CONNECTIONS

Continuing Care e-Health Program Newsletter

JULY 2007

IN THIS ISSUE

CONTACT US

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

Continuing Care e-Health Program Participates in Celebrating Innovations in Health Care Expo 2007

On May 23rd and 24th, the Continuing Care e-Health (CCeH) Program participated in the 2nd Annual Celebrating Innovations in Health Care Expo sponsored by the Ministry of Health and Long-Term Care and the Local Health Integration Networks. Our Program was among 150 exhibitors and 14 high-level workshops showcasing innovative solutions and projects supporting health care system renewal in Ontario. The CCeH Program was represented at two booths. One showcased all of our projects, while the second booth focused on the client transfer collaboration project, a joint presentation between The Scarborough Hospital, Central East Community Care Access Centre (Scarborough Branch) and our Common Intake Assessment and e-Referrals Teams. The projects were showcased in the form of poster presentations, CIAT, FSMS and LSAS demos, as well as PowerPoint presentations highlighting project accomplishments. Our booths attracted a great deal of interest from many health care professionals including Ron Sapsford, Deputy Minister, MOHLTC. 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.

Igor Veljovic, Business Systems Analyst, e-Referrals & Access Tracking and Peggy Hewson, Business Lead, Long Stay Assessment Software at the CCeH Program Booth.

Project Educator Tells How Care Quality is Enhanced

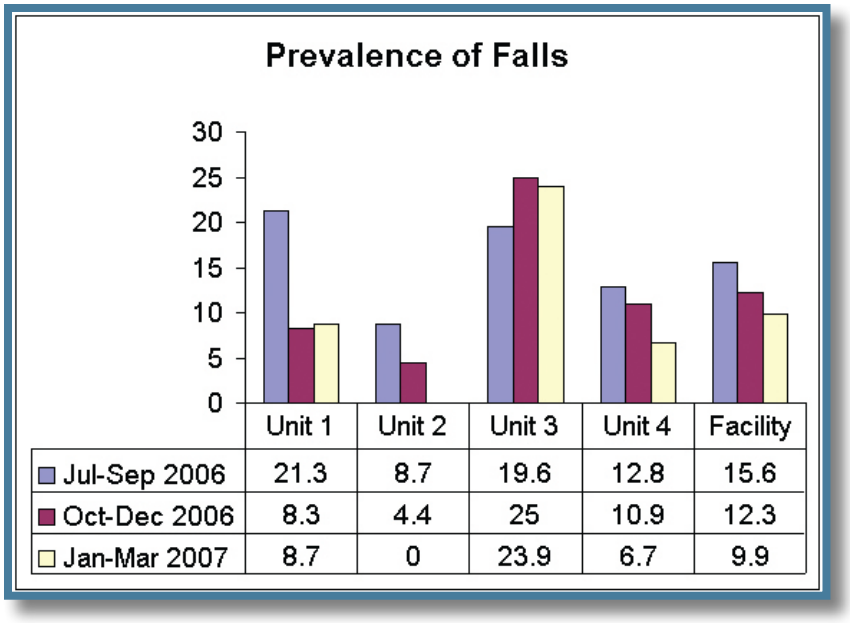
Michele Robertson, an Educator with the Long-Term Care Homes Common Assessment Project (LTCH CAP), tells us about a recent visit to a RAI-MDS 2.0 home.

The Long-Term Care Homes Common Assessment Project offers free education and implementation support on the full suite of Resident Assessment Instrument-Minimum Data Set 2.0 tools. RAI-MDS 2.0 is the set of tools chosen for the new common approach to resident assessment and care planning being implemented in Ontario Long-Term Care homes.

Michele Robertson, RAI-MDS 2.0 Educator.

Homes work very hard during their implementation and often go above and beyond the requirements. They are required to integrate a lot of information and new learning. The challenge at follow-up is to make sure this information is absorbed and implemented effectively. As Educators, we reinforce and clarify the new learning, and guide RAI-MDS Coordinators to the tools and resources that will support their implementation. When necessary, we make site visits or attend in-home training sessions to provide additional support.

Recently, I was able to see first-hand how a 200-bed home in Peterborough—St. Joseph's at Fleming—is enhancing care as a direct result of RAI-MDS 2.0. The RAI-MDS Coordinator had sent me this graph showing a significant drop in the number of falls over the last three quarterly assessment periods.

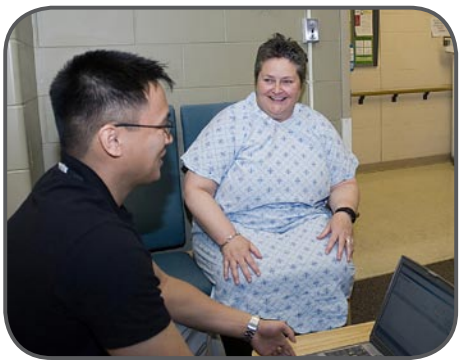


	Unit 1	Unit 2	Unit 3	Unit 4	Facility
Jul-Sep 2006	21.3	8.7	19.6	12.8	15.6
Oct-Dec 2006	8.3	4.4	25	10.9	12.3
Jan-Mar 2007	8.7	0	23.9	6.7	9.9

After the implementation of RAI-MDS 2.0, the home re-evaluated their Falls Assessments and examined the precautionary measures being taken to ensure that preventable falls do not occur. Their new results show a significant reduction in falls on three of their four units. Although there was no reduction on one unit—the Dementia Unit—the home continues to determine how best to help reduce the number of falls. The RAI-MDS Coordinator explained to me that they find these reports so effective that they've created similar graphs for all 24 RAI Quality Indicators to share with each unit. The home believes that these Indicators help identify potential problem areas and help find ways to further enhance care and quality of life for their residents. Thank you and congratulations to the team at St. Joseph's at Fleming.

RAI-MDS 2.0 is now being implemented in 159 homes. Further roll-out is expected in the fall.

How e-Referrals is Helping our Clients



Paul Gahite, Case Manager, completes the CIAT.

The *e-Referrals & Access Tracking pilot* has been fully rolled out to all of the inpatient and outpatient nursing units at The Scarborough Hospital (TSH). Since December 2006, the hospital has electronically transmitted well over 1,200 referrals to the Central East Community Care Access Centre (CE CCAC), Scarborough Branch for assessment.

This automation is welcome news to Paul Gahite, case manager, CE CCAC, Scarborough Branch. He's excited by the advancements in the CCAC. "I'm seeing a lot of great benefits since e-Referrals went live. Not only in the way I'm able to manage my workload, but in the way I'm able to help my clients," says Paul.

"In the past, I was required to complete all assessments by hand which was an onerous task. Now the demographic information is automatically populated into the Common Intake Assessment Tool (CIAT), saving administrative time and enabling me to spend more time with my clients," he says. "Before, information in the referral wasn't always complete, but since the e-Referrals automation, much of our guess work is gone. This is because electronic referrals contains comprehensive data about the patient and outlines exactly what the physician or other health professionals are requesting, even before we see the clinicians chart on the unit. It's been a tremendous advantage for us, including being able to prepare in advance for upcoming assessments," adds Paul.

"Elderly patients in particular are very interested to see the new laptop technology in action. The technology acts as a bridge between the client and us, helping to build rapport with our clients and their families."

—Paul Gahite, Case Manager, CE CCAC, Scarborough Branch

Mental Health & Addictions e-Referrals Pilot on the Move

The Mental Health & Addictions (MH&A) e-Referrals sub committee has been actively working together with the partner organizations (TSH Crisis Team, COTA Health and Canadian Mental Health Association (CMHA) to understand and identify the best options for a user interface. The pilot partners have taken multiple referral forms currently in use amongst themselves, and developed a common approach to requirements for referrals to the same services.

Agreement was recently reached by the three partner organizations to develop a vendor built user interface screen as part of their present system. Benefits include no change to the look and feel of the interface; no requirement to re-key data; and only a single user id and password will be required. In parallel, the e-Referrals & Access Tracking pilot will continue to build a centralized user interface to address the needs of other agencies.

Additionally, consultations are being held with the broader mental health and addictions community to gather information and understand any unique considerations and readiness capabilities that are important to the sector.

Newest Project Stimulates Strong Engagement

Our newest project is known by many as the Community Mental Health Common Assessment Project (CMH CAP). Its focus is to standardize the initial client contact assessment. By standardizing these assessments, the Community Mental Health providers will be able to share client information more easily, while ensuring assessment practices are consistent across the province.

After a thorough review by academic, clinical and sector experts the Camberwell Assessment of Need (CAN-C), was selected as the chosen common assessment tool.

Now that the tool has been selected, CMH CAP is preparing the details and locations for a number of pilot sites to test the tool and automated solution in practice. To enable this process, 14 sector consultations were conducted, covering every LHIN. Almost 500 professionals from 307 organizations attended the consultations. About 65% of the attendees are interested in participating in the pilot and over 90% were interested in taking part in a further consultation. As Paul Orchard, Director Corporate Development, Survivors Psychiatric Advocacy Network remarked, "I believe this approach will be very beneficial to my agency, in particular as it will allow key client information to be gathered quickly. With so many different assessment practices in place, streamlining the process will be of tremendous value to everyone in the Mental Health sector."

"CMH CAP enables us to share client information more easily, while ensuring assessment practices are consistent across the province."

Stay tuned for more details on next steps.

RAI CARE Helps Staff Master CIAT

Sometimes, the biggest sceptics become the most passionate of believers. In the case of the new Common Intake Assessment Tool (CIAT), Cheryl Flanders is more than happy to call herself a convert. With 33 years nursing experience and 10 years working in the home care sector, Cheryl is now the RAI CARE in Central East CCAC, Whitby Branch. RAI Common Assessment Resource Educators train and support Case Managers as they master this common computerized approach to intake assessment.

Cheryl recalls her initial reaction when she received an e-mail about the RAI CARE opportunity. "I was mildly interested and I love teaching and training others. I was also unsure about it," explains the mother of four, who is also a trainer for Scouts Canada in her free time. "I came with the attitude that I don't like computers. My family laughed when they heard I was going to be a RAI CARE. They thought I could barely manage to turn a computer on!"

Cheryl Flanders, RAI CARE, Central East CCAC, Whitby Branch.

Cheryl was not alone in her apprehension. Many of her co-workers had little to no experience completing assessments with computers and were used to completing paper-based assessments. Cheryl credits her Project Subject Matter Expert (SME) for helping her overcome her trepidation. "My SME was an expert educator and because of her support and enthusiasm she made it fun to learn. I became very passionate about CIAT myself."

"Sometimes, the biggest sceptics become the most passionate of believers."

That passion has helped Cheryl relate with the staff she trains and inspire them to master the tool. Her greatest enjoyment is breaking through to staff members who are struggling to adapt to computer technology and incorporate it into their day-to-day practices. "From the first group that I taught, there's always been a student who has struggled with computers. To be able to break through that barrier with the learner and see them get it is really enjoyable and rewarding," added Cheryl. She presents her staff members with a certificate at the end of the CIAT training, displaying a picture of a mountain climber after reaching the peak.

"It's symbolic and fitting of their struggle and eventual triumph," Cheryl exclaims. As staff members become more confident with the CIAT, Cheryl sees them embracing the new automated tool. Most find it an improvement on the old processes. "They don't want to go back to the old method. They absolutely love the CIAT," explains Cheryl, who has just completed the fifth wave of training in the CE CCAC, Whitby branch, and has two more to go. "They would never want to go back to paper."

Once the Home Care Client Assessment Project is completed, Cheryl plans to return to her previous position as Case Manager for hospitals in Port Perry and Uxbridge.

Introducing…The Solutions Group

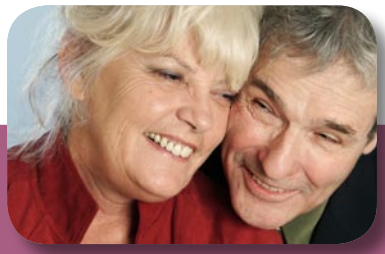
"The Solutions Group delivers sustainable provincial Information Management solutions to enable seamlessly integrated community-based care."

The Continuing Care e-Health (CCeH) Council is delivering high quality technology solutions to the Continuing Care sector through a strategic program of projects and initiatives aligned with the Ontario e-Health Blueprint and Canada Health Infoway. The sector is seeing the fruits of the strategy in the rollout of applications such as e-Referrals & Access Tracking, the Common Intake Assessment Tool, the Financial & Statistical Management System and the Long Stay Assessment Software, which enable the sector to offer clients seamlessly integrated community-based care.

Putting relevant e-Health solutions to manage health information into the hands of end-users requires extensive consultations with the sector and an understanding of their business needs. It also requires the technical expertise that can provide the necessary technical services to deliver innovative e-Health solutions. This technical expertise resides in the CCeH Solutions Group.

Formerly known as the Business Architecture Group, the Solutions Group has evolved along with the needs of the sector and the projects their needs initiated. Neil Phasey, Executive Lead of the Solutions Group, has organized the Solutions Group to reflect the competencies required to deliver integrated solutions that guarantee the success of CCeH initiatives. The Solutions Group focuses on continuous development and value-added service delivery through four core competency areas - Project Delivery, Strategic Information Services, Security & Privacy and Risk Management and Transition & Operations. These four competency areas work closely with all the CCeH project teams to ensure that key elements such as a flexible architecture that can integrate with new and existing applications, approved health informatics standards, security and privacy safeguards and quality assurance are all used in creating robust CCeH solutions which can exchange and manage health information in a standardized and secure manner.

Watch for future issues of "Connections" which will highlight each of the competency areas of the Solutions Group in turn. For more information about the Solutions Group and its services, please contact Neil Phasey at Neil.Phasey@ccac-ont.ca.



FSMS: A CCeH Success Story

"The delivery of the FSMS Project is a success story of which Continuing Care e-Health is justifiably proud."

The Continuing Care e-Health (CCeH) Council has been pursuing its e-Health strategy to deliver relevant CCeH applications to the most diverse sector in health care since its creation in 2003. The projects and initiatives it has sponsored are approaching readiness, with the first of these, the Financial & Statistical Management System (FSMS), preparing for transition to Operations this fall.

FSMS gives all Community Care Access Centres (CCACs) a standardized and integrated business system that makes reporting using Management Information System (MIS) standards more accurate, consistent and timely. The outcome of this enhanced reporting is more efficient and effective service by the CCACs to their communities using a common language and platform that enhances communication across the sector. FSMS is made up of two key applications – Great Plains Momentum (GPM), the financial application; and Quadrant HR (QHR), the human resource application. GPM has been successfully implemented in all 14 CCACs and QHR has been implemented in 12 CCACs.

Achieving all the deliverables on time for such an ambitious project has been quite an accomplishment. Rolling it out to the CCACs during a period of rapid change, and doing it under budget for the past two years, is truly remarkable and attests to the talent and hard work of the FSMS Project Team under the leadership of Rohin Bhargava, Senior Project Manager, Business Systems.

The FSMS Project Team has provided CCACs with a high calibre of training and certification and technical support. The Team has also made sure that all its documentation, processes and "lessons learned" can be reused to guarantee the success of other CCeH projects. The Team is now in the midst of meticulous preparation of documentation and knowledge transfer to ensure a smooth transition to the Solutions Group's Transition & Operations Team.

The widespread use of FSMS in the CCACs is an important step toward measuring performance using key indicators. This, in turn, will lead to improved accountability, decision making and ultimately, better utilization of health care resources in an increasingly complex health care environment. This is a success story of which CCeH is justifiably proud.