution is nearing completion in the Community Mental Health and Addictions (CMH&A) sector.

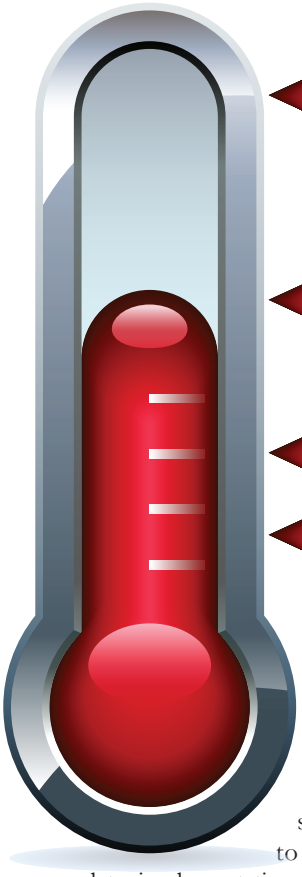
The CCIM program's CMH&A MIS project, which began with a pilot in late 2007, has worked in collaboration with key sector stakeholders including the project's Steering Committee, the Ministry of Health and Long-Term Care (MOHLTC) and the Local Health Integration Networks (LHINs) to roll out the one-time funded financial and statistical management software solution, Microsoft Dynamics GP.

The MIS software solution was the answer many organizations were looking for in order to assist in collecting their required Ontario Healthcare Reporting Standards (OHRS) data and reporting it on a quarterly basis to MOHLTC. Organizations began reaping additional benefits of adopting this leading edge solution including:

- Streamlining business processes
- Efficiencies in developing reports for a range of internal and external stakeholders
- Measureable cost and time savings
- Managing future needs in an ever-changing health care environment

"In addition to efficiency improvements, the software also offers a higher level of flexibility than we experienced with our previous software. The detailed trial balance report has enhanced selection criteria and sort options that allow us to create customized transaction analyses. The FRx "reporting tree" feature allows us to easily create similar reports across many functional centres and the FRx drill down feature allows us to quickly drill down a level to the transaction details included in any line on the report. And, thousands of dollars will be saved annually on software assurance fees, software upgrade fees and software maintenance."

Linda Swain
Canadian Mental Health Association
Chatham-Kent Branch



327 **Total number of Orgs in Ontario.**

178 **CMH&A organizations have signed the Software License Agreement for Microsoft Dynamics GP**

88 **CMH&A organizations have implemented Microsoft Dynamics GP**

39 **are in the process of implementing Microsoft Dynamics GP**

The CMH&A MIS project team engaged with all sector organizations in the countdown to the March 31, 2010 deadline to sign up for the MIS software solution. The next few months will prove to be busy as CMH&A organizations complete implementation and "Go Live" with the software by September 30, 2010. For organizations already fully implemented, the upcoming OHRS year-end Trial Balance submission will confirm their choice to adopt the OHRS-compliant software.

The MIS software solution is no longer being offered at no cost to CMH&A organizations. However, the Human Resources Information Systems (HRIS) project is in full swing and rolling out the human resources and payroll software solution, Quadrant, across the sector until the project end date, scheduled for March 2012.

If you need further information or have questions, please contact the CMH&A MIS Support Centre using our new email address at miscmhanda@ccim.on.ca or call us at 1-866-909-5600.

Small hospitals forge ahead and reap the rewards

Small and Complex Continuing Care Hospitals (SCCH) participating in the SCCH Management Information Systems (MIS)/Human Resources Information Systems (HRIS) project continue to forge ahead with the implementation of the software suites, Quadrant Financials and Quadrant Workforce, offered through the CCIM program.

Wilson Memorial General Hospital, the first pilot hospital to achieve live status with both software solutions.

April 12 marked a significant event in the SCCH MIS/HRIS project as Wilson Memorial General Hospital went live with Quadrant Workforce, becoming the first pilot hospital to achieve live status with both software solutions.

Pilot hospitals have been working in tandem with the project team over the past few months to gather the necessary information, meet implementation timelines and realise this significant achievement, as well as others shown below:

- six of the seven pilot hospitals have achieved "live" status and cut over to begin using Quadrant Financials in the CCIM-SCCH hosted environment. These are Atikokan General, Dryden Regional Health Centre, Wilson Memorial General, Red Lake Margaret Cochenour Memorial, Geraldton District and the McCausland Hospitals.
- Detailed requirements and data gathering sessions continue for Phase 1 hospitals and in many cases implementation activities have already begun.
- Organizations continue to register and participate in ongoing training courses offered by the project.

Six of the seven pilot hospitals have achieved "live" status

Completing the implementation process and transitioning over to begin using the new software has been a positive experience for the pilots, as reflected in the feedback provided to the project team. "The transition process will work very well, as there is lots of support for us, which is great," comments Charlene Schintz, payroll administrator from Wilson Memorial General Hospital, in regards to the implementation of Quadrant Workforce. This sentiment was echoed by Kim Cross Assistant Executive Director of Finance from Atikokan General who adds that "it was helpful having the team on site for go live" with Quadrant Financials. Furthermore, Kim indicates that balancing the bank was a unique challenge their hospital faced following implementation, however, "the support staff were helpful."

Now, with the exception of Wilson Memorial General Hospital, who has already completed the implementation of both software solutions, proceeding as quickly as possible with the second software solution - Quadrant Workforce - is the primary goal for the pilot hospitals. "Everything was done to our expectations," notes Karen Roper, Chief Financial Officer at the McCausland Hospital, when asked to comment on the overall process. This will undoubtedly be the benchmark going forward.

McCausland Hospital CFO Karen Roper prints the first cheque after going live with the MIS/OHRS suite.

Phase 1 organizations have begun implementation activities. If you are interested in participating in the project, please contact the Support Centre at the new email address scch@ccim.on.ca.

OHRS implementation: Perspectives from a large, complex CHC

During a recent interview to discuss the impact of participating in the CHC Ontario Healthcare Reporting Standards (OHRS)/ Management Information Systems (MIS) project, Wanda Macdonald, Executive Director at Pinecrest-Queensway Community Health Centre (CHC), reflects that "it's an administrative management tool that will be really good from a broader system perspective. For the first time we can really begin to look at primary healthcare."

The project is facilitating the development and implementation of CHC-specific OHRS into CHCs across the province. CHCs are actively involved in the process and have the opportunity to work with the government in driving the creation of these standards to produce "a system that is going to be used across all heath care sectors," notes Wanda. This will impact CHCs by "giving us a way to look at how we do business across the sector, so we can begin benchmarking and comparing apples with apples."

Wanda Macdonald, Executive Director at Pinecrest-Queensway Community Health Centre.

Being one of the larger and more complex CHCs, receiving funding from a variety of sources and providing a broad range of services were just some of the driving forces behind Pinecrest-Queensway's participation in the project. They are actively involved in a variety of capacities, from participating as a pilot site to having representatives on the Steering Committee and Advisory Working Group. "We want to look at and help to influence how this particular system can fit within our broad financial and service environment and not make it more complicated," Wanda explains.

The data collected by CHCs following implementation of the standards will flow into the Canadian Institute of Health Information (CIHI), a national body that conducts data collection across all health care sectors. Wanda anticipates that this may benefit CHCs as "over the years we can begin to expand in terms of being able to research, evaluate and monitor how we do business and what we do."

Pinecrest-Queensway CHC currently performs OHRS reporting for CMH&A funded services and is scheduled to begin providing back office support for a CSS agency in the near future, which will include assisting with OHRS reporting. Consequently, the finance staff had to learn OHRS without formal training. The project will offer "an opportunity to review OHRS for those who know it and for those who don't, it will be an opportunity to take the training," she acknowledges. "For the finance team it won't be as steep of a learning curve. The challenge will be for the program team in primary care as we haven't been reporting this way." She adds that "training will be provided to ensure that they understand the system."

Wanda also clarifies an important point: "CHC-specific OHRS are only for CHC programs funded by the Ministry of Health and Long-Term Care and the LHINs. All the other funders have their own accountability requirements including specific reporting mechanisms."

When asked how the communities served by this CHC will benefit by extension, Wanda notes that it's hard to tell at this stage, as implementation has not yet begun. However, "it's a new tool, hopefully one that will help a little bit more in terms of monitoring our work and continuing to achieve efficiencies which ultimately should have a positive impact on services."

For additional information about the project please contact the Support Centre at chc@ccim.on.ca.

Please note the change to contacting CCIM

The CCIM program in April 2010 made some internal infrastructure changes to the network and telephone systems that resulted in new email addresses. The list below provides the new Support Centre email addresses which came into effect Monday April 19, 2010. The Toronto 416 Support Centre number, with the exception of the fax number, is being retired. The 1-800 numbers will be the only telephone numbers used.

CCIM Project	email address	Telephone	CCIM Project	email address	Telephone
LTCH CAP	ltchproject@ccim.on.ca	1-866-909-5600	IAR	iar@ccim.on.ca	1-866-909-5600
LTCH MIS	ohrsltch@ccim.on.ca	1-866-909-5600	HRIS CSS	css.hris@ccim.on.ca	1-877-706-8094
CMH CAP	cmhcap@ccim.on.ca	1-866-909-5600	HRIS CMH&A	cmh_a.hris@ccim.on.ca	1-877-706-8095
CMH&A MIS	miscmhanda@ccim.on.ca	1-866-909-5600	SCCH MIS/HRIS	scch@ccim.on.ca	1-888-269-3342
CSS MIS	ohrscss@ccim.on.ca	1-866-909-5600	CHC MIS	chc@ccim.on.ca	1-888-269-3342
CSS CAP	csscap@ccim.on.ca	1-866-909-5600			

We encourage you to continue to use the CCIM Support Centre as your primary point of contact for all inquiries. By doing so, your inquiry will be logged, tracked and resolved efficiently. The Support Centre will help to ensure that you are connected to the individual resources working on CCIM projects. This process will streamline and simplify how queries are resolved and will result in closer management and response time to your organizations' needs. We look forward to hearing from you.