



# e-Update

## In This Issue....

### HIS Consolidation

- Finishing the Foundation
- Why Standards?
- Advanced Clinicals Preparation
- Phase II – Approval and Project Management

### What's New?

- 5 LHIN Partnership
- DCC Benefits / Values
- New Teams

### Upcoming Events

**e-Update** is a communication tool developed to keep you aware of e-Health initiatives that involve service providers from across the CE LHIN.

You are encouraged to share this e-Update with your boards, staff, physicians, and volunteers. For more information, please visit <http://www.centraleastlhin.on.ca/Page.aspx?id=11808>.

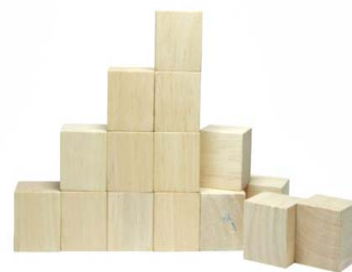
If you require additional information about anything you read, please contact:

Karol Eskedjian

[keskedjian@tsh.to](mailto:keskedjian@tsh.to)

## Finishing the Foundation

If they were building a house, the MIS/Universe Standards Team would have set the foundation. This group (MIS stands for Management Information System), was the first Standards Team to go to work in February '09 and were tasked with creating standards for the basic operational information that will form Meditech 6.0.



The team first met at training in Meditech's Boston headquarters. Shanna Harrison, Information Technology Consultant, Lakeridge Health Oshawa recalls, "When we met, we were strangers with different personalities, professional backgrounds, corporate cultures and levels of experience with Meditech. By the time we left, we were a team."

**MIS/Universe: Meditech 6.0 Foundations**

Back in Canada, the MIS/Universe group went to work. "We approached our work with the attitude that we are all part of the CE LHIN," said Shanna. "We were not just working for Whitby or Lakeridge or any other individual facility, we were working for the good of the whole."

Standards work involves figuring out how different categories of information will be coded and entered into Meditech 6.0. Called dictionaries, they are discussed carefully by the standards team (representatives from all the CE LHIN hospitals or a designate) before a final decision can be made. The MIS/Universe Standards Team discussed the *Facility Names* dictionary (the codes for the names, field length, and how to ensure flexibility and growth), for close to 4 hours. Their conclusion, which is recorded in a decision document, was that the facility code is three characters; the first two representing the community where the facility is located and the third character identifying when the facility implemented Meditech.

"Originally we thought facility names would start with a letter identifying which hospital corporation they belong to, but we knew from experience, organizations can be merged and facility names changed. Just this month, the mental health hospital in Whitby Mental Health had a name change," explained Shanna. Our facilities had to be identified in a way that would not be impacted by restructuring, so we focused on facility locations. Lakeridge Health Oshawa will have the Meditech 6.0 code of OSA, "A" noting that it will be the first facility in Oshawa on Meditech 6.0."

Engaged Communities.  
Healthy Communities.

The MIS/Universe Standards Team is wrapping up their work of developing standards, as will three other teams this month: MMAP – Materials Management and Accounts Payables; GL/FA – General Ledger and Financials; and CWS – Community Wide Scheduling. They will verify their decisions by "playing in the Sandbox", a Meditech 6.0 environment created to allow the HIS Standards Teams to see how the decisions they have made impact the rest of the Meditech modules. "This verification process is critical," said Shanna. MIS/Universe Standards are the foundation of the Meditech system; they impact all the other modules and are imbedded in everything; we need to know the dictionaries work the way we envisioned." These teams will meet on an ad hoc basis to address any questions during the approval process by the HIS/EMR Integration team, and as needed through implementation.

## Preparing for Advanced Clinicals

Although membership is still taking shape, the CE LHIN Clinical Informatics Advisory Group (CIAG), led by Alison Mahony is already active and contributing to the HIS Consolidation. Endorsed by the CE LHIN V.P. Nursing and Chief Nursing Executives Committee (CNE), the group was formed to provide advice on CE LHIN e-health initiatives pertaining to clinical informatics and electronic patient documentation. Currently CIAG is focused supporting the first implementation of Meditech 6.0 at Ontario Shores Centre for Mental Health Sciences (formerly Whitby Mental Health Centre) Advanced Clinicals modules. A sub-committee for Mental Health documentation has already been formed to support the work of Phase II PCS - (electronic documentation) Standards Team.



### Mental Health Sub-committee on Informatics

On June 19, the Mental Health Sub-committee on Informatics held their first meeting. Sub-committee members, made up of front-line mental health staff working in the CE LHIN hospitals, collaborated to review all the electronic and paper documentation currently used at their facilities. They are working towards creating a standard set of mental health forms and tools that will be shared by all CE LHIN facilities that have mental health services. According to Alison Mahony, Clinical Informatics Lead, Peterborough Regional Health Centre, and Chair of the CE LHIN Clinical Informatics Advisory Group, this collaboration will yield excellence in the shared electronic health record. "As we roll out our HIS Consolidation, the 9 hospitals in our LHIN are all working together, applying lessons learned from their own organizations. Each hospital is bringing their clinical expertise to the table, to help define an electronic health record which is based on best practice. The electronic health record of the CE LHIN will support quality and safe patient care, improve service delivery, and better integrate our programs and services. We will build on the lessons learned from other consolidation projects such as North East Ontario Network (NEON) and Alberta's Regional Shared Health Information Program (RSHIP)."

### CNE Committee Recommendations

To guide the documentation work, the CNE group has asked to develop a shared CE LHIN documentation philosophy, principles, values, and framework. These tools will help keep the Sub-committee members focused on what is common to all hospitals and minimize the differences between them. The CNE Committee also endorsed the development of an electronic documentation business case which is being produced by Dr Lynn Nagle with assistance from Alison Mahony. The business case will outline the human and financial resources required to develop electronic documentation for all clinical areas. When complete and approved by the CNE, the business case, along with the philosophy, principles, values and framework, will go to the CEEC for approval and funding.

## Why Standards?

The HIS Standards Teams build agreed upon standards for setup and implementation of the shared system in Meditech 6.0. Each hospital, when moving to Meditech 6.0, will use the Standards Team decisions. The importance of standards is to reflect of all the hospitals' requirements as it will become a single system, single set of Meditech 6.0 code, and a single database that is being implemented for all CE LHIN hospitals. At the end of this journey, CE LHIN hospitals will be proud of being the owners of an integrated and **Standardized HIS** that align to support the provincial strategic plan of an integrated Electron Health Record (EHR).

## HIS Consolidation Standards Project: Phase II - Approval

The Central East Executive Council (CEEC), made up of our nine hospital CEOs, the CE LHIN CEO and our Community Care Access Centre Director, has approved the budget for the next phase of the HIS Consolidation. This Phase, often referred to as Advanced Clinicals, involves developing standards for Meditech Modules pertaining to electronic documentation, bedside medication verification, physician care manager, and other clinical tools.

Phase II, which will first be implemented at Ontario Shores Centre for Mental Health Sciences begins January 2010 and is scheduled for completion by October 2010. Preparation for the implementation will involve Standards Teams made up of clinicians, physicians and allied staff. These Teams will create dictionary standards that define how we electronically document, code and enter data into clinical modules that include: Imaging & Therapeutic Services, Order Entry, Patient Care System, Enterprise Medical Record, Bedside Medication Verification and Physician Care Manager. When appropriate Standards Teams will also make recommendations to improve business processes, workflow, and practices related to the delivery of care.

### Preparation

In preparation for the Clinical Modules being developed, the CE LHIN Clinical Informatics group has begun reviewing clinical documentation. The work of the group involves reviewing paper and electronic patient care documentation, from all hospitals, and developing a standardized set of forms and tools. The Phase II Standards project will begin this summer, and will be completed next August 2010 prior to the Ontario Shores implementation.

### The Process

The Standards' Team process put in place during Phase I is producing good results, and we will continue to use and improve upon it in Phase II. To ensure deadlines are met, each team will have a work plan that aligns with the Ontario Shores implementation plan and Ontario Shores representatives, on each Standards Team will help keep the plans aligned. Decision making will follow the same framework as Phase I; we will continue to use the "sandbox" to verify team decisions, and weekly progress reports will summarize Team activity.

### Next Steps

We are hiring a consulting firm to facilitate and manage Phase II of the HIS Consolidation Standards Project. A Request for Proposals was sent out last month, and a shortlist of four companies was presented to the RFP selection team. The successful bidder will be announced on June 26, 2009 contingent upon successful contract negotiation. Although we are about a month away from Phase II Standards Teams beginning their work, we need to start building physician and clinician support for the project. We recently presented at a CE LHIN Continuing Medical Education (CME) event held last month. It was a good starting point but presentations need to be ongoing; if there are opportunities for us to meet with your physicians, please let the e-health team know.

All of us look forward to continuing the success and collaboration benefits realized in Phase I. The HIS Consolidation has great momentum and terrific energy. Thanks to everyone for all your hard work to date.

## CWS Standards Team- Community Wide Scheduling

| Name             | Title                                | Hospital / Organization               |
|------------------|--------------------------------------|---------------------------------------|
| Gina Loucks      | Analyst                              | LHC                                   |
| Angie Kleihauer  | Systems Analyst Information Systems  | Peterborough                          |
| Wendy Hutchinson | Systems Analyst                      | Peterborough                          |
| Shelley Miles    | Mgr, Application Services            | Ross Memorial                         |
| Anne Cox         | Application Specialist – Integration | Ross Memorial                         |
| Robin Honey      | Application Analyst                  | Rouge Valley                          |
| Francine McCatty | Applications Analyst                 | Scarborough Hospital                  |
| Alyson Baker     | Clinical Analyst                     | Ontario Shores Centre for MH Sciences |

## WHATS NEW?

### FIVE LHIN Partnership

Five LHINS: Central East, North Simcoe Muskoka, South East, Central and Waterloo Wellington are collaborating to plan and develop a consolidated Data Centre which will house their applications and data. Although there are many factors motivating the partnership, cost savings may be one of the most important. After an initial Investment of \$40.1 million, The Data Centre Consolidation (DCC), is predicted to, collectively, save the partners \$12 million annually.



Realizing the DCC cost saving benefits is a few years off. Like most IT projects involving multiple partners and millions of dollars in funding, the process of moving the initiative from being an idea to actual implementation is very involved and takes a great deal of time. Almost two years ago, the initial partners conducted a feasibility study. There have been other studies since then and last year, a request for funding was submitted to *OntarioBuys*.

At this stage in the project, Marlene Ross, Senior Project Manager for CE LHIN e-Health is the DCC interim Project Director. Ms. Ross recently coordinated the development and distribution of a request for proposals (RFP) aimed at getting a consulting firm to create a DCC implementation analysis. When the successful consulting firm is announced at the end of July, a number of LHIN staff will be engaged in the implementation analysis process.

### Data Centre Consolidation Benefits and Value

- The CE LHIN will use the data centre to consolidate applications and house the Meditech 6.0 Health Information System. As a result, an Electronic Health Record, for each citizen in the LHIN, will be accessible at each of the LHIN's hospitals
- The DCC will create infrastructure to enable sharing of hospital applications. As a result, information management and information technology (IT) costs will decrease, and in the case of clinical applications, the flow of clinical information between hospitals will improve
- The initiative leverages large-scale technologies, such as server virtualization and enterprise storage to minimize infrastructure costs
- The DCC will provide a foundation for future consolidations of IT services, such as help desk and personal computer acquisition
- Business continuity/disaster recovery capacity will be enhanced without dramatically increasing costs
- The DCC provides a platform on which to build standardization of clinical best practices on
- DCC IT standardization may reduce the challenge of recruiting qualified IT staff
- Some project partners need to update their data centres now; the DCC offers the shortest implementation time
- The initiative will improve replacement cycles for IT assets
- The DCC will bring the partners' IT infrastructure up to industry standards
- Hospitals will be able to focus resources on health care delivery rather than IT
- The collaboration will facilitate the implementation of new technologies and best practices
- The DCC will significantly improve efficiency, scalability, and data security

### Upcoming Events

#### June 22

Clinical Informatics Group Meeting: 900 to 1100, Ontario Shores Centre for MH Sciences, This committee meets the fourth Monday of every month. For more information, contact Alison Mahony [amahony@prhc.on.ca](mailto:amahony@prhc.on.ca).

#### June 26

Phase II – Project Management Decision

#### July 14 - 17

Payroll - Human Resource Training, Meditech Headquarters, Boston