Central East LHIN

e-Update
Better e-Health = Better Health

Upcoming Events
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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

For additional information please contact
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RM&R: Planning for Referral Improvements

More and more, LHINs are pooling resources to improve the way we deliver health care. One example of this is the Resource Matching and Referrals (RM&R) project which began in December 2009 and involves seven LHINs, including the Central East LHIN.

The project, which is part of the provincial government's Emergency/Alternative Level of Care Wait Time Initiative and Information Strategy, will enable

Fuzion Breakout Sessions: Day 2. Left to right: Heather Rambharack, RVH; Medzie Lacroxi , Lafontaine Lodge; Shailesh Nadkarni , PRHC; Craig McCleary, Red Cross; Lisa Mizzi, CE CCAC; Davena Singh, CPCO

key stakeholders, such as hospitals and community service providers to link patients with resources in a timely and efficient manner. RM&R will electronically streamline the referral process and facilitate patient access to care.

Nancy Veloso, a Patient Care Manager with The Scarborough Hospital, believes that the RM&R project, when it is complete, will expand resource options available to patients. "RM&R will streamline the resource application process. It will enable patients to move to the most appropriate care level when they need it. As a result of this, we expect to see a reduction in the length of stay for Alternate Level of Care patients, a reduction in Emergency Department wait times and improved patient satisfaction."

As a means of contributing effectively to the multi-LHIN RM&R project, the CE LHIN created an RM&R working group with representation from the hospitals, the CECCAC, and Long Term Care. Over the last few months, the group has been working to develop a "current state assessment" by gathering information about referral processes that currently exist in four areas--referral of adult patients from acute care (medical and surgical beds) to:

1. Long Term Care (via CCAC)
2. In-Home Care Services (via CCAC)
3. Rehabilitation
4. Complex Continuing Care (CCC)

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In March, the CE LHIN RM&R Working Group members and stakeholders, from different sectors, gathered for something they called Fuzion sessions. At these meetings, over the course of five days, participants reviewed the "current state" data and worked to define the "future state," which will be an electronic, standardized, best practice referral process for each of the four referral pathways.

Following up on the Fuzion sessions, the CE LHIN "current state" pathways will be validated and then shared, along with "future state" preferences, with the seven-LHIN RM&R project team. Findings and recommendations resulting from Phase I of the RM&R project will be reported once the final report is published.

Ms. Veloso believes that once it is implemented, the RM&R system will improve how patient care is delivered and have a positive impact on health care providers. "On a patient care unit, health care teams will benefit from a broader scope of resource options to offer their patients. This will enable patients to access the right care, in the right place, at the right time. It will definitely enhance the patient experience."

HOBIC Think Tank Results

The Health Outcomes for Better Information and Care (HOBIC) Team, held a "Think Tank" in Toronto on February 25, 2010.

The purpose of the meeting was to bring together representatives from organizations that are using the HOBIC data, to assist in defining a strategy to increase the use of the HOBIC information by nurses and administrators.

HOBIC, which is now "live" in over 168 health organizations, is a program of the provincial government that facilitates the collection of standardized health outcome data across the province. The HOBIC database contains over 280,000 records, and has the ability to produce reports.

Some of the ideas that were discussed at the "Think Tank" included:

- ✓ Continue to host workshops that provide information about accessing and using HOBIC reports;

- ✓ Engage LHINs and their decision support teams in examining HOBIC data and determining linkages;

- ✓ Host local, regional, and annual events focused on how people are using the HOBIC data;

- ✓ Work with organizations, prior to when they implement HOBIC, to facilitate an understanding about how HOBIC information can support their work on key issues;

- ✓ Have a HOBIC support team work with organizations after implementation; and

- ✓ Link HOBIC to college standards. Educate nursing students about how they can use HOBIC information to support reflective practice and good documentation.

The HOBIC team will examine the ideas that came out of the "Think Tank" and identify where they can assist organizations in using HOBIC information to support nursing practice and quality patient care.

If you have any ideas for further use of HOBIC, or would like further information, CE LHIN staff and management can contact Patti Tracey, the CE LHIN's Regional HOBIC coordinator. Feedback can also be sent to Patti at: ptracey@hobic-outcomes.ca .

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Collaboration Makes eHealth Work

It was a sign of the times. At last year's CE LHIN Symposium, almost every speaker referenced eHealth in their presentation. Each year health care gets more and more automated and at the Central East LHIN we are moving ahead at a steady rate.

The eHealth work is centralized out of the CE eHealth office in Ajax, where a small team collaborates with provider organizations, committees and task groups to organize, oversee, manage and support the numerous activities and initiatives, and its work is overseen by the CE LHIN, the CEEC and the eHealth Steering Committee. So what does it take to make it work?

The eHealth work being done at the CE LHIN is broad, and only possible because of the expertise, advice, leadership and involvement of five eHealth groups: the eHealth Steering Committee, IM/IT Advisory Committee, IT Technical Task Group, CFO/CIO Advisory Group, the CAG (formerly the CIAG) and the eHealth Community Consultation Task Group.

Each group has a specific mandate that defines how they support CE LHIN providers. Together they facilitate the CE LHIN IHSP, Provincial health initiatives and projects initiated by the CE LHIN CEO Partnership (CEEC).

eHealth Steering Committee

Mandate: The CE LHIN eHealth Steering Committee actively leads the development and implementation of the CE LHIN eHealth Strategy and the Tactical Plan that enables LHIN health care providers to leverage information and communications technology.
How they Support Providers: The committee reviews all CE LHIN eHealth initiatives and provides strategic advice and direction. Members also determine how eHealth will support the implementation of the CE LHIN's Integrated Health Service Plan (IHSP).
Membership: Committee members, who represent all areas and sectors of health care within the CE LHIN, were selected using an Expression of Interest (EOI) process. A new request for membership EOI will be distributed in the spring 2010.

IM/IT Advisory Committee

Mandate: The Information Management/Information Technology (IM/IT) Advisory Committee oversees the development, acceptance and implementation of regional IM/IT. Members recommend, to the CE LHIN CEOs, strategies and opportunities for eHealth partnerships and they carry out initiatives as directed by the CEOs.
How They Support Providers: The IM/IT Advisory Committee collaborates on LHIN-wide eHealth initiatives such as software and hardware agreements. Members also determine standards for laptop encryption and the level of training required for IT professionals working within the LHIN.
Membership: IM/IT Advisory Committee members are the senior technology leaders of the CE LHIN hospitals and Community Care Access Centre (CCAC). Additional members are added to the committee when specific expertise is required such as clinical informatics.

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IT Technical Task Group

Mandate: The IT Technical Task Group meets at the request of the IM/IT Advisory Committee. The focus of the group is the technical details associated with eHealth initiatives. Group members provide expertise, identify issues and make recommendations.
How They Support Providers: The IT Technical Task Group solves problems and determines technical standards. Group members also review the technical requirements of multi-partner eHealth agreements and determine the best solution for "single sign-on" (see glossary on page 5)
Membership: Task group members are the technical managers from CE LHIN hospitals and the CECCAC.

CFO/CIO Advisory Group

Mandate: The Group works to provide two way communications between business and financial leaders within the CE LHIN organizations and eHealth Office. Members provide initiative endorsement and both financial and strategic oversight
How they support the CE LHIN providers: The CFO / CIO membership have the difficult task of understanding eHealth in the financial and strategic context of their organizations. They are tasked with helping determine the priorities for technology initiatives against all other competing priorities.
Membership: Membership is comprised of CFOs or CIOs representing the hospitals and the CECCAC.

Clinical Advisory Group (formerly the Clinical Informatics Advisory Committee)

Mandate: The CAG acts as an advisory group for planning and implementation of clinical information systems and electronic health records in the CE LHIN.
How They Support Providers: This group both makes recommendations to the CNE Committee on issues, requirements and opportunities for clinical documentation and system advancement, and helps bridge the gap between the clinical and technological camps to eHealth in the CE LHIN.
Membership: Membership is made up of hospital staff from the areas of clinical informatics and Professional Practice leadership.

eHealth Community Consultation Task Group

Mandate: The eHealth Community Consultation Task Group, which formed in 2008, has a defining vision: eHealth = better health. The Group, which had a six-month mandate, has been working to engage community agencies, clinicians and non-hospital providers to better understand and determine the eHealth needs of the CE LHIN. In April, the Task Group will finalize a report detailing the eHealth needs for community agencies and recommendations supporting community eHealth.
How They Support Providers: Task Group members are building relationships with community providers and representing the provider's eHealth needs.
Membership: Using an EOI process, the Task Group members were selected to provide representation of all community health care sectors including: long term care (LTC), mental health, community care, community health centres, palliative and hospice care, pharmacy and CECCAC.

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Tech-Knowledgy

Acronyms and What They Mean

When you combine the complex healthcare environment with the complex technology environment, you get a lot of acronyms that can be confusing. So we are beginning an acronym list that you can use for quick reference. This month, the list will provide acronym definitions and website links for more information. Eventually the acronym lists featured in eUpdates will become a larger glossary planned for the eHealth section of the CE LHIN website. Please let us know if you find any other acronyms that we should feature in future eUpdates. If you would like to check out a more global list of acronyms, check out the link: http://www.all-acronyms.com/cat/7

eHealth Organization Acronyms List

Acronym	Definition
CCAC	**Community Care Access Centre** **www.ccac-ont.ca** 14 CCACs across Ontario provide services that enable clients to stay in their own homes.
eHO	**eHealth Ontario** **www.ehealthontario.on.ca** Created in August 2008, eHealth Ontario leads and coordinates the execution of Ontario's electronic health strategy. Funded by the Province of Ontario, eHealth is focused on the use of technology to improve clinical outcomes, enhance patient care and reduce costs.
IHSP	**Integrated Health Services Plan** **www.centraleastlhin.on.ca/page.aspx?id=13346** Each LHIN has a three-year IHSP that outlines the organization's vision, priorities and strategic directions. The CE LHIN has a new IHSP this year (2010 – 2013).
LHIN	**Local Integration Health Network** **www.lhins.on.ca** LHINs, which were created in March 2006 by the Ontario Government, are not-for-profit corporations working with local health providers and community members to determine health service priorities. The 14 LHINs plan, integrate, and fund local health services, including hospitals, CCACs CSS, Long Term Care, Mental Health and Addictions, and CHCs.
RNAO	**Registered Nurses Association of Ontario** **www.rnao.org** RNAO is the professional association representing registered nurses. The organization leads the nursing profession and influences and promotes healthy policy.
CFO	**Chief Financial Officer** Also identified as Vice President of Financial Services, the Chief Financial Officer is the financial leader of an organization and often has responsibility for technology.

Glossary of Terms

The English language is changing rapidly to accommodate the influence of technology. Sometimes new terms develop, but take a while to appear in dictionaries, and sometime, new common technology terms don't make it into dictionaries despite being widely used. To help you understand some technology jargon that is commonly used among CE LHIN organizations, we have started a glossary of terms. Check out this month's feature "words":

eHealth Technology Acronyms List

Term	Definition
e-Community	e-communities are like virtual villages that have no borders. They are usually made up of people with similar interests and goals. e-Community members interact primarily using web based technology.
eHealth	eHealth (electronic technology for health) is an overarching term used to describe the application of information and communications technologies in the health sector. It encompasses a whole range of purposes from administrative to health care delivery.

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Portal	According to the Merriam-Webster online dictionary, a portal is a site serving as a guide or point of entry to the World Wide Web and usually includes a search engine or a collection of links to other sites arranged by topic.
SharePoint	Microsoft Office SharePoint is an integrated suite of server capabilities providing: content management, shared business processes and workflow, information-sharing (including web interfaces)' email integration and a platform and tools required for server administration, application extensibility, and interoperability.
Single Sign-On	Single sign-on (SSO) is an authentication process that permits a user to enter one name and password in order to access many applications. The process checks the user's permissions for all the applications and eliminates extra prompts (entering another user name and passwords) when going to another application.
Current State/ Future State	Terminology used in project or technology development to identify information related to the project / technology. Current state would be that information that identifies "where we are now" and future state often is the planning or desired environment to move to.

Bits and Bytes

Provincial Referral Standards
The Province has developed a Standard for Healthcare Referrals document.   It will be available for public review between March 22 and April 9, 2010. A teleconference and webinar, introducing the document, was held on Wed March 24, 2010.   Information about the document, and how you can provide feedback by April 9 is on the following website: **http://www.ehealthontario.on.ca/programs/eReferralSpecification.asp**

HIS Procurement
On March 8, a letter was circulated, lead by Glenn Alexander, eHealth Lead for Champlain LHIN asking Hospitals that use Meditech as their HIS to declare their interest in a provincial approach to procurement.   For those Meditech sites wanting to move to 6.0 this would to negotiate as a team to realize the potential significant savings in joint negotiations for everyone.

RNAO eHealth Workshop for Nurse Managers
A workshop designed for Clinical Managers is being held on **April 12, 2010, 8:30 – 4:30 p.m**. at the Delta Chelsea Toronto (33 Gerrard St. W, Seymour Room). The agenda topics will include: Leadership during eHealth Implementations, Principles of Change Management, and Strategies for Managers on eHealth.
To register for the workshop, go to: **https://survey.rnao.ca/node/59.** For information about the workshop, go to: **www.rnao.org/ehealth** To view or take RNAO online courses, go to: **www.rnao.org/eHealth_course**

Upcoming Events - April

April 1	DCC Steering Committee Meeting
April 2	eReferral Primary Care to Specialty Meeting
April 7	MPLA - CE LHIN Education – Video conference
April 9	CFO / CIO eHealth Committee
April 12	RNAO Clinical Manager eHealth Workshop
April 14	eHealth Steering Committee
April 14	IM/IT Advisory Committee
April 26	Clinical Advisory Committee

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