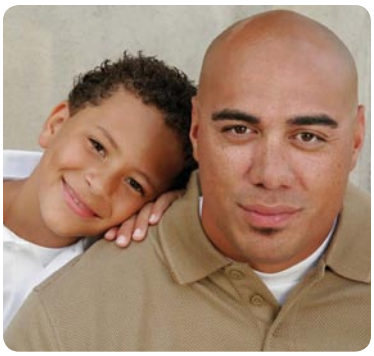


CONNECTIONS

Continuing Care e-Health Program Newsletter

SPRING 2008

IN THIS ISSUE

Financial & Statistical Management System: *Milestones To Success*

The Financial & Statistical Management System (FSMS) project officially ended on March 31, 2008 at which time its applications were successfully transitioned to ongoing operations with the Application Maintenance & Support team and Smart Systems for Health Agency. The successful delivery of this project is an important e-Health achievement allowing Community Care Access Centres to automate the collection of financial and human resource data, improve their business and reporting processes and achieve efficiencies to maximize the use of health care resources.

The following table summarizes the outstanding achievements realized by FSMS:

"FSMS/GPM has provided us the ability to process, report and monitor our financial and statistical results with less manual resource expended 'outside' the system, freeing up more staff time to analyze the results rather than just generate them."

- Susan Robertson, Waterloo Wellington CCAC, Senior Manager, Finance and Decision Support

Continuing Care e-Health
Financial & Statistical Management System (FSMS)
• Milestones – November 2004 to March 2008

Implementation

- 42 of 42 pre-LHIN alignment CCACs have successfully implemented the Great Plains Momentum (GPM) financial application
- 6,300 employees being paid through automated Payroll
- 7 CCACs / 3,000 employees using Quadrant Human Resources NET (QHRNET) application
- Over 100 Employee Policies and Union Collective Agreements integrated into FSMS
- 1,050 CCAC employees using Leave Management function
- 500+ CCAC staff using Self Scheduling function

Training

- Over 1,130 CCAC participants trained in 140 training sessions
- 71 CCAC staff have successfully passed the Human Resources Information System (HRIS) Certifications
  - 71% of CCACs have at least 1 person certified in the QHR Administration module
  - 64% of CCACs have at least 1 person certified in the following modules: Payroll, Scheduling and HR
- CCACs' satisfaction with training - 90% or higher

Quality Assurance

- 5 version upgrades completed
- 70 hot fixes applied
- 2 mandatory tax changes applied
- 18 enhancements to business functionality / legislative requirements and successful User Acceptance Tests
- Comprehensive documentation created for the applications
- Full audit trail of results

Transition

- Transitioned GPM and HRIS-QHR applications to a steady state with the Continuing Care e-Health Application Maintenance & Support (AMS) Team and Smart Systems for Health Agency
- Transitioned the business ownership for both applications to the Senior Directors of Corporate Services at the CCACs

CONTACT US

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

Security and Privacy Toolkit Soon Available to Long-Term Care Homes

The Continuing Care e-Health (CCeH) Program's Security, Privacy and Risk Management team, in partnership with the Long-Term Care Homes Common Assessment project team and steering committee, initiated a project to assist Ontario's Long-Term Care Homes (LTCH) address their information security and privacy obligations under the *Personal Health Information Protection Act* (PHIPA), 2004 and the *Long-Term Care Homes Act.*

The team developed a Self-Assessment Tool for the homes in February 2008 to understand what measures have already been taken to protect the personal health information (PHI) of residents and where gaps still exist. The Tool helps the team build a meaningful and customized solution based on the uniqueness of each home and its geographical location.

The CCeH Program was looking to pilot the Tool to 20 homes, however the call for participants attracted more homes than expected and 40 homes were accepted for the pilot in March 2008. The high participation rate was clear evidence of the desire and commitment that homes have for protecting their residents' information and privacy.

Findings from the Tool indicated that all homes are using anti-virus software and most have a firewall. Basic security and privacy policies and procedures, such as secure procedures for disposing of confidential paper files, labeling sensitive documents, backing up electronic files, and applying security patches are in place in a large majority of homes.

The rollout of the Tool to the rest of the LTCH in Ontario has now begun and the results will enable the development and implementation of a standardized, yet customizable Information Security and Privacy Toolkit. The results will also provide the first comprehensive view of the current state and the information security and privacy needs in the LTCH sector, which will be addressed by the Toolkit.

The success of this initiative has led to requests from other parts of Continuing Care sector for similar support such as in the Community Mental Health Common Assessment (CMH CAP) security and privacy readiness assessment initiative. *Connections* will inform readers of the progress of this initiative in future issues.

LONG-TERM CARE HOMES
COMMON ASSESSMENT PROJECT

getting Ready for the RAI

Jeanne Devine, *RAI Coordinator at South Centennial Manor is already noticing the benefits of being a RAI-MDS 2.0 home.*

Some may wonder how homes in the Long-Term Care Homes Common Assessment Project go through the early stages of the implementation, how they approach training, learn the tool and ultimately master the process. They may wonder how homes deal with the different stresses and challenges, and how they adapt to new routines.

To help answer these questions, we interviewed a RAI Coordinator and the Director of Care from South Centennial Manor to find out how their home got ready for RAI.

South Centennial Manor is a 69-bed home in Iroquois Falls. This Phase 4 home began their RAI-MDS 2.0 implementation in April 2007 and has gone through the earlier implementation milestones.

When the home decided to join the Project, the Director of Care, Fern Morrissette, firmly believed that RAI-MDS 2.0 would benefit the home in the long run. "We already had the computer systems in place, and I saw RAI-MDS as the future, and where our home should go," explains Fern, who has worked in long-term care for 10 years. "Posters were set up all over the home announcing our participation in the Project. We explained that this change was in the best interests of our residents."

While other homes face the challenge of having enough computers available, South Centennial Manor's affiliation with two neighbouring hospitals allowed them to share computer resources. "Being able to share resources with Anson General Hospital and Lady Minto Hospital is tremendous," explains Fern. "We have a very good setup as far as IT is concerned."

Fern and RAI Coordinator Jeanne Devine came up with a strategy to ensure that resident care remained a number one priority, as training on RAI-MDS assessments was taking place. "We were able to bring in nursing students to replace the staff while they trained on Mastering the RAI," Fern says. Jeanne found the Mastering the RAI tutorial particularly helpful.

The home has now completed the majority of the training. Jeanne allotted 3 days a week on RAI-MDS 2.0 assessments and fulfilled her other nursing duties the rest of the week. She used quizzes to help sustain the learning. "The daily reports have quizzes on the 7-day observation flow sheets and they have really helped our staff."

As the home continues with the implementation process, Fern can already see how the RAI-MDS 2.0 is improving resident care. "I can notice conditions in residents that previous assessments missed and are picked up by the RAI-MDS," explains Fern, which is one of the reasons she is glad to be a part of the Project. "At first you think; 'what did I get myself into?' Once you get past the coding and software and see the bigger picture, you realize that the implementation is an achievable and worthwhile goal. I have no doubt that any home considering RAI-MDS will quickly realize the value of joining the Project."

> "I have no doubt that any home considering RAI-MDS will quickly realize the value of joining the Project."

e-Referrals & Access Tracking *Releases First Subset of Reports*

Users of e-Referrals & Access Tracking at five organizations have been provided with their first set of automated reports on their referral activity.

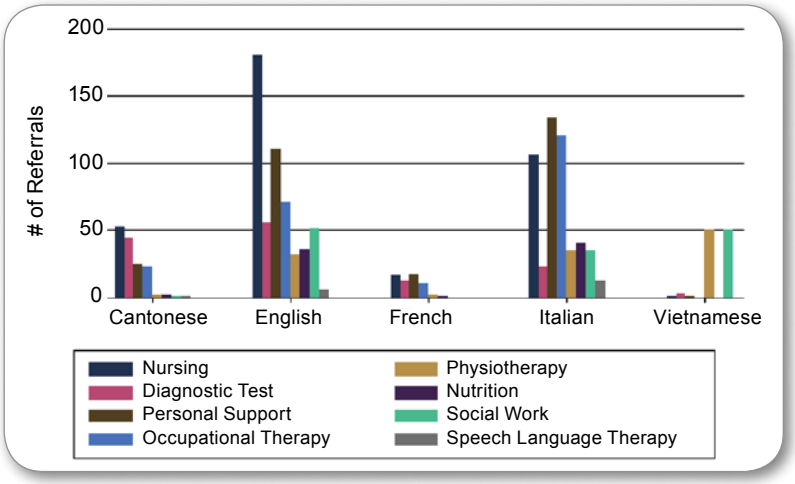
"These early reports relate to the referral process — for example, the number of referrals during a time frame, the number of a type of referral, or distribution across genders or language preferences among others," explains Marc Desjardins, Access Tracking Project Manager

The benefits of Access Tracking to participating organizations, LHINs and the Ministry are the ability to:

- obtain business intelligence reports on the referral process;
- identify and address areas for improvement in the referral process; and
- obtain data to assist the development of performance indicators, best practice standards and benchmarks.

During this Phase 1 of the Access Tracking development, the reports are automatically created on a pre-defined schedule, such as monthly, quarterly or annually. Marc estimates that nearly 40 sector-driven report types will be created over the coming months, based on the requirements of the different sectors.

All end users are encouraged to provide information regarding the initial reports provided to date. As more reports are released, end users will be surveyed and their feedback incorporated in developing more automated reports over the coming year. Laura Monastero, Program Manager, Intake, Information & Referral Services & Social Support Programs (MRSRC/Gordonridge), Canadian Mental Health Association, Toronto Branch, sees value in the reports as "they will be able to give us a quick snapshot of the number of referrals, their status and where referrals are coming from which is always helpful for program planning and evaluation. They will help us answer these key questions: are we serving who we need to serve and is there a need for our services?"



Reports such as this sample charting referrals by service and language preference will help organizations tailor their programs and services to specific client needs.

UHS JOINS COMMUNITY SUPPORT SERVICES USERS

Unionville Home Society (UHS), which has been serving seniors in York Region for more than 30 years, began using the e-Referrals & Access Tracking system in May. The system is being used for the organization's supportive housing and adult day programs.

e-Referrals & Access Tracking Practice Leader Jennifer Reguindin reported an enthusiastic response to the earlier hands-on training which helped UHS managers determine how to fit the tool to best meet their needs. Feedback included comments such as: "it is easy to use" and "we look forward to the first referral."

TRAINING PROGRESS FOR ANOTHER ORGANIZATION

Training sessions begin in June at Hong Fook Mental Health Association. With offices in Toronto and Scarborough, the Association was established in 1982 to address the mental health concerns in the East and Southeast Asian communities. The association aims to help people within the Cambodian, Chinese, Korean and Vietnamese communities who face linguistic and cultural barriers to gaining access to mental health services.

CHANGING TIMES IN COMMUNITY MENTAL HEALTH

During April and May, members of the Community Mental Health Common Assessment Project (CMH CAP) spent time at each of the 16 organizations piloting the new Community Mental Health Common Assessment (CMHCA). Now at the end of their three month trial periods, the organizations, and the consumers they serve, are able to reflect on their experiences with the tool and gauge its true value. Although a common approach brings a number of challenges in this diverse sector, the feedback has been encouraging. The next steps include extensive evaluations of the learnings gathered throughout the pilot phase. Evaluators have been engaged to explore a number of topics.

"This is ground-breaking," says one consumer survivor. "It will stand the whole field on its head."

One aspect of their work is to see how consumers feel about this new approach. The CMHCA gives a formal voice to the views of consumers in the assessment of their needs. One of the first consumers to complete an assessment told us, "Being able to talk about my hopes and dreams felt good, because I have them. I want a place of my own, a family, a job… I want to be independent." Another consumer/survivor, Susan Marshall, told us that, "This is ground-breaking. It will stand the whole field on its head. It will take time for consumers to understand that they can determine what help they need and want, rather than wait to be told what they can have. Workers have made many decisions for us in the past but now we can talk about our hopes and dreams and think about things before the assessment is completed". Susan has over 30 years experience as a consumer of mental health services and has been a consumer advocate since 1991. She plays an active role in the project as a Working Group member.

The Project continues its work to build an assessment that meets the needs of consumers at over 300 organizations of differing sizes, programs and approaches across community mental health.

CSS OHRS Phase 2 in Action!

The Community Support Services Management Information Systems (CSS MIS) project is in high gear with Phase 2 of the implementation of Ontario Healthcare Reporting Standards (OHRS) across the Community Support Services (CSS) sector. Over 200 CSS Health Service Providers (HSPs) volunteered to be part of Phase 2 which began April 1, 2008. The OHRS training kicked off in May with a focus on the financial and statistical reporting standards as well as account mapping. More training sessions will be available during the summer months.

For CSS HSPs that are interested in volunteering for Phase 2, it is not too late to sign-up! The CSS MIS project team will provide support throughout the implementation process, and assist Phase 2 HSPs complete their first OHRS budget. To contact the CSS MIS project team, please e-mail OHRSCSS.moh@ontario.ca. If you would like to sign-up for Phase 2, please let us know before you complete the 2008/09 Budget.

CIAT FAMILY GROWS TO 10...
WITH NUMBER 11 ON THE WAY

"We are tremendously excited how the CIAT captures information and referrals. This makes the entire process more helpful for clients."

Two more Community Care Access Centres (CCACs) are adopting the Common Intake Assessment Tool (CIAT).

Central West CCAC became the 10th to Go Live with the CIAT on April 3.

Dianne Wolfe, Central West CCAC Management Lead, observed several staff members have taken exceptionally well to the automated assessment. "We have some staff members here that are computer literate and they absolutely love it!"

After reviewing the first batch of CIAT data earlier this month, Dianne is equally as excited in the valuable information that will help the management team in several ways.

"We are enthused at finding out how the CIAT data can help us with our business processes, types of clients, identifying the services that are needed. This will also aid in budgeting and staffing, and assist us in trending in the long-term."

Meanwhile, the 11th CCAC has already begun preparing for its CIAT implementation. Project Manager Monica Gabriel, presented at their Ottawa office, and introduced RAI CAREs and Management Leads to the CIAT and how it provides case managers with information that aids evidence-based decision making.

The management team at Champlain CCAC is currently reviewing ways to standardize the business processes of its four offices.

"We want to streamline our business processes in order to avoid duplication and ensure that value is added to our clients every step of the way," explains Kimberly Peterson, Director of Client Services for Champlain CCAC. "We are tremendously excited how the CIAT captures information and referrals. This makes the entire process more helpful for the clients."

SECURITY, PRIVACY AND RISK MANAGEMENT TEAM

The Continuing Care e-Health (CCeH) Program recognizes that it is in the business of enabling *One Person One Record* for the Continuing Care sector. Every client expects and demands that all e-Health initiatives enable the protection of his/her privacy and information security.

The Program also understands that the most sensitive information requiring protection is personal health information (PHI). The *Personal Health Information Protection Act* (PHIPA) was passed in 2004 to protect a person's right to privacy of his/her personal data against unauthorized disclosure, collection, and use.

To ensure that the CCeH Program is able to meet its commitments, it has a Security, Privacy and Risk Management team, which oversees, advises, and verifies that PHI is being properly handled and accessed only by individuals who need to view it.

The Security, Privacy and Risk Management team is one of the three core competency areas of the Solutions Group. The others teams are Strategic Information Services (profiled in the last issue of *Connections*) and Transition & Operations (to be profiled in the next issue).

The Security, Privacy and Risk Management team has developed comprehensive security and privacy frameworks founded on ISO 27001/27002 and ISO 27799 along with the Canadian Standards Association's Privacy Model Code, which are the basis for ensuring that CCeH solutions are built with the proper safeguards and controls to protect the privacy and security of the client information in the e-Health solutions. It works with the project teams at every stage of the project lifecycle to implement necessary safeguards and controls. Projects can only proceed to the next stage in their development if their applications if they receive clearance after meeting the mandatory security and privacy criteria.

The Team also ensures that any risks to the CCeH Program or its individual projects and initiatives are mitigated by conducting thorough Threat /Risk Assessments and Privacy Impact Assessments, enforcing policies and procedures and providing a complete and ongoing training program to the Program's staff.

The security and privacy of Continuing Care client information is paramount for the CCeH Program and the work of the Security, Privacy and Risk Management Team contributes in large part to the Program's overall success.

"The security and privacy of Continuing Care client information is paramount for the CCeH Program."

Continuing Care e-Health Council Changes

we say Goodbye we say Hello!

The Continuing Care e-Health (CCeH) Council would like to announce some changes to its membership. Camille Orridge is stepping down as Co-Chair of the Council. John McKinley (the other Co-Chair), the other Council members and the entire CCeH Program would like to thank Camille for her dedication to the Council and the CCeH Program. Camille has been Co-Chair since Council's inception and has provided valuable insights and guidance to all the CCeH projects. We are fortunate that Camille will stay on as a member of the e-Referrals & Access Tracking Steering Committee and continue to be involved with CCeH.

Replacing Camille is Lewis Hooper, e-Health Lead for Central East LHIN. Lewis is well known to the CCeH Program and Council is delighted that he has accepted to be our new Co-Chair. Lewis has been very supportive of the Program and his LHIN is currently using the e-Referrals & Access Tracking system. Central East LHIN is also participating through the Long-Term Care Homes (LTCH) , Community Mental Health & Addictions (CMH&A) agencies and Community Support Services (CSS) organizations in its purview in the LTCH and CMH Common Assessment Projects as well as the CMH&A and CSS Management Information Systems (MIS) Projects.

The Continuing Care e-Health Council is also pleased to welcome several new members:

NATALIE AVERY – *Director, Clinical Informatics, CAMH*
RODNEY BURNS – *Regional CIO and e-Health Lead, North Simcoe Muskoka LHIN*
JANET LAMBERT – *Executive Director, Ontario Long-Term Care Association*
LAURIE HICKS – *Vice President, Client Relationship Management, Smart Systems for Health Agency*
SUSAN SUE-CHAN – *Director (Acting), Finance, Accountability and Project Management, Ministry of Health and Long-Term Care*
VIDA VAITONIS – *Executive Director, Mississauga Halton CCAC*

Council wishes to thank former members who have left to pursue other opportunities both inside and outside the health care system and who lent their expertise in the sector to help the CCeH Program:

- **CARRIE CLARK**
- **GLENN HOLDER**
- **IRENE MEDCOF**
- **CARRIE HAYWARD**
- **CHRISTINA HOY**
- **KAREN SULLIVAN**

SOFTWARE SOLUTION LAUNCH FOR CMH&A AND CSS ORGANIZATIONS

launching Phase 3!

Over the last few months, the Community Mental Health and Addictions Management Information Systems (CMH&A MIS) Phase 3 and Community Support Services Management Information Systems (CSS MIS) projects conducted training across the province on Microsoft Dynamics GP V.10 — the newly selected financial and statistical management software solution. With the launch of the software solution's production environment, both projects released an invitation to those who attended training to begin scheduling their migration over to the new software environment. The initial group of organizations began their set-up in late April 2008.

The CMH&A and CSS organizations choosing to adopt the new software solution have support from the project teams and the Management Information Systems Integration Team (MIS IT) members who also play an important role in the implementation and rollout of the software solution. The MIS IT members in conjunction with the Continuing Care e-Health's Solutions Group specialize in various technical areas such as Network Infrastructure, Application Support, Database Administration, Quality Assurance/User Acceptance Testing, Security and Privacy and Business Systems Analysis.

During the upcoming summer months, both projects will be offering online/web information sessions for those organizations that are interested in learning more about the software solution, as well as hands-on comprehensive training. If you would like to learn more about the software solution, you can contact the CSS MIS project team at OHRSCSS.moh@ontario.ca or the CMH&A MIS Phase 3 project team at miscmhanda@ontario.ca. We would love to hear from you!

Long Stay Assessment Software: *One Million Assessments!*

On April 25, 2008, the one millionth long stay assessment using the Resident Assessment Instrument—Home Care (RAI-HC) was completed at Toronto Central Community Care Access Centre (CCAC). CCACs have been using the Long Stay Assessment Software (LSAS), also known as Point Click Care after the name of the software's vendor, to complete RAI-HC assessments for long stay clients. The millionth assessment was done by Sharin Nanji, who at the time, was unaware of this milestone. "The RAI-HC is a great tool. It looks at the person as a whole, giving us a comprehensive picture of their needs and abilities so that we can create a care plan that will offer the greatest benefit."

"The RAI-HC is a great tool. It looks at the person as a whole, giving us a comprehensive picture of their needs and abilities so that we can create a care plan that will offer the greatest benefit."

LSAS has been used by the CCACs since 2005 and is one of the first common assessment tools to be jointly supported by the Continuing Care e-Health (CCeH) Program and the Ontario Association of Community Care Access Centres (OACCAC). The CCeH Program provides technical support and the OACCAC supports the business aspects of the application.

Included in the one million assessments are also reassessments of clients' current conditions. This allows caregivers to provide clients with the most appropriate and timely care possible and ensures client assessments are kept current. Congratulations to the CCACs for using this important tool to improve the delivery of client care in our communities!

LSAS by the Numbers:

Total Registered Users in the CCACs:	4,721
Total Clients in the LSAS Database:	403,826
New Clients Added in 2007:	74,371
Total Assessments Completed in 2007:	241,718
Total Assessments / Reassessments (January 14, 2005 to date)	1,005,307