CONNECTIONS

Continuing Care e-Health Program Newsletter

March 2007

Council Co-Chair to Help Build Stewardship

John McKinley, ADM, Community Health Division

We are pleased to announce that John McKinley, Continuing Care e-Health Council Co-Chair has been selected to be the Assistant Deputy Minister, Health System Information Management (HSIM). This new division of the Ministry is another key element in the plan to evolve towards a stewardship business model. John's detailed knowledge of Health Care and Information Management and commitment to the e-Health agenda has made him a strong champion for CCeH and will be important in helping the Ministry to achieve this goal. John will continue to be responsible for the transition of the Community Health Division and will assume responsibility for the Acute Services Division. Once the transition is complete, e-Health will be added to his portfolio. In the interim, Gail Paech will continue to lead the integration of the Ministry's e-Health initiatives.

What we're doing now:

- *Integrating the Sector through Standards*
- *Implementing FSMS and CIAT in CCACs*
- *Piloting e-Referrals Community MH & A Project*
- *Implementing RAI-MDS 2.0 into more Long-Term Care Homes*

Smart Systems for Health Agency Announces New CEO

The Board of Directors of Smart Systems for Health Agency (SSHA) announced William Albino as its new CEO on February 19, 2007.

Albino has more than twenty years experience in the information technology and telecom industries. He has served as a board member, senior executive and general manager for companies in Canada and the United States.

Specifically, he has worked for EDS Canada as Executive Vice President and Senior Vice President, Sales. He has also worked for Xerox Corporation in senior management roles in Canada and the United States. He has run his own consulting company for technology start up companies.

FSMS Goes Live in Newly Aligned CCACs

After much anticipation, the Financial and Statistical Management System (FSMS) Project Team has successfully implemented the Human Resource Information System and Financial Statistical Management (FSM) in CCACs across Ontario. "Launching the FSMS, which is MIS compliant, is an incredible achievement that will enhance the way CCACs report on core financial and statistical information," said John McKinley, ADM Community Health Division. Community Care Access Centres now have an integrated business system that allows them to:

- Use a common approach to collecting and reporting information for evidence-based decision making
- Have one system for provincial benchmarking and reporting
- Increase transparency and better use of resources and spending of health care dollars on infrastructure

Rohin Bhargava, Senior Project Manager noted the professionalism and commitment of the CCAC staff was a key aspect of this success. "Despite the additional challenges they experienced during the realignment of CCACs, they worked tirelessly to ensure the project was implemented successfully. We can't thank them enough for the important role they played in making sure the project was implemented successfully."

Thanks to the Steering Committee and the Advisory, Great Plains Momentum and Quadrant Working Groups for their support and guidance during the project.

The FSMS team at a celebration to mark the successful launch of FSMS in CCACs

CSS Phase One is well on its way

The Community Support Services sector is well on its way towards developing and implementing Ontario Healthcare Reporting Standards (OHRS) across the province. A phased approach is being adopted by the project to ensure a smooth transition to OHRS reporting for all CSS agencies/ organizations. A callout for volunteers to participate in Phase One of implementation went out in December 2006, and it has generated a high level of interest from the sector. There are many advantages for the early adopters in Phase One, including the opportunity to be among the first to demonstrate the impact of their services in the sector, and provide feedback on implementation. The CSS MIS Project Team has kicked off with an excellent turnout for their series of information sessions. In January and February alone, they held 19 Web Conference sessions to more than 240 agencies and 575 participants. By the end of the sessions, the CSS MIS Project Team garnered enthusiasm for OHRS implementation.

What the CSS sector is telling us...

"First of all, we would like to thank you and the presenters of today's conference call for the opportunity to take part. Our program would like to volunteer to take part in Phase 1 of this project."

"We have attended the briefing session for the (CSS) MIS Project and find that it will be a very useful tool to improve our reporting system in respect of the community support services. We therefore would like to volunteer for the Phase 1 implementation."

"Thank you so much for the opportunity to participant in this project. We are aware of all the changes and initiatives that will be happening in the coming months and years, so we are delighted to be able to be part of this from the ground up."

Due to high demand for the information sessions, the CSS MIS Project Team has scheduled additional Web Conferences to take place until the end of March. The Project Team is building-up momentum across the sector. The Team will continue to move ahead with the implementation of OHRS reporting as well as review financial and statistical software solutions for the CSS health care sector. We will update Continuing Care e-Health on our experiences in upcoming issues of Connections.

E-Referrals & Access Tracking Takes Off!

The ***e-Referrals & Access Tracking Project*** successfully piloted its first electronic referral on December 6th, 2006. The transmittal was initiated from The Scarborough Hospital (TSH) and sent through to the Central East Community Care Access Centre (CECCAC), Scarborough Branch for assessment. The pilot is now being rolled out to the remaining inpatient units at TSH and will be completed by Spring 2007.

Benefits are being recognized by Central East CCAC, Scarborough Branch. Every month they see hundreds of referrals being generated from TSH. The CECCAC, Scarborough Branch wanted a process that would help eliminate duplicate effort as well as reduce the risk of handwritten errors when entering data referral information. As Danielle Linnane, Manager, Client Services, CECCAC, Scarborough Branch states: "We're only just beginning to realize the benefits of using an electronic referrals system.

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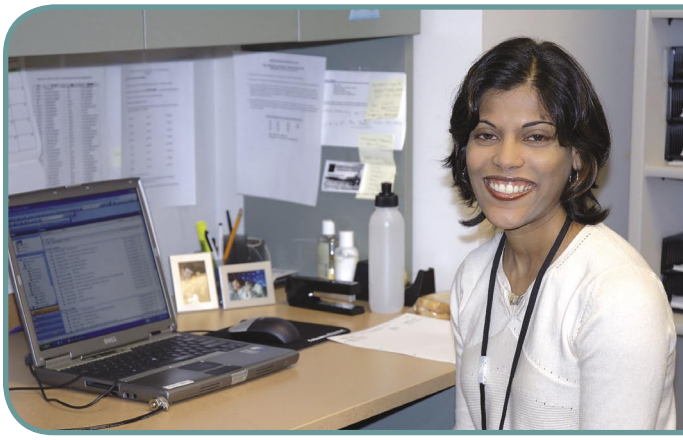
>
> *Danielle Linnane,*
> *Manager Client Services, CECCAC*

Our team especially appreciates the ability to share and auto-populate referral data securely and effectively. It's helped save time and has made our team's work more efficient."

The next stage of this pilot phase includes a limited implementation of e-Referrals & Access Tracking from the CECCAC, Scarborough Branch to some of its Service Providers. This pilot, in addition to the pilot work with Community Mental Health and Addictions, will provide us with the information needed to understand and plan further implementations.



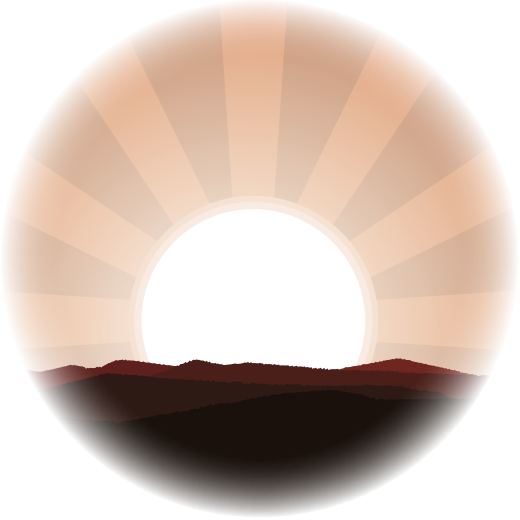
Vigitha Krishnamoorthy, care coordinator, Central East CECCAC, Scarborough Branch receives the very first electronic referral from TSH.

Community Mental Health & Addictions Pilot Begins

The second pilot within the e-Referrals & Access Tracking Project has begun. The pilot is focusing around specific requirements within the Community Mental Health & Addictions sector. The project, with its three partners, will demonstrate the transmission of an electronic referral from one of the Crisis Teams at The Scarborough Hospital (TSH) to COTA Health and Canadian Mental Health Association (CMHA). As well, referrals will be transmitted between COTA Health and CMHA.

Although the scope of the project is limited to these three organizations, the project will provide valuable information about the implications of implementing an e-Referrals solution more broadly in the province. In parallel with the implementation, the project team will gather pertinent information from other stakeholders in anticipation of its province-wide rollout. You can expect to see the first e-referral in this sector as early as this summer. Stay tuned for further details!

What's New in CIAT Phase II?



2007 has brought with it a flurry of activity as Phase II gathers momentum and more CCACs implement the Common Intake Assement Tool (CIAT) into their environments. The HC CAP team is thrilled by the enthusiasm CCACs are expressing as they prepare for and "go live" with the CIAT.

Central East CCAC Durham Branch, was the first CCAC to launch this year. In January 2007, they successfully went live with the CIAT and have been in full swing ever since.

Following Durham's inaugural implementation, North Simcoe Muskoka CCAC went live on February 9th with a smooth deployment and an excited staff. Trina Noonan, North Simcoe Muskoka RAI-CARE Coordinator, observed, "Case Managers see great value in the CIAT's client focus. The CIAT allows Case Managers to assess the adult client holistically, rather than focusing on the problem. This allows them to discover client needs that are not always readily apparent."

Branches of Erie St. Clair CCAC and North East CCAC will go live in March, with a host of others following soon thereafter. Indeed, 11 of 14 new CCACs have implemented or are scheduled to implement the CIAT, propelling us toward our goal of 100% implementation in all new CCACs by September 2007.

Shelley Kapitan, HC CAP Senior Project Manager, is delighted by the successful CIAT launches: "I am excited and encouraged by the incredible work CCACs have done to implement the CIAT successfully into their environments." Implementing the CIAT provincially will deliver great benefits to CCACs and improved health outcomes for the clients they serve."

CIAT Change Team - Central East CCAC, Durham Branch

e-Health initiatives such as the CIAT provide tools that increase care consistency and quality by standardizing and integrating health care processes to enhance client care and move us closer to the e-Health vision – electronic health records for all Ontarians.

The HC CAP team is excited by this flurry of CIAT activity! Watch the next issue for updates on our CIAT journey.

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CIAT ADS Goes Live

The CIAT Application Data Store (CIAT ADS) is now live!

As a result, CCACs will now have critical health care assessment data in reporting format for trend analysis, planning purposes and forecasting – within and across CCACs. The CIAT ADS will also supply important data feeds to partners in the health care arena to inform quality improvements.

This is an exciting development and we congratulate everyone who contributed to the successful launch of the project!

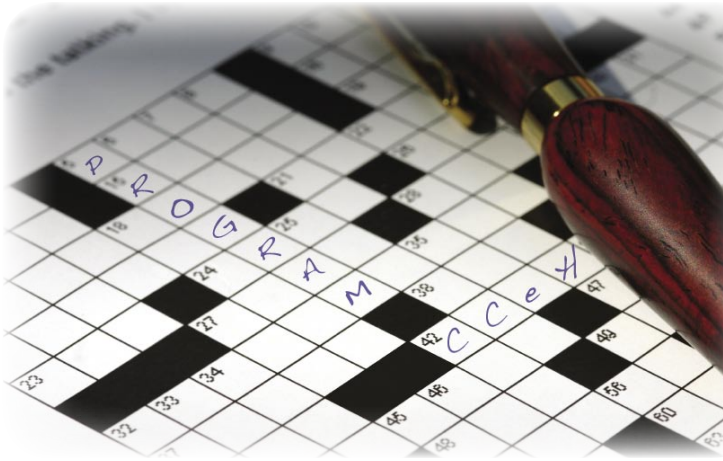
The Name Game: Continuing Care e-Health Standards

Health care is continually evolving and so is the language which reflects its progress. This has resulted in health care providers using different terms for similar services. To prevent confusion or delay in client service, consistent language between health care providers is important. The Continuing Care sector recognized this need to serve its clients more effectively.

Standardized language was previously not used by the sector to identify care services. Providers often needed to translate terminology used on care requests. An example of a challenge due to inconsistent language is when one provider requests "exercise therapy" for a client, the receiving provider translates this to language used in their setting, e.g. "physiotherapy". Different terminology sometimes also caused confusion in documentation when services were referenced, detailed and linked to client outcomes.

The CC sector identified this need to standardize the names used for services, including general services used by the acute, primary and other health sectors. To be more effective, the resulting standards must be understandable, intuitive and be neutral of location, provider-type, disease, disability, need, client situation and delivery-type or setting.

"The Continuing Care sector is contributing significantly to the entire health care system, provincially and nationally, to promote standards for a common language that will improve care for all clients."



After extensive consultation with the CC sector, the Canadian Classification of Health Interventions (CCI), developed and maintained by the Canadian Institute for Health Information (CIHI), was chosen as the service standard for the CC sector. Currently, the CCe-Health Standards are leveraging only the subset of CCI – standards necessary to CC providers to exchange service information.

To support the needs of our sector, additional services were also identified to CCI, specifically:

- differentiation between services for "addictions" and "gambling"
- classification of Accommodation services - i.e. LTC homes
- classification of Assessment for Mental Health & Addictions
- classification of Activity programs for personal care for health and wellness – i.e. clubhouses & congregate dining

Thanks to the CC sector's input and advice, nearly 100 services have been accepted for addition, modification and/or national discussion in CCI to reflect the needs of the sector not only in Ontario, but across Canada. This is a tremendous contribution by our sector to the broader health system.

Resident Assessment Instrument - Minimum Data Set (RAI-MDS) 2.0

A further 70 long-term care homes will start their RAI-MDS 2.0 implementation from March. This is the fourth group of homes who have volunteered to begin the 12-15 month guided education and support program. 89 homes are already well underway. Nearly 22,000 residents will be in homes using or implementing the tool and its best-practice approach to assessment and care planning.

"RAI-MDS 2.0 means that front line staff are more involved during the assessment. It empowers them and makes them realize how important they are in the team."

Rene Beroy, RAI Coordinator, Castleview Wychwood Towers

Homes in Phase 4 will take part as Early Adopters. Early Adopters are the pioneers who help to define and refine the best ways to implement RAI-MDS before the full roll-out. In this phase we will develop the new RAI-MDS partnership framework with the Compliance Inspection and Enforcement Unit.

The 69 Phase 3 Homes have all completed 4 of the 5 RAI-MDS 2.0 training modules on schedule – well done and congratulations! Their most recent training session focused on the Resident Assessment Protocols, or RAPs, that assist with the critical decision making before Care Planning begins. The LTCHCAP Project Team has delivered 15 RAPs and Care Planning workshops across Ontario in the past 3 months.

"The coming together of the inter-disciplinary team has been highly beneficial for gathering information…"

Marilyn Laite, RAI Coordinator Wood Park Care Centre

The RAI Coordinators in each home are now completing their take-home RAPs assignments and submitting them to their RAI Educator for feedback. The Implementation team has been impressed with the quality and comprehensiveness of the RAPs Summaries we have received. Well done Phase 3.

Rene Beroy, RAI Coordinator, Castleview Wychwood Towers at his desk.

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.