Central East LHIN

Volume 13 May 2010

e-Update

Better e-Health = Better Health

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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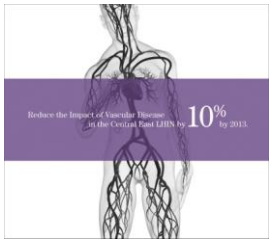
2010 Symposium - eHealth Enables!

The fourth annual Central East LHIN Symposium, which is taking place on May 5 at the Ajax Convention Centre, is being hosted this year by the newly formed Strategic Aim Coalitions: Emergency Department and Vascular Health. Their goal for the event is to get input on how the two integrated Health Service Plan (IHSP) Strategic Aims can be supported and enabled across the LHIN:

- **Save 1,000,000 Hours of Time Patients Spend in Central East LHIN Emergency Departments by 2013;** and
- **Reduce the Impact of Vascular Disease in the Central East LHIN by 10% by 2013**



Several IHSP enabling initiatives are already underway, and more are in the works. According to Jeanne Thomas, Senior Integration Consultant and Lead System Design, "Our big focus is on continuing to expand our partnerships with eHealth as we move into full stream implementation of the Aims. We want to make sure we are exploring all eHealth opportunities and linking eHealth initiatives that will advance the Aims."

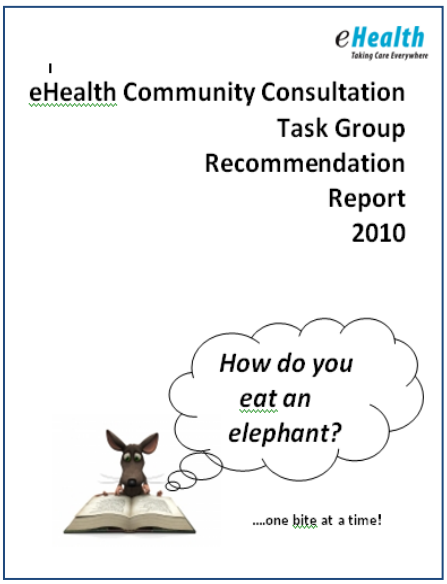
Ms. Thomas referenced two eHealth projects that are already enabling the Strategic Aims. The Timely Discharge Information System (TDIS) Project will improve the flow of patient information between hospitals and the primary care physicians in the community. And, the Diabetes Indicator Project (DIP), which involved development of a standardized set of core metrics that indicate vascular health, facilitates health information sharing across service providers. Ms. Thomas also shared that because the eHealth, Finance and Planning departments of the CE LHIN are aligning their work with the IHSP, they are even supporting the Aims by improving how they work together.

A focus on project management in the CE LHIN is also helping individual service providers, departments, and the LHIN work together, share information and improve reporting consistency on Aim achievements. Over the last three years, the LHIN has implemented project management and acknowledges CE eHealth Team input in assisting the process. According to Ms. Thomas, "The eHealth Team is more entrenched in the project methodology than the health service providers. We're catching up and have been able to benefit on working together. The eHealth contribution is helping us talk the same language."

Come by and visit the eHealth displays at the Symposium to learn more about how eHealth can and will enable in the CE LHIN.

Community Consultation – How can eHealth Help?

After six months of meetings and reviews, a task group made up of community sector representatives (Community Care Access Centre, Long Term Care, Community Health Centres, In-Home care, Mental Health and Palliative Care) presented the *eHealth Community Consultation Task Group Recommendation Report 2010* to the eHealth Steering Committee.



The report, which contains recommendations on "How can eHealth support the delivery of care in the community sector", has developed six strategies:

- **Translate the Vision** (Better eHealth = Better Health) to the community sector
- **Develop Consistent and Continuing Communication Mechanisms** to support eHealth in the community sector
- **Provide Ongoing eHealth Communication** to the community sector
- **Increase the Knowledge, Awareness and Education** of eHealth in the community sector
- **Continually Align the eHealth Strategy to** community sector needs
- **Ensure Community Sector Needs are Incorporated** into eHealth initiatives

The report's strategies capture nine major recommendations addressing issues that were identified by the community sector. They are:

1) **Funding Notification:**
   Identify eHealth related funding initiatives to community sectors on an ongoing basis
2) **Consolidated Reporting:**
   Streamline and simplify required reporting to the LHIN, province, etc.
3) **CCAC Communication Automation:**
   Automate the communication to and from the CCAC to community sector agencies
4) **Increase Awareness:**
   Provide eHealth knowledge, training and education to community sectors
5) **Support Privacy and Security:**
   Provide knowledge and guidance about privacy and security matters related to health care technology and electronic health information sharing at the community sector level
6) **Technical Support:**
   Provide support to prepare technical staff for the implementation of eHealth strategies that facilitate CE LHIN and provincial strategies and eHealth initiatives
7) **Increase Connectivity:**
   Use technology to enable patient information to electronically follow patients through the continuum of care
8) **Develop Standardization:**
   Develop common language, common tools and common interfaces to ensure the simplification and standardization of eHealth terminology and processes
9) **Application Enhancement and Automation**:
   Develop initiatives which enhance current applications and improve the delivery of care

Within each of the report recommendations there are issues identified to be addressed. These 34 issues have been ranked and prioritized with some potential solutions.

The goal of the *eHealth Community Consultation Task Group* is that the Report recommendations are incorporated into the CE LHIN eHealth Strategic Plan, and that engagement of non-hospital health care providers continues. The Task Group recognizes that agencies within the community sector are large and diverse, and that the Report must be more broadly validated in order to determine what is feasible, cost effective and can significantly impact health care delivery. The Report is a good start to a large initiative which can only be tackled 'one bite at a time'.

DART – Targeting Wait Times

A real-time performance management tool designed to improve patient access to care and the transfer of patients between hospital services has been introduced as a component of the Emergency Department Performance Improvement Program (ED PIP), a Ministry of Health and Long-Term Care initiative.

The new tool, known as the DART—short for the Daily Access Reporting Tool—is being used by all CE LHIN hospitals. It works by drawing information from existing hospital sources, such as daily Emergency Department (ED) and General Internal Medicine (GIM) patient flow data, and pulls it into a daily report.

According to Elizabeth Salvaterra, the LHIN's Emergency Department and Alternative Level of Care (EDALC) Performance Lead, "The data is displayed in a very simple way, using a single page chart and some indicators that are based on traffic light colours. The chart shows what's happening on a day-to-day basis in a hospital and specifically in the emergency department. In addition, corresponding graphs indicate short-term patterns and trends."

The DART is a critical performance management tool which works in two ways to improve patient access and flow throughout a hospital by:
1) Clarifying a set of mandatory metrics that determine performance; and
2) Creating a daily feedback loop to monitor the performance of those metrics

"There are between 30 – 40 indicators that we use to measure how our hospitals are doing with respect to wait times," said Ms.Salvaterra, "At a glance, managers at all levels, from the front lines to the CEO, are able to see how we are doing in respect to our goals and targets."

The DART contains a set of mandatory metrics that all participating ED-PIP hospitals are required to track. Source data for metrics originates from the hospital's ED, bed management, admit/discharge or other systems. Metric definitions align with provincial standards and programs wherever possible and assist with both front-line and management decision-making.

"DART helps us make good decisions for example in the area of surge (outbreak) management in the hospitals," said Ms. Salvaterra, "If there were another HIN1 surge, using the DART data from each hospital, we would be able to track the outbreak and align resources where required."

It is difficult for front-line staff to react and make changes to processes and norms when the available data is months old. By providing staff with data daily, the DART allows them to work in "real-time" to understand the root causes and adapt and refine processes with daily feedback.

Beyond front-line staff, the DART is a useful tool for hospital leadership to understand and speak to real-time performance at the levels of the unit, department, hospital and LHIN.

Ms. Salvaterra concludes, "It is such a good tool and it provides great, consistent data that is valuable for a lot of reasons, not just for management but also for consistency of information across the LHIN. It helps everybody. It helps the hospital to manage their emergency department, and their whole hospital; it helps the LHIN to know what is going on; and it gives us valuable data that helps us create good consistent reports to the Ministry. We can now compare apples to apples."

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. The list provides acronym definitions and website links for more information. 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

Acronyms

Acronym	Definition
CHC	**Community Health Centre** www.cachca.ca A CHC is a non-profit or government-sponsored organization governed by a locally elected board of residents and some cases, clients. CHCs are defined by geographic area or a collection of groups needing access to primary health services. It is primarily an inter-disciplinary team. CHCs typically deliver a range of services including primary health, social, and rehabilitation and focus their work on prevention, health promotion, education, and community development.
CHI	**Canada Health Infoway** www.infoway-inforoute.ca CHI, also referred to as Infoway, is a not-for-profit organization that collaborates with the provinces and territories, health care providers and technology solution providers to accelerate the use of electronic health records (EHRs) in Canada.
CIHI	**Canadian Institute for Health Information** www.cihi.ca CIHI is an independent, not-for-profit organization that provides essential data and analysis on Canada's health system and the health of Canadians.
ED PIP	**Emergency Department Process Improvement Program** http://www.patientflowtoolkit.ca/introduction.aspx ED PIP program is a part of Ontario's Wait Time Strategy. Designed to support improvements to ED metrics and build capabilities within hospitals for long-term sustainable change, ED PIP uses a lean improvement approach based on health care transformations experienced in Ontario and worldwide. Hospital improvement teams evaluate patient flow. They review the arrival of patients in ED and follow them through to discharge to other areas of the hospital. Their focus is on making improvements to the patient flow process. The ED PIP program includes a comprehensive tool kit and approach; regional forums; training; and access to global experts.
HFO	**Health Force Ontario** www.hfo.ca To ensure that Ontarians have access to the right number and mix of qualified health care providers, now and in the future, HFO works to recruit and retain health care professionals.
CCIM	**Community Care Information Management** http://www.ocsa.on.ca/ccim/mis-hris/index.html The program goal of Community Care Information Management is to provide seamless integrated, community-based client care information to all service providers. CCIM enables the secure sharing of, and access to, consistent, accurate information electronically. CCIM consists of multiple projects supporting the Community Care sector in two streams: 1) common assessment; and 2) business systems.
CAG	**Clinical Advisory Group (formerly the Clinical Informatics Advisory Group)** CAG was formed in April 2009 to support the electronic Health Information System (HIS) documentation development associated with the first CE LHIN implementation of 6.0 MEDITCH systems at Ontario Shores. Since then, CAG has been instrumental in developing the *CELHIN Guidelines for Documentation (July, 2009)*, and overseeing the Mental Health Documentation Subcommittee worked on standardization of all Mental health Documentation. For more information on this CE LHIN committee, please contact CE eHealth at 905-427-5497 x240.

Glossary of Terms

The English language is changing rapidly to accommodate the influence of technology. Sometimes new technology terms take time to appear in dictionaries and despite being widely used; some do not make it in at all. 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:

Glossary of Terms

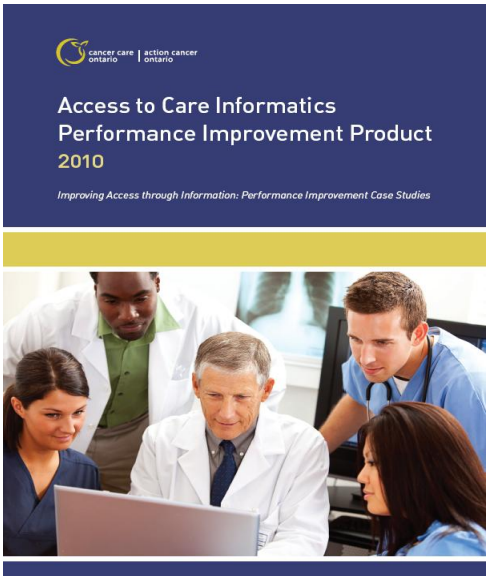
Term	Definition
Applications	A computer program that is used to perform specific tasks or solve problems. An example of an application would be Microsoft Word which allows you to type a letter, or Virus Scan which checks your computer and protects it from viruses.
Community Sector	The community sector is made up of non-LHIN organizations and associations that provide health care and health care-related services outside of an institutional setting.
Registry	Registries are large databases that provide identification and validation of someone/ something. The eHealth Ontario Strategy electronic Health Record includes development of registries such as: Patient Registry, Diabetes Patient Registry and a Health Provider registry. Registries have extensive security and privacy controls to ensure the person/ user is correctly identified and protected.
Surge Management	Surge management is a principled approach to managing dramatic increases in intensive care unit (ICU) traffic. Surge management enables: • Improved patient access to safe and timely critical care services • The use of alternate human resource strategies, equipment and technology to cover minor surges in capacity • Hospitals to assist other hospitals experiencing larger surges in capacity. The Ministry of Health and Long Term Care has developed a Surge Capacity Management Toolkit to assist hospitals in the development of effective surge capacity management plans.
Webinar	A Webinar or webcast seminar is a presentation or educational session that is delivered electronically. Generally these sessions, which can feature both audio and video, are delivered over the internet and often require an internet link, meeting ID and password. Webinar software is commonly used to conduct meetings within or between organizations. eHealth Ontario uses a webcast product called ALI (Adobe Connect, and the CE eHealth has used Microsoft Live Meeting. Webcasts help eliminate the travel time and resources associated with getting people together and many Webinar sessions are free, for example the ones at this site: http://hi.uwaterloo.ca/hi/Events.htm.

Bits and Bytes

Cancer Care Ontario releases its Access to Care Informatics Performance Improvement Product

On April 12, 2010, Cancer Care Ontario released it Access to Care Informatics (ATCI) Performance Improvement Product electronically. This product was developed by the ATCI team in collaboration with healthcare facilities and Local Health Integration Networks (LHINs) in the province.

It profiles six real-life case studies of how hospitals and LHINs have leveraged available wait time data to improve performance and reduce their patient wait times in the areas of Magnetic Resonance Imaging (MRI)/Computed Tomography (CT), total joint replacement surgery, surgical oncology and in the emergency room. Hard copies will be available at the LHINs, by mid-May 2010.
http://www.cancercare.on.ca/atcinformatics



eHealth Ontario – Who's Who and New

The new Chief Executive Officer of eHealth Ontario, Greg Reed, has announced changes to the eHealth Ontario executive structure:

Alice Keung

Taking office on April 26, 2010, Alice Keung will join eHealth Ontario as Senior Vice-President, Development and Delivery. Coming from the Ministry of Health and Long Term Care; and Ministry of Health Promotion, Ms. Keung has also held the position of Chief Information Officer (CIO) and Assistant Deputy Minister of Health Services Information and Information Technology Cluster. Ms Keung, a senior executive with international experience and a specialization in information technology management, previously served as Senior Vice-President and Chief Information Officer at the National Bank of Canada, and as Vice-President and Chief Information Officer at Air Canada. Ms. Keung was recognized twice as one of Canada's Top 100 Most Influential Women and she has received the Award of Distinction from Concordia University in recognition of her outstanding contribution to business and the community.

Doug Tessier

Doug Tessier who has been Acting Senior Vice-President, Development and Implementation will return to his role as Vice-President, Delivery Partners. In making the appointment, Greg Reed noted, "Doug has been a tremendous contributor to the work of eHealth Ontario, and we continue to benefit from his considerable experience and talent as he returns to his role as Vice-President, Delivery Partners."

Lorelle Taylor

On April 26, 2010, Lorelle Taylor will assume the role of Chief Information Officer of the Health Services Information and Information Technology Cluster, which supports the Ministry of Health and Long Term Care and the Ministry of Health Promotion. Ms. Taylor, who joined eHealth Ontario in February 2006 and since July 2007 has held the position of Vice President, Enterprise Program and Project Management Division, will be responsible for consolidating existing project management functions and improving the agency's project management capacity.

Upcoming Events - May

May 5	CE LHIN Symposium, Ajax Convention Centre
May 10	CNE / VP Patient Care Committee
May 12	eHealth Steering Committee
May 12	IM/IT Advisory Committee
May 13	DCC Steering Committee
May 26	Clinical Advisory Group
May 27	DCC Steering Committee