CONNECTIONS

Continuing Care e-Health Projects Newsletter

JULY 2006

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CONTACT US

If you have any questions or comments we'd love to hear from you! Please contact us at CCeHealthCommunications@moh.gov.on.ca.

Continuing Care e-Health Standards Approved

An Outstanding Achievement!

On May 31, 2006 our Continuing Care e-Health sector made a significant step towards realizing the strategic goal of connecting the continuum to enable one person one record!

> "This is exciting news for our sector. We are leading the way for other e-Health initiatives… *Congratulations* to all involved on this outstanding achievement!"
>
> — Camille Orridge, Continuing Care e-Health Council, Co-Chair

The Ontario Health Information Standards Council (OHISC) approved four standards submitted by our Business, Architecture and Standards Group. These are the first sector-driven standards approved by OHISC. Continuing Care e-Health Council Co-Chair Camille Orridge said, "This is exciting news for our sector. We are leading the way for other e-Health initiatives. The hard work of our sector will set the bench mark for other standards as they are developed across the province. Congratulations to all involved on this outstanding achievement!"

Janet Forsyth, Lead for the Business Architecture and Standards Group noted, "The approval of these standards is the culmination of workshops, consultations and teleconferences involving more than 200 designates not only from our sector, but also with hospitals, pharmacies and physicians. Their expertise and strong commitment to the process were instrumental in the selection and refinement of these standards."

The standards will be used when care requests and clinical reports are exchanged between care providers and include:

- Request and Clinical Care Data defining consistent data to identify a client, share clinical reports, and specify requested care
- Canadian Classification of Interventions (CCI) for standardized naming of our care services
- Global Medical Device Nomenclature (ISO 20225:2001) for standardized naming of care devices
- National Occupation Classification (NOC-2001) for standardized naming of care provider occupations

In late summer, a further standard, HL7 V3 Care Provision Domain for process and electronic messaging between systems is expected to receive OHISC approval. Over time, all Continuing Care e-Health projects will use the standards.

Information sessions will be held across the province throughout the summer. Dates and locations are to be announced in July. For more information about Standards, please email StandardsProject@moh.gov.on.ca.

Expo! Expo! Read All About It!

Impressive Continuing Care e-Health Presence at Celebrating Innovations Expo

"It's gratifying to have our projects seen as innovative and selected by the Ministry of Health and Long-Term Care for presentation at the Expo."

—John McKinley, Continuing Care e-Health Council, Co-Chair

Project Communicators Robert Ayling and Tricia Hosking set up the Health Expo display in April.

In April, 2006, Continuing Care e-Health was selected from hundreds of submissions to participate in the first-ever showcase event designed to profile the diversity of innovation that is improving health care in Ontario. This was important for our sector as it was our first opportunity to make a collective presentation of our projects to the general health care sector. John McKinley, Continuing Care e-Health Council, Co-Chair said "It's gratifying to have our projects seen as being innovative and selected by the Ministry of Health and Long-Term Care for presentation at the Expo." Showcased in the form of poster presentations stretching from floor to ceiling, they attracted a great deal of interest from many health care professionals.

This inaugural event, sponsored by the Ministry of Health and Long-Term Care and organized by Strategic Objectives, a Toronto public relations company was attended by more than 2,000 people. The two-day Expo was held at the Metro Toronto Convention Centre on April 19 and 20, 2006. Those expressing interest and requesting more information included physicians, home support workers and LHIN CEO's. Many thanks to the Expo's Selection Committee for recognizing our efforts and for giving us the opportunity to share our work with other members of the health care sector.

Lights! Camera! Action!

e-Referrals & Access Tracking Video Production Wraps Up

In May 2006, the e-Referrals & Access Tracking Project Team put the finishing touches on a new project video called **Making the e-Referrals Connection.** It offers a glimpse at how clients will move through various stages of the Continuing Care sector using a province-wide solution. The video shows how a client who has recently undergone knee replacement surgery will move through the various stages of the circle of care in the future.

Testimonials from our Partnership Network describe how an electronic referral system will make Continuing Care referrals smoother, faster and more efficient for both health care providers and clients.

The production crew gets ready to film the final scene for the e-Referrals & Access Tracking Project video.

The video is currently being shown to audiences throughout Ontario as a complement to presentations and updates on the e-Referrals & Access Tracking Project. If you have an upcoming meeting, conference or special event and would like to have a member of the e-Referrals & Access Tracking Team make a presentation to your group, please contact Tricia.Hosking@moh.gov.on.ca, to make arrangements.

Resident Assessment Instrument Makes A Difference In Long-Term Care

Ontario's decision to implement the full suite of Resident Assessment Instrument MDS 2.0 tools is already making a difference. A number of Early Adopter Homes have found the instrument helpful in discovering underlying clinical conditions. Some physicians have found it useful in making their diagnoses. Care givers have used this information to enhance their care plans. In one home a bed-ridden resident is now mobile again; in another the use of restraints to prevent falls has dropped significantly, and many have been able to recognize depression more effectively. It is a well-deserved payback for the incredible work that these pioneers have undertaken.

The first 20 Early Adopters met after their final workshop in April—and celebrated!

In Ontario, homes are using the decision support capabilities of all 18 Resident Assessment Protocols (RAPs) in their quarterly assessments. They are frameworks for examining and organizing clinical information that enhance the care teams' critical thinking skills. Combinations of answers entered in the MDS Assessment 'trigger' an alert to consider an issue, like a resident's mood or risk of falling, in more detail. The care team can then judge whether to address it in the care plan.

Data from assessments has been successfully submitted to the Canadian Institute for Health Information for validation and the first sets of Quality Indicators are helping care improvement.

Progress Continues

In early March, sixty-nine more homes joined as the third phase of Early Adopters. The group represents homes across the Province, large and small, urban, rural and northern. Following Home Preparation, they took MDS Coding training and are now completing their first assessments. So far:

- Over 2,000 people have taken part in the RAI-MDS training program
- It is in use in 20 Homes
- Over 13,500 residents in 89 Homes will benefit by the fall

In early May Early Adopter Homes invited members of the Project Steering Committee and Project Team to participate in a 2-day Networking Event. The Steering Committee heard more about the impact, benefits and consequences for users of the RAI MDS. They also gained a better understanding of the implementation process. The Homes then spent time together to discuss their experiences in more detail. They found a number of new ways to collaborate and helped the Project Team focus its agenda for the coming year.

Arrivals & Departures

(From left) Michelle Cerqua, Project Coordinator, Project Management Office, Melissa Chang and Mark Agius, Council Secretariat

In April, the Continuing Care e-Health team bid a fond farewell to our Council Communications Officer Melissa Chang. Melissa accepted a position that will allow her to work on the communications aspects of the Wait List Strategy. During her time here, Melissa contributed greatly to the creation and implementation of the Continuing Care e-Health branding strategy, our newsletters, templates and overall messaging. On behalf of all of the team members of the Continuing Care e-Health projects and the e-Health Council members, we wish Melissa all the best in her new position.

We are very pleased to welcome Pam Lugonzo as our Senior Communications Lead for Continuing Care. Pam has a strong background in health care communications stemming from more than six years of Strategic Corporate Communications planning and implementation at Humber River Regional Hospital.

She also brings experience from the field of change management where she worked as a consultant for a Toronto firm for more than five years. Pam holds both a B.A. and M.E.S. from York University. Anyone wishing to contact Pam may do so via email at Pam.Lugonzo@moh.gov.on.ca.

CIAT Goes Live In CCACs!

On May 18, 2006 the Common Intake Assessment Tool (CIAT) was successfully implemented in York Region CCAC.

This was a very exciting moment for CCACs and the Home Care Client Assessment Project (HC CAP). It is the first implementation of this tool in Ontario. It marks the beginning of a new approach to intake assessment. This change leverages the power of technology to standardize and streamline the client intake assessment process.

"Case Managers found the CIAT application easy to navigate and user-friendly."

—York Region CCAC Management Lead

York Region is the first CCAC in Ontario to implement this tool and by all accounts it has been a "positive" experience. Case Managers and Team Assistants have embraced it as a "user-friendly" tool. Management Leads are impressed with the "effectiveness of the training and support offered by the HC CAP Team." Over the coming weeks, the HC CAP team will work with three more pilot CCACs to implement the CIAT in their environments:

- Hastings, Prince Edward Counties CCAC
- Scarborough CCAC
- Hamilton CCAC

All four sites have worked hard to redesign their business processes and develop plans to ensure they are poised for successful implementation.

By the end of June, it will be "live" in three pilot sites. Hamilton CCAC will implement the tool as an integrated solution this summer, marking a key milestone in our journey to make the intake process in Ontario more efficient and consistent. This is an important achievement for the CCAC sector and Continuing Care e-Health, as it moves us closer to the vision of a more integrated, seamless, efficient health care system for Ontarians.

We appreciate the work of the pilot CCACs for their ongoing support and dedication to this process. Each will provide valuable insights and key learnings that will benefit other CCACs and influence future plans for full rollout of the CIAT across Ontario.

York Region CCAC staff participate in CIAT software training.

Next Steps...

Over the upcoming months, we will continue to:

- Monitor and support pilot CCACs
- Engage CCACs and stakeholders to better understand current opportunities
- Finalize plans for CIAT implementation and integration across all CCACs in Ontario
- Report on our progress and future plans

New Collaboration, New Initiative, New interRAI Tool!

The Ministry of Health and Long-Term Care (MOHLTC), working with interRAI, has an initiative under way to identify how many wait-listed clients for Long-Term Care Homes have care needs that could possibly be met in other community settings. This initiative involves the creation and running of an algorithm against anonymized RAI HC data.

This early initiative demonstrates one of the side-benefits of the excellent assessment work the CCACs perform. The MOHLTC team has established a collaborative model for working with representatives of the CCACs to ensure the interpretation of the results of this important research is understood. This initiative provides an opportunity to establish the model for ongoing involvement of CCACs in research involving the data they collect.

Community Mental Health & Addiction Data Show Results

Community Mental Health and Addiction Management Information System (CMH&A MIS) and Common Data Set-Mental Health (CDS-MH) Project Teams are close to realizing Ontario's e-health goal of defining common approaches to collecting and reporting information. They are about to complete the rollout of reporting standards in their sector. Combined with CDS data on client complexity, demographics and outcomes, both define reporting standards that provide consistent, reliable and timely information for better decision making for clients and services.

MIS data provides information about service costs, capacity and utilization.

Early Achievements

Even at early stages of CDS and MIS implementation, we are starting to see benefits from new initiatives and services using the data from the sector. These new initiatives include Service Enhancement (SE) to keep individuals with serious mental illness out of the criminal justice system, and the Accord initiative which improves access to Case Management, Assertive Community Treatment, Crisis Intervention, and Early Intervention services.

Both initiatives are effective in achieving better outcomes for clients. The data shows:

- 200 fewer clients in the criminal justice system
- 500 (50%) fewer clients awaiting bail/trial
- 15 less clients incarcerated
- 407 clients in crisis were helped in addressing legal issues
- 68 fewer clients homeless

CDS data from the Accord initiative show that its target population is getting support in the community through these services. There is evidence of referral and coordination in the system consistent with its objectives:

- Hospitals and mental health professionals are accessing community mental health services, which adds up to 81% of referrals to Early Intervention Services
- Case Management services are helping clients with their income source—48 new clients now have an income source
- Case Management is helping clients with daily living, employment, and housing, which are critical to maintaining clients in the community
- 30 fewer clients in supervised facilities

To view these reports, please visit the Finance and Information Management website at www.mohltcfim.com. Since it is a private website, you will be prompted for a username and password. Please use the following:

Username: healthcare
Password: ontario

From the homepage, click on the CMH&A icon on the right, and then click on the Common Data Set – Mental Health link Scroll down to Reports.

We are pleased to report data collected for the April 1st and September 31, 2005 reporting period show:

- **Within the first six months, SE services helped 1,548 new clients; and 92 new staff members were hired**
- **Accord services were provided to 2,985 new clients and 56 new staff members were hired**

FSMS Modules Implemented Successfully

FSMS

The Financial & Statistical Management project team recently made a major step towards realizing our vision of a standardized, fully integrated financial and human resource system. Modules have been implemented for managing core Financial and Statistical information. They allow information to be captured only once and MIS compliance reports to be automatically generated. This will help CCACs to compare patterns in business activity over time and against regional/ provincial averages.

What We've Achieved

The systems are providing CCACs an opportunity to collaborate and provide input into the amalgamated database design, and streamline business processes where possible.

A number of CCACs are already seeing the benefits of the new system:

- General Ledger, Reporting and Accounts Payable modules have already been implemented in 39 CCACs
- 15 CCACs are using QHR application for Payroll, Staff Scheduling and Human Resources.
- 4 CCACs are scheduled to go live this month
- At least one CCAC in 12 of the 14 LHIN areas have already implemented QHR

Many CCACs have embraced this software. Mia Manson, Manager, Staffing & Benefits, Hamilton Community Care Access Centre remarked "[You] did a superb job at facilitating this course… [The] knowledge, professionalism and content made the training much easier and quite enjoyable. I'm really pleased that I will have the good fortune of working with the FSMS team in the upcoming months."

What's Next

Modules of Quadrant Human Resources (QHR) software will help ease the transition to Local Health Integration Network (LHIN) areas, and the team is taking steps to provide support to the CCACs to include:

- A new team structure to ensure resources are available to provide support during QHR implementation;
- Increased web functionality and a web portal to improve communication by facilitating access to ongoing project information;
- Availability of more training modules and sessions, as well as the introduction of QHR software certification to ensure LHINs can be self supporting;
- Visible Vendor Commitment to ensure they are getting the most out of their Quadrant Solution, receiving timely updates and hot fixes;
- Clear service level expectations to articulate the teams' service responsibilities to CCACs;
- Established best practices to assist with QHR software implementation; and
- A web scheduling tool designed to provide a single, convenient place where staff and managers have the flexibility to set up their own project schedules.

For more information on the FSMS Project please contact our User Support Desk via email at: qhrsupport@ccac-ont.ca or gpmsupport@ccac-ont.ca or phone 416-326-3507/416-314-3994.

"You did a superb job at facilitating this course…The knowledge, professionalism and content made the training much easier and quite enjoyable."