Central East LHIN

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e-Update

In This Issue ….

e-Update is a communication tool to keep you aware of eHealth initiatives that involve service providers 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

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CHRIS(tmas) Comes Early to CECCAC

Last month Christmas came early to the Central East Community Care Access Centre (CECCAC). After two years of working with multiple case management systems, the Client Health Related Information System (CHRIS) was fully implemented and went "live" at all seven CECCAC branches.

The implementation process began in 2007 after 42 Community Care Access Centres (CCAC) across the province were merged and aligned to the geographical boundaries of the 14 Local Health Integration Networks (LHIN) in Ontario. In the Central East LHIN, four CCACs – Scarborough; Peterborough; Durham Access to Care; and Haliburton, Northumberland, Victoria – were merged to become the CECCAC.

"When they came together, each predecessor organization had different types of client case management systems and programs they were using; they could not interface, connect or, simply put, talk to one another," said Paul Scobie, CECCAC Regional Manager of Information Systems. Putting things into perspective, he explained, "The new CECCAC had four predecessor organizations and many of the more than 700 CECCAC staff members were required to work at more than one. This created logistical problems. Some staff had to be trained on all the different systems. In addition, producing reports from each of the different systems and consolidating the data presented us with challenges."

It was a big problem, which required a big solution, one that was provided by the Ontario Association of Community Care Access Centre (OACCAC) when it introduced the new province-wide system known as CHRIS. At the CECCAC, the Whitby branch was chosen as one of the CCACs' pilot sites and just last month all CECCAC branches went "live."

"Implementing CHRIS was a great opportunity. It enabled us to introduce best practices," said Mr. Scobie. "We did this by reviewing all the business processes of the four predecessor CCACs and selecting the best ones. Then, when it came time to train staff on CHRIS, we included best practice training. This has resulted in all of our clients being treated the same way regardless of which branch they go to for services."

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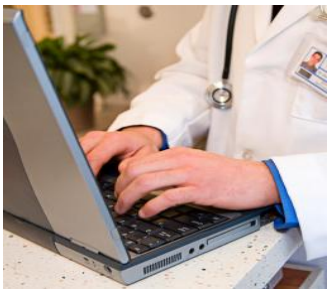
CHRIS provides a record of each CECCAC client. The records contain a patient's demographic information, documentation pertaining to their interactions with the CECCAC and the clinical notes made by their care providers. CHRIS, which has automated many manual and administrative functions such as scheduling and billing, has also sped up and simplified communication between partner care providers. Most importantly, it has improved the sharing of patient health information between the CECCAC and its partners.

An example of how CHRIS improves patient care and sharing of health information is in hospital discharge planning. A CECCAC case manager will enter client information into CHRIS and then can use the system to send Service Offers (service requests) to the required post-hospital health care providers such as the Red Cross, the Victoria Order of Nurses, or a pharmacy. Providers can accept or deny the Service Offer and those who do provide care will have their billing managed electronically through the CHRIS system.

CHRIS is proving to have multiple benefits and, according to Mr. Scobie, a big advantage, of the system is its design. He noted, "CHRIS is based on the Ontario eHealth vision of 'one client, one record'." Technology will continually change and be upgraded to enhance the sharing of patient information and strengthen the continuum of care. CHRIS was designed with the latest in technological advancements and will interface with other systems, which means we can continually improve the system. The CHRIS system has the longevity necessary to facilitate the ongoing changes in the health care system.

HIS Phase II - Coming to a Close



A lack of resources has caused the closure of the Health Information System (HIS) Consolidation Standards Project - Phase II. The initiative, which began in August 2009, and is being managed by Perot Systems, is winding down with the finalization of documents which were developed as a result of site visits to all but one CE LHIN Hospital.

The documents include: workbooks, draft decision documents and recommendations. The workbooks are a collection of data and information that will assist Ontario Shores and other hospitals implement MEDITECH clinical modules. Draft decision documents are based on the content of the Workbooks and are recommended standards for clinical information that could be used in the development of clinical modules such as Physician or Nursing Documentation, Diagnostics, or Medication Orders.

The draft recommendations identify opportunities for clinical transformation, workflow and business processes that the Perot Team have compiled from the site visits. In the New Year, the Clinical Informatics Advisory Group (CIAG) will review all of these Phase II documents and determine how they may best be applied to the CE LHIN's eHealth work and make recommendations to the VP/CNE Committee

A gracious thank you is extended to everyone who has participated in the Phase II project. A great deal of valuable information has been produced from the work that has been done. The contributions made by physicians, nurses, allied health care professionals; management administration and CIAG will help support the continuing evolution of eHealth at the CE LHIN.

Supporting Ontario Shores, Supporting Integration

Laura Boyko, Clinical Coordinator, Rouge Valley

Over the last few months, a subcommittee of the Clinical Informatics Advisory Group (CIAG) has been working to create Mental Health Documentation Standards to support the MEDITECH 6.0 implementation at Ontario Shores Centre for Mental Health Sciences (Ontario Shores). The Mental Health Subcommittee (MHS), which was divided into five groups, has worked towards developing standards for:

- Crisis, ER and Triage
- Intake and History
- Discipline Specific Assessments
- Daily Flow Sheets
- Care Planning

Specifically, the MHS has focused on standardizing paper and electronic clinical documentation associated with patients accessing mental health care. The subcommittee looked at patient information that is captured when a patient first enters a hospital and additional information that is collected as a patient moves into an inpatient setting.

Laura Boyko, Clinical Coordinator with Rouge Valley's Assertive Community Treatment Team, was part of the MHS. She explains how the standardization project will benefit the whole LHIN: "The work supports the recent Ontario Shores implementation of MEDITECH 6.0. It will also enable the LHIN to measure outcomes, track trends and data across the organization and among the population which is accessing mental health services within our hospitals."

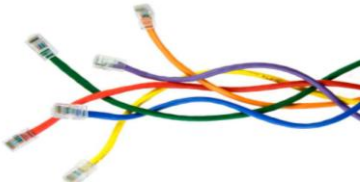
When the MHS began their work, individual subcommittee members had many questions: Are we collecting the right information? Will all hospitals be expected to use the same forms? Do we all need to collect the same data? Ms. Boyko admits, "I was hesitant at the beginning, because nobody likes change, but I understood the value of what we were doing." Laura quickly learned that the standardization work was not about imposing standard processes, but working to reach agreement about what patient information needs to be collected during the time a patient is receiving care.

The CE LHIN hospitals may not all be using the same forms, but data collection standardization will ensure everyone is "speaking the same language". Ms. Boyko explained, "Most hospitals across the LHIN are already using MEDITECH. By creating and implementing standards, we can compare facilities and care. My organization, Rouge Valley will be in a better position to demonstrate outcomes and we'll have a better understanding of where we need to allocate resources. Right now, we are comparing apples to oranges. The standardization will help us compare apples to apples. Perhaps the standardization will give us a better understanding of how people access mental health care, and where we need more community supports or hospital beds."

Ms. Boyko feels that the standardization work is an important step towards developing the Electronic Health Record and that it will strengthen integration of health services across the LHIN and the continuum of care. "If everyone is asking the same questions, it makes it easier for the patient. Standardization will help cut down wait times, eliminate duplication of services and allow more people to access the system. I think it will also play a big role in helping us divert patients away from emergency rooms and toward more appropriate care settings."

In the New Year the MHS will present its work to CIAG and the Chief Nursing Executives and Vice Presidents Nursing Committee for approval. The MHS work is also being incorporated into the Phase II workbooks and decision documents which will help guide the Ontario Shores clinical modules implementation.

Update - Data Centre Consolidation (DCC)



The Implementation Analysis phase of the DCC Project is coming to a close. The DCC Project Team, which issued a vendor request for proposal (RFP) on October 30, 2009, recently completed RFP evaluations. Preferred vendors were selected and invited to work with hospitals to gain a better understanding of information technology assets. Information and data that comes out of this work will help to provide a concise understanding of the current state (what exists) and support contract negotiations.

In addition, the DCC Business Case has been developed and will be delivered to CEOs in the next few weeks. On January 15, 2010, as a follow-up to the Business Case delivery, Hospital and LHIN CEOs have been invited to a Data Centre Consolidation Town Hall. The meeting, which will run from 9:00 a.m. to 11:00 a.m. at the Ontario Shores Centre for Mental Health Sciences Conference Room D, will be a chance for CEOs to learn about the approach and process that was applied to developing the Business Case. Attendees will be encouraged to ask questions and the DCC projects next steps will be outlined.

Connecting the GTA

Five LHINs have joined forces to enable the electronic sharing of Patient Health Information (PHI). Under the project title of "Connecting the GTA" (cGTA), work is being done to create a technology framework which integrates patient health information and supports improved clinical decision making and quality of care.

The five partner LHINs, Central, Central East, Central West, Toronto Central, and Mississauga Halton, are exploring development of a platform referred to as a Health Integration Access Layer (HIAL) and a secure portal. Currently, health organizations and providers have a limited ability to share patient health information electronically due to the number of different systems that exist over the continuum of care. These systems cannot currently connect, but the goal of the portal and platform is to enable connectivity and interoperability, which in turn will allow for the secure electronic exchange of patient health information and data across the five cGTA LHINs. The cGTA Project Team is developing two RFPs, one for the integration engine and tools to link systems, and the other for the portal and presentation layers.

Resource Matching and Referrals (RM&R)

The Resource Matching and Referrals Project CE LHIN Working Group had their kickoff session on December 11 lead by the RM&R Project Management Team from the University Health Network. At the meeting, the working group was provided with an overview of the project, and discussed the steps needed to complete Phase I, which involves understanding how the organizations in the CE LHIN do referrals.

Each of the seven LHINs that are involved in the RM&R project have a working group with representatives from both hospitals and community agencies involved in referrals for medical and surgical patients. They are beginning to gather information on referral volumes and the types of forms and processes used to make referrals (both sending and receiving): from Acute Care to Long Term Care to Rehabilitation, Complex Continuing Care and the Community Care Access Centre. This information will provide an assessment of the "current state" in the CE LHIN. Phase I will wrap up March 31, 2009. This information will then support the next phase of the project which will look at "future state" and how an automated system could be used to improve the referral process. If you have any questions about the project, please contact the CE LHIN project Coordinator, Karol Eskedjian at keskedjian@tsh.to.

Upcoming Events

Jan 7	IT Technical Working Group
Jan 7	DCC Steering Committee
Jan 11	eHealth Community Consultation Task Group
Jan 13	eHealth Steering Committee
Jan 14	IM/IT Advisory Committee
Jan 15	DCC - CEO Town Hall @ Ontario Shores
Jan 18	CNE / VP Nursing Committee

Bits and Bytes

Multi-LHIN Privacy Framework and Tools Initiative

eHealth Ontario is supporting a multi-LHIN initiative to develop a privacy management framework and toolset for use province-wide. This initiative will help LHINS and health service providers (HSP) develop integrated service delivery strategies which align with privacy requirements.

The Multi-LHIN Privacy Framework and Tools Initiative will include governance, data sharing; application of privacy policies and tools; a LHIN-level privacy implementation plan and toolkit; and a privacy communications plan and toolkit.

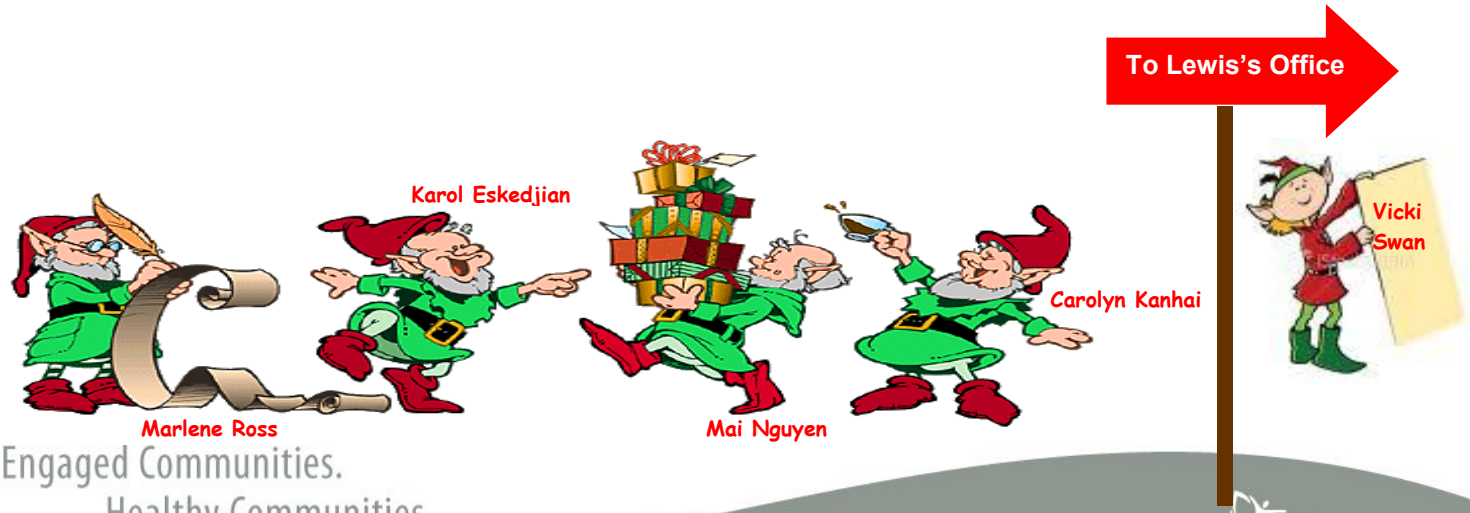
Because of the special nature of Mental Health and Addictions clinical records, a sub-project will be formed to adapt the framework and toolset to Mental Health and Addictions HSPs. The CE LHIN will be involved in the initiative, and more information will be provided in the New Year.

Scanning and Archiving

An RFP seeking the services of scanning and archiving vendors received 16 responses. Hyland was selected as the preferred archiving vendor and Octacom was the preferred scanning services vendor.

eForms

Through a procurement process set up to obtain a standardized CE LHIN eForms product, Access eForms was selected as the preferred vendor from a shortlist of four companies.



An eHealth Christmas List

Here are some new weird and wonderful eHealth solutions elsewhere in the world.

Home-based Technology:

In Britain, GE Healthcare and Intel are developing a telemedicine house that could help elderly people live safely on their own, the London Times reported. The so-called "health house" contains sensors that monitor residents' behavior and use existing knowledge of the patient to alert doctors when unusual patterns are detected. The cost plan created by the companies estimates that subscribing to the sensor system would cost about the same as paying for cable TV, plus an initial fee for installation, according to the Times. Similar aims are behind the French Centre for Construction Research's Gerhome Project, which also users sensors to track the movements and habits of elderly people and analyzes the data for irregularities.
https://www.aarpglobalnetwork.org/netzine/Industry%20News/Caregiving/Pages/Europe'smarketforeHealthtechnologyisboomin g19290175.aspx

Robotic assistance :

Earlier this year, French firm Robosoft teamed up with U.S.-based nonprofit organization SRI International to introduce Robulab10. The robot is modeled after a real service dog and is meant to assist the elderly within their own homes. To date, the robot has been developed to only as a demonstration model, but the companies say it will be turned into a turnkey solution within the next three years to enable large-scale distribution. "The market for home-centric robots that provide assistance to the elderly is one of our priorities," says Vincent Dupourqué, CEO of Robosoft.
https://www.aarpglobalnetwork.org/netzine/Industry%20News/Caregiving/Pages/Europe'smarketforeHealthtechnologyisboomin g19290175.aspx

The Little Microscope that Can:

From the coastal areas of Bangladesh to the skyscrapers of New York City, bedside pathology is about to take a big step forward. Researchers at the California Institute of Technology in Pasadena have developed a microscope the size of a bumblebee's hair bristle that is powerful enough to image cells and other biological material.

"We can take point-of-care to the next level," says Changhuei Yang, assistant professor of bioengineering and electrical engineering and a co-inventor of the mini-microscope. "The microscope design is really simple because we wanted it to have widespread use. You don't even need a light source. You could use sunlight. "Coupled with computer software, the optofluidic microscope (OFM) could become the heart of an in-home monitoring test to track immune cells in HIV-AIDS patients. When treating HIV-AIDS, doctors watch for changes in CD4 cells, the immune cells impaired by HIV. If the CD4 cell count drops below 200, patients are at risk for new infections. In-home monitoring would serve as an early alert for important changes in the patient's condition and would reduce the number of patient office visits. Progressive tracking of CD4 cell counts would allow doctors to adjust therapies sooner to keep patients in optimal condition. http://www.nibib.nih.gov/HealthEdu/eAdvances/30Apr09

The CE LHIN eHealth Team wishes you and yours a wonderful Holiday Season and a Happy New Year!