



Community Care Information Management

The Integrated Assessment Record (IAR)

Quick Reference Guide for the blind and visually impaired

What is the Integrated Assessment Record (IAR)?

The **Integrated Assessment Record (IAR)** tool provides a central repository for clinical assessment data collected from multiple community care sectors. It allows authorized Health Service Providers (HSPs) within the circle of care to upload and view a client's assessment information in a secure and timely manner. The IAR enables collaborative care planning as well as enhanced communication between providers, for the ultimate goal of promoting high quality care for clients in the community.

Benefits of using IAR

- Limits repetition and focuses on client needs.
- Informs treatment planning.
- Sends alerts about changes in client status.
- Access to client service history.
- View community health outcomes and needs.
- Coordinate care to improve client recovery.

Accessing the IAR

1. Please visit **one** of the following:
 - North: [IAR login page for North East cluster](#)
 - GTA: [IAR login page for GTA cluster](#)
 - South: [IAR login page for South West cluster](#)
2. Login: Enter your User ID and Password and click: "Login".

3. Read and accept the disclaimer for the IAR Viewer.
4. Change your temporary password when you see an alert message that indicates your password has expired. Passwords need to be changed at first login and at least every 90 days.
5. Use the “Forgot your password?” link to reset your password.

Accessing a Client Record

Search: Enter all or some of the following search criteria and click “Search”:

- **Ontario Health Card Number**

The full number takes precedence over other entries.

OR

1. **Last Name;**
2. **First Name;**
3. **Date of Birth** – if unknown, an estimated date of birth must be provided.

Other demographics can be included with Last Name, First Name and DOB searches.

Pick your client: When search results appear, click on the desired person’s record to go to the “Person Summary” view.

Reading a Client Record

From the summary view, use one of the following to inform your service delivery:

- The “**Document Tree**” – groups all available assessments by sector.
- The “**Timeline**” – shows a chronological view of all assessments in the last 2 years.
- The “**Assessment Listing**” – shows a summarized, detailed assessment or assessment outcomes.
- The “**Follow Person**” button – sends notifications and messages about a change in client status.

Follow a client’s clinical journey through community care to:

- Better understand the client’s needs.
- Know what services the client is receiving and what the outcomes are.
- Determine what additional services should be added to better tailor a client’s care plan and improve outcomes.
- Quickly find and contact providers currently delivering services to your client.
- Receive alerts when the client status changes.

Who uses IAR?

IAR allows assessment information to move with a client from one Health Service Provider (HSP) to another. HSPs use the IAR to collaborate with other care providers and to view timely assessment information.

The following list describes which assessments are used by each sector:

- **Community Mental Health:** Ontario Common Assessment of Need (OCAN)
- **Inpatient Mental Health:** Resident Assessment Instrument Mental Health (RAI-MH)
- **Community Addictions:** Staged Screening and Assessment (SS&A)
- **Community Support Services:** interRAI Preliminary Screener (interRAI PS)
- **Community Support Services:** interRAI Community Health Assessment (interRAI CHA)
- **Home and Community Care:** interRAI Contact Assessment (interRAI-CA)
- **Home and Community Care:** Resident Assessment Instrument Home Care (RAI-HC)
- **Home and Community Care:** interRAI Home Care (interRAI-HC)
- **Long-Term Care Homes:** Resident Assessment Instrument Minimum Data Set (RAI-MDS 2.0)

Contact Us

For Support and Information

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IAR Consent Call Centre, only for your
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