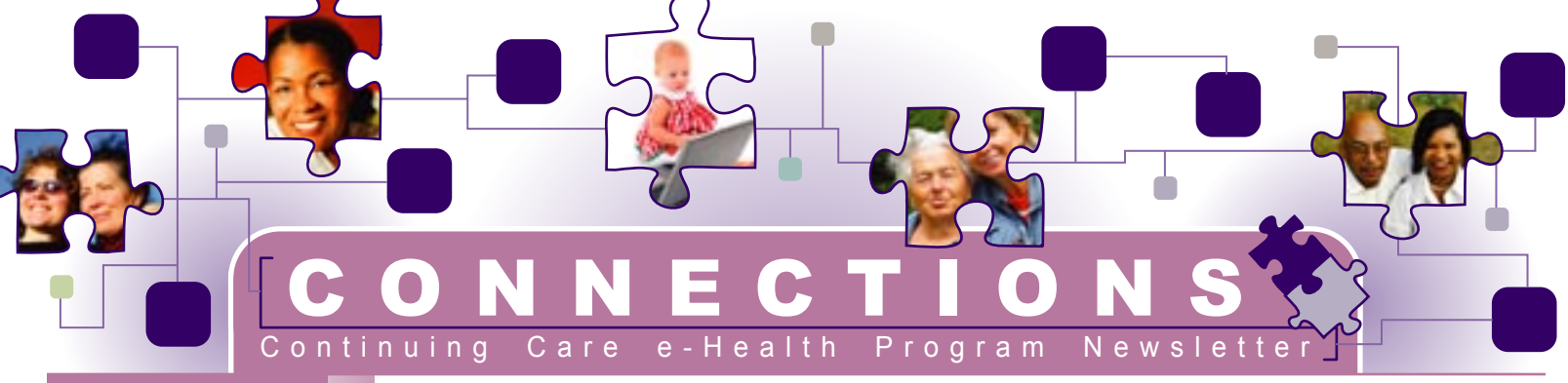

CONNECTIONS

Continuing Care e-Health Program Newsletter

November 2006

What we're doing NOW:

- ***Integrating our Systems***
- ***Finalizing the Blueprint***
- ***Piloting our solutions in Hospitals and CCACs***
- ***Committing to the Ontario e-Health vision***
- ***Building the One Person One Record Vision***

Moving us closer...

The Ministry of Health and Long-Term Care (MOHLTC) is leading the transformation of health care in Ontario to develop an exceptional patient and client-driven health care system. Continuing Care e-Health – a collaboration between the MOHLTC and the Continuing Care sector – is an exciting part of this health care transformation. By using the power of information and communication technology, Continuing Care e-Health (CCeH) is moving us closer to the ***One Person, One Record*** vision.

Graduation Day for RAI-MDS 2.0 Pioneers

The first 20 Long-Term Care Homes to implement the Resident Assessment Instrument (RAI-MDS 2.0) came together in Toronto to celebrate their graduation from the education program. John McKinley, ADM Community Health Division, thanked the Homes for their support and said, "New thinking needs pioneers to go first. Your drive, leadership and commitment have been critical to this implementation."

Pictured are Valedictorians Lesley Borth, Director of Care, Brucelea Haven & Heather Carlisle RAI Coordinator, Cummer Lodge

After more than a year of training, and working through a phased implementation, they now use the full suite of assessment, care planning and quality management tools. This pioneer group, along with 69 Homes in Phase 3, has given the Project Team an invaluable opportunity to study the tools in use in Ontario. The Project provides educational, IT and support services, and

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Continuing Care e-Health
Enabling One Person One Record

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has benefited from the active involvement and feedback from this first group of Homes.

The first 20 Early Adopter Long-Term Care Homes celebrating their graduation from the education program.

Program participants Lesley Borth and Heather Carlisle delivered a joint Valedictorian address. Heather said "The concept of a common assessment tool - being able to speak the same language as CCAC's, Complex Continuing Care and Mental Health - was intriguing." She reflected on the anxieties they had felt as they tackled the changes and "the feeling of camaraderie with the teams as they started to make dust of the mountains put in their way". Leslie told us, "All of us completed RAI not because it was mandated or demanded but for the Residents. They are the ones who have benefited." She noted that more critical thinking is taking place and the communication between disciplines and families is at levels never seen before. "It is an amazing achievement that Homes in Ste. Saint Marie, Huntsville, Beaverton, Toronto, Walkerton, Stayner and many more, are networking and learning from each other. All because they are talking and asking the same questions."

"The concept of a common assessment tool - being able to speak the same language as CCAC's, Complex Continuing Care and Mental Health - was intriguing."

The next 69 Early Adopter Homes are now well advanced in their implementation and a full roll-out is expected soon.

Community Support Services to Introduce Management Information Standards

Based on the successful introduction of MIS in other health care sectors, Community Support Services (CSS), in partnership with the e-Health Council, has requested that MIS standards be implemented across the CSS sector. These standards will eventually lead to the creation of data that accurately represents the current financial demands placed on the sector.

In consultation with representatives of the CSS sector, the FSMS Team is developing MIS standards for this sector.

By implementing Management Information Standards (MIS) in the CSS sector, the Ministry of Health and Long-Term Care will now have access to quality information about the sector. This information will allow the Ministry to respond to the changing demands of the province's population, and ensure both care givers and their clients receive the best possible service.

Community Support Service Providers are committed to responding to the needs of their clients by building a system that:

- improves access to needed services, helps reduce wait times across the health care system, establishes standards of practice,
- helps more clients remain in their own homes,
- provides a safe and secure environment within communities,
- has tools in place to collect information and measure the quality of services provided.

The Scarborough Hospital Soon to Implement New e-Referrals & Access Tracking Solution

As part of Ontario's Continuing Care e-Health initiative, the e-Referrals & Access Tracking team is working alongside four units at The Scarborough Hospital (TSH) to introduce an electronic referral solution. The purpose of this solution is to increase the accuracy and efficiency of the referral process for patients and care providers alike. This solution will also provide meaningful wait list status information to enable planning for sustainable care services. Earlier this spring, The Scarborough Hospital's (TSH) CIO, Lewis Hooper, who's also e-Health Lead for the Central East LHIN, approached the Continuing Care e-Health Council and advocated that TSH's Grace and General campuses be chosen as pilot sites for this project.

As a result, nursing units 4C and 3C at the General, and 4A and 4D at the Grace are the very first pilot sites in the province to implement this new technology-based solution later this fall. In the first stage of implementation, the e-Referrals & Access Tracking solution electronically transmitted referral information directly to the Scarborough CCAC allowing care providers to share and re-use information safely and securely.

With e-Referrals & Access Tracking:

- new screens in Meditech will be laid out to allow "point and click" for service requests
- when entering online medical orders, instructions will be clear, minimizing the risk of misinterpretation of hand-written orders
- logging on to create or authorize medical orders will automatically create a digital signature at time of entry

This collaborative initiative is exciting as it provides The Scarborough Hospital the opportunity to make a valuable contribution to Ontario's e-Referrals & Access Tracking solution and the Ministry of Health and Long -Term Care's e-Health Strategy. Thank you to everyone who has contributed to this project and we look forward to providing you with a progress report in the coming months.

Currently, a great deal of hospital administrative time is lost:

- clarifying why a client has been referred
- deciphering and clarifying handwritten orders
- "chasing" orders and signatures on medical referral forms by the nursing unit staff and CCAC coordinators
- starting community treatment, because faxed, handwritten referrals cannot be read and often require numerous calls back and forth to the hospital for clarification.

From left: Leigh-Anne Miskelly, Charge Nurse, 3- Centre General Division; Salima Ladha, Project Manager, Scarborough Hospital and Jayne Nevins, Lead Business Analyst, e-Referrals & Access Tracking work together towards go-live date later this fall.

CIAT + e-Referrals = Improved Health Outcomes for Clients

The Common Intake Assessment Tool (CIAT) and the e-Referrals & Access Tracking Solution (e-Referrals) provide new, technology-based systems that reduce manual and administrative processes and ensure that care providers have the right client information, at the right time, in the right place.

In coming weeks, Scarborough CCAC will pilot the e-Referrals and Access Tracking System (e-Referrals) as an integrated tool to the CIAT. As an early pioneer, Scarborough CCAC helped to pave the way for those CCACs to come onto the CIAT and they will do so again in coming weeks when they Implement e-Referrals.

This will be the first deployment of this integrated solution - a solution that will enable electronic transfer and processing of client hospital referrals.

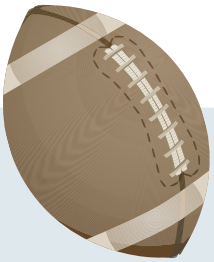
How will these tools improve health outcomes?

CIAT and e-Referrals……

- Make it easier to collect and securely transfer client information from Hospitals to Community Care Access Centres
- Use Compatible electronic message format to enable pre-population of key client referral data into the CIAT for processing
- Reduce processing times for referrals - quicker referrals result in quicker client service provision

Integrating these tools delivers direct benefits to hospitals, CCACs and most Importantly the people of Ontario - who will be connected to the services they need, when they need them.

We are very excited about this collaborative effort and will keep you posted on its progress!



Phase II CIAT Kicks Off

The Home Care Client Assessment Project (HC CAP) launched Phase II CIAT Implementations to much fan fare last month. Since then, several CCACs have expressed great interest in implementing the CIAT. Durham Community Care Access Centre was first to come on board, launching the process with a kick-off meeting on October 2, 2006.

"Case Managers have expressed great interest in moving ahead with the CIAT."

"We are pleased with the support and look forward to a successful rollout in our organization. The Case Managers have expressed great interest in moving ahead with the CIAT," said Cathy Sturch, Manager of Client Services, Durham CCAC.

Simcoe County CCAC was next in line to kick off CIAT implementation and Erie St. Clair CCAC will start the process in coming weeks. The HC CAP team is elated by the positive feedback and is busy planning implementation activities and meeting with a host of representatives from CCACs across Ontario expressing readiness to move forward with the CIAT.

This is an exciting time for the HC CAP team. CCACs clearly recognize the value of the CIAT and want to leverage this tool as they integrate into a new CCAC realignment. Unifying and standardizing assessment practices will allow CCACs to better manage intake processes and deliver high quality results for the people of Ontario.

Change Team Kick Off Meeting – Durham Access To Care CCAC

Continuing Care e-Health Security and Privacy: An Introduction

Successful Continuing Care e-Health (CCeH) technology solutions are based on solid architecture and part of that architecture includes a comprehensive Security and Privacy Program. This comprehensive Program is an important step toward achieving the CCeH Council's vision of *One Person One Record* because it ensures that Security and Privacy standards are embedded in all CCeH solutions and will protect the personal health information (PHI) of Continuing Care clients.

What does Security and Privacy mean for Continuing Care e-Health (CCeH)?

Security ensures CCeH solutions are built with safeguards to guarantee that only authorized users can access client information. Privacy means that once a solution is secure, the proper safeguards can be put into place to guarantee that a client's PHI is kept private and is accessible only by individuals who have been granted permission to view it for the purpose of providing health care services.

> *"The CCeH Security and Privacy Program is an important step toward achieving the CCeH Council's vision of* ***One Person One Record****."*

The CCeH Solutions Group has developed a Security & Privacy competency within its Architecture team over the past year. Bob Tehranian, Lead Security & Privacy Architect, has been collaborating with Smart Systems for Health Agency (SSHA) and the Ontario e-Health Office to develop a complete Security and Privacy Framework and standard processes for CCeH technology solutions. The framework and processes make up the Security and Privacy Program. The Program is based on best practices and lessons learned for the protection of health information and takes into account the *Personal Health Information Protection Act* (PHIPA) introduced in October 2004 as well as ISO standards. All CCeH solutions must be compliant with the *Act*.

The CCeH Security & Privacy competency also includes working with the Ontario Association of Community Care Access Centres (OACCAC) and the Committee of Privacy Officers, comprised of the Privacy Officers of the Community Care Access Centres (CCACs), to evaluate the risk models and activate a mitigation plan and strategy.

Existing CCeH solutions have been reviewed to ensure that they reflect elements of the Security and Privacy Program and are compliant with the *Act*. New CCeH solutions must be built using the Program. To do this effectively, the CCeH Solutions Group works with Project Teams to implement the Program in phases that complement the Software Development Life Cycle. Solutions are reviewed, and if the criteria for the Security and Privacy Program are met, they receive clearance to proceed to the next stage in their development.

The Program goes beyond the CCeH Projects. CCACs are adopting the jointly developed Security and Privacy Program to ensure consistency across CCACs. Security and Privacy training and support are now available to ensure client health information contained in CCeH technology solutions and in paper-based client records is protected.

Community Mental Health and Addictions Pilot New Training

Education and training are integral to the Continuing Care e-Health Program. This can take many forms, including web-conferencing, which the Community Mental Health and Addictions Management Information System (CMH&A MIS) Team put to the test.

"Web conferencing is time and cost efficient"

Working in collaboration with the Information Management Unit, Finance and Information Management Branch, the team piloted their first web-conferencing training session on September 14th. In total, there were four sessions.

The training was delivered over the internet, and log-in procedure was emailed to the participants. The only requirements to access the sessions were: internet access, a telephone line and Macromedia Flash Player Version 6 or later. The audio portion was heard over the phone by teleconference, while the presentation and demonstrations were viewed using the web.

The sessions were interactive and participants were able to type in their questions in a chat dialogue box. They also had an opportunity to notify the presenters if the session was running smoothly by using various symbol options such as a "thumbs up" sign. At the end of each session, the participants were encouraged to fill out a survey to provide feedback and recommendations on the training session.

By all accounts the training proved to be very successful. Most participants noted that web-conferencing is time and cost efficient. However, some noted that they prefer face-to-face training. One participant noted that it all depends on what is being presented; "Choice of training method depends on the material covered. If this needed to be more interactive (working in groups), this forum would probably not have worked as well."

Pictured is a participant taking part in the on-line training using web-conferencing

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.