Spring 2009

CONNECTIONS

Community Care Information Management Newsletter

IN THIS ISSUE

CCIM scope expands at sector and project levels

CCIM announces three new business systems projects, an integrated assessment project and an integrated data strategy to further positively transform health care delivery in Ontario's Community Care sectors.

SMALL AND CHRONIC CARE HOSPITALS

Two business systems projects are being initiated for Small and Chronic Care Hospitals (SCCH). These include facilities with less than 100 patient beds or that provide continuing, medically complex and specialized services to patients with long-term illnesses or disabilities (see sidebar).

COMMUNITY HEALTH CENTRES

This project aims to assist Community Health Centres (CHCs) meet their financial and management accountability requirements as non-profit organizations providing primary health and health promotion programs for individuals, families and communities.

This Business Systems-focused project will introduce financial and statistical reporting standards, as well as MIS-compliant software in a phased approach. Phase 1 will include developing and implementing financial and statistical reporting standards within 70 CHCs. Phase 2 will include a gap analysis to determine a software solution and then an RFP process to select the appropriate vendor and software solution.

INTEGRATED ASSESSMENT

Within the CCIM Common Assessment stream, an Integrated Assessment solution is being tested, which will allow health care professionals to see community-based assessment data to help inform the treatment planning for people in their care.

Plans are being made to begin a pilot in two or three volunteer Local Health Integration Networks (LHINs) this summer, prior to a provincial rollout.

The pilot will test the use of shared assessment data to facilitate increased collaboration between providers, such as community mental health and primary care.

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CCIM extends Business Systems software to Small and Chronic Care Hospitals

The CCIM program, in partnership with the Ministry of Finance-BPS Supply Chain Secretariat, would like to offer financial/statistical, materials management and human resources/payroll software solutions, *at no cost during the implementation period*, to approximately 25 small and chronic care hospitals across Ontario.

The software solutions will meet CCIM's objective to provide organizations with business systems that will enable standardized reporting to help achieve an integrated, cost effective and efficient care system that provides timely access to services and performance metrics.

The benefits of this software include:

- A universally accepted and reliable tool to facilitate the collection and reporting of financial/statistical, materials management and human resources/payroll data
- Improved operating efficiencies due to standardization and economies of scale
- The ability to establish consistent human resources / payroll processes
- A materials management system that introduces tools and automated processes resulting in improved back-office practices

CCIM will introduce the software solutions to approximately 25 small and chronic care hospitals by the end of August 2009, with implementation completed by March 31, 2010. Currently, seven hospitals are actively participating in the pilot phase of this project.

If you are interested in participating in this initiative and meet the following criteria, CCIM is interested in talking to you.

- Have less than 100 patient beds
- Successfully completed the OHRS/MIS training
- Successfully submitted a Trial Balance; and
- Can demonstrate the ability to implement the software within the agreed timeframe (financial/statistical and materials management by December 2009; human resources/payroll by March 31, 2010).

To participate in this exciting new initiative, contact the support centre at SCCH.MOH@ontario.ca for further information.

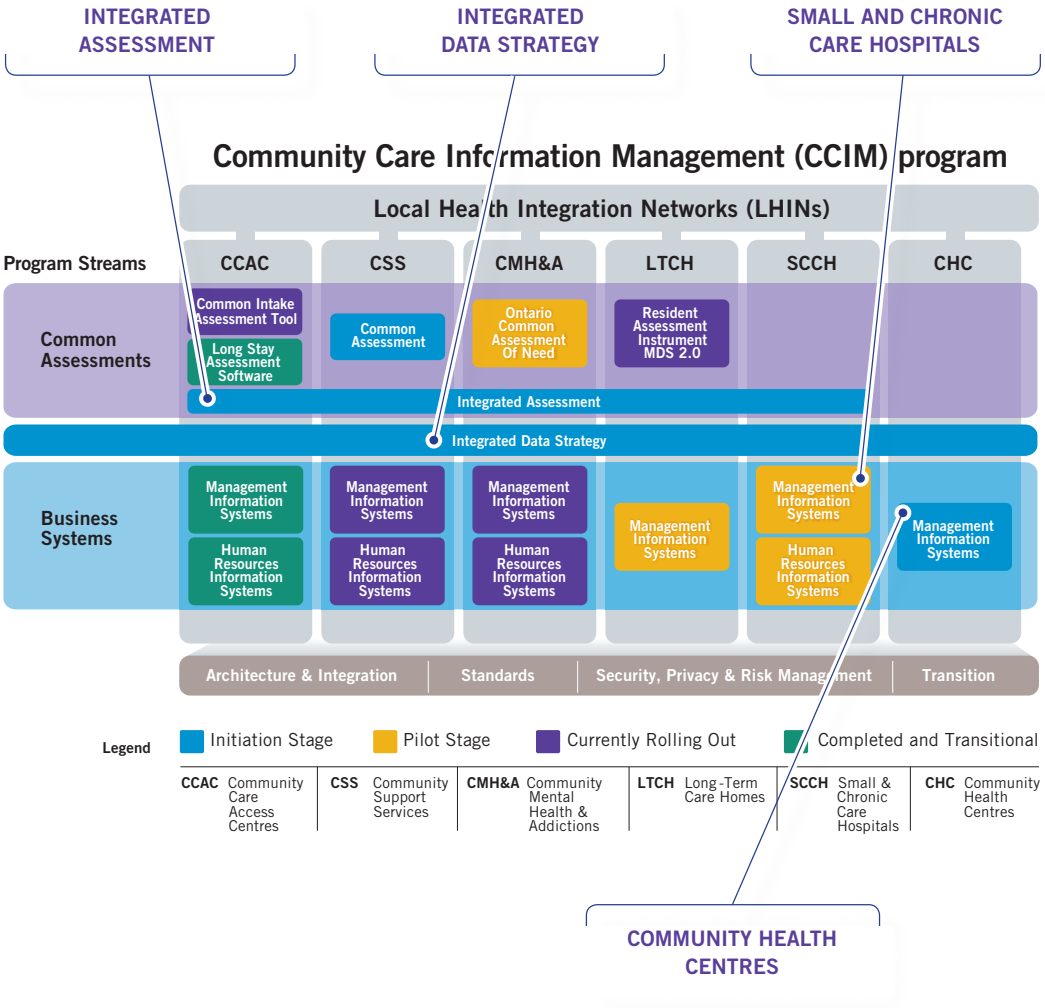
We look forward to hearing from you!

CCIM program additions // CONTINUED

INTEGRATED DATA STRATEGY

This initiative builds on the past and present work being done in the Business Systems and Common Assessment project streams regarding the implementation of standardized data, tools and processes across the Community Care sectors. Currently, information is being reported individually by these streams to reflect the sectors' clinical, financial and HR information. The Integrated Data Strategy aims to combine this information to more clearly demonstrate the relationship between needs, services, outcomes and cost.

This initiative will define how the Ontario Healthcare Reporting Standards/Management Information Systems (OHRS/MIS), HRIS and Assessments data can be leveraged effectively in an integrated way across the community care sector to better inform decision makers and improve health care delivery.



CCIM helps LHINs improve information flow for better delivery of care

Information efficiencies that Local Integration Health Networks (LHINs) can expect from implementing the CCIM common assessment tools, business systems solutions and the initiatives regarding integrated assessment and data are the focus of this issue of CONNECTIONS.

For example, CCIM's systems and processes lead to:

- Standardized, shareable and reusable information to support existing LHIN processes and systems
- Automated data submission and reporting processes to help identify trends, demonstrate service efficiencies and measure best practices in their business operations and policies
- Common language that facilitates information sharing between HSPs, consumers and other organizations in the sector and the LHINs

You'll find examples of information efficiencies in this issue's articles. Please contact us for further details at 1-416-314-7365 /1-866-909-5600 or by email to CCIMSupport.moh@ontario.ca.

Gathering relevant CMH data for better service delivery

While the primary focus of the Ontario Common Assessment of Need (OCAN) is on improving services to consumers, the tool also provides the opportunity for data gathering to be more relevant for LHINs, organizations and the CMH sector.

As the North East LHIN pilot reaches another milestone with the first two training sessions in early May, a streamlined reporting process of OCAN information is being established by the Community Mental Health Common Assessment Project (CMH CAP) team. Through this process, pilot organizations will efficiently and securely receive a series of reports based on the consumer- and staff-rated need that is electronically captured using OCAN. These reports are currently being developed by the project team with support from the organizations, LHINs and research advisors.

"These reports are really user-friendly and will help keep our programs focused on client-identified needs"

For the first set of data, the CMH CAP team is looking to provide organizations with a report that encompasses individual needs over time which will assist them in consumer-led service and resource planning. "From a front-line and organizational perspective, these reports are really user-friendly and will help keep our programs focused on client-identified needs," says Karen O'Connor, Director of Specialized Services of Canadian Mental Health Association/Toronto Branch.

Meanwhile, three organizations that were involved in the initial OCAN pilot have formed an efficient partnership and developed a streamlined process of tracking and sharing consumer consented information that OCAN gathers. The West GTA Partnership – consisting of Canadian Mental Health Association/Peel Branch (CMHA/Peel), Supportive Housing in Peel (SHIP) and Peace Ranch – began using a centralized database where they store and access completed assessments.

This efficient inter-agency communication process is feasible because of the common language that OCAN establishes. It allows assessment information to be reused and shared amongst the partner organizations. As a result, "if a consumer who has recently completed a common assessment approaches another agency, the information already available in the database can reduce the consumer's exposure to repetitive question asking," explains George Ihnatowycz, IT Consultant for SHIP and OCAN Coordinator for the West GTA Partnership.

While still in its pilot phase, OCAN has begun to emerge as a key facilitator of efficient knowledge transfer for community mental health agencies. For more information about OCAN and CMH CAP activities, please contact the Support Centre at 1.866.909.5600/416.314.7365 or cmhcap@ontario.ca

Informing addictions and CMH service plans

The opportunity to share assessment information between CMH and addictions agencies is also being explored by the CMH CAP team. Based on extensive interviews with the sector, a working group has been formed with members who reflect all stakeholders, including a consumer and a range of service providers in the addictions and mental health sector representing multiple LHINs. The intent is to determine how OCAN and addictions assessment tools (ADAT and problem gambling) can share information to inform and enhance the service plan for clients with co-occurring disorders.

LTC homes get welcome support as RAI-MDS 2.0 rolls out

The Long-Term Care Homes Common Assessment Project (LTCH CAP) team has welcomed about 300 Ontario LTC homes to the RAI family since the January announcement from MOHLTC on the RAI-MDS 2.0 rollout. These new homes can now look forward to enjoying the benefits of a comprehensive resident assessment tool that captures information for improving care planning capabilities, strengthening team communications and enabling continuous quality improvement. Data collected through MDS will provide homes with better information for quality improvement, performance assessment and benchmarking. The instrument also enhances the data that can be used by LHINs and the Ministry for system planning and management.

At the beginning of each month since February, new sets of non-MDS homes in Ontario have been receiving welcome packages, which give an introduction to the Project and provide a detailed overview of next steps. In February, an enthusiastic group of 36 homes kicked off the final three phases of implementation. A further 58 homes joined in March and another 130 in April and May!

"We found the Welcome Package particularly useful, since it gave us an early opportunity to get a glimpse of the education materials, access the Project Support Portal and prepare for RAI training by following the pre-implementation checklist," says Marijane Huliganga, RAI Coordinator at Villa Colombo in Toronto.

RAI implementation spans anywhere from nine to 12 months, during which homes are tasked with completing 12 implementation milestones. Upon their completion, homes receive a graduation certificate marking the end of their education period and a beginning of a new chapter in their homes and the lives of their residents.

However, graduation does not mean that RAI homes no longer receive support from a dedicated team of implementation experts or have to distance themselves from the project. In fact, many homes continue to stay active in implementation by joining the project's Mentoring Program and partnering with newer homes as they work towards completing their implementation milestones.

Graduated homes also continue to receive regular project communication, such as e-Newsletters and weekly bulletins, helping

them stay current with the latest RAI-MDS 2.0 developments and initiatives. The Support Centre is also just a phone call or email away, should they come to any hurdles or difficulties along the way.

No matter how big or small the issues are, all homes have the support of the entire project team and are never alone during this important transition.

Pilot homes lead the way to standardized data collection & reporting

The aim was for 100 per cent success and that's exactly what happened. All 60 homes participating in the pilot for the Long-Term Care Homes (LTCH) Ontario Healthcare Reporting Standards (OHRS)/Management Information Systems (MIS) project successfully submitted their trial balance submissions on time.

"The pilot homes did an excellent job gathering their data, mapping their accounts and reporting it on time," says Vivi Herlick, project manager of the LTCH OHRS/MIS initiative. "We are very pleased with these results and both our project team and all pilot homes are to be commended for their hard work."

In addition to the pilot project, surveys to assess software needs were recently distributed to all LTC homes. Data collected from these surveys will provide crucial information to the project team, facilitating their mission to improve the submission processes for the homes.

As well, the project team is moving forward on a bridging software solution for homes, which is compliant with OHRS/MIS reporting standards.

The bridging solution will be offered to pilot homes for their October 2009 submission. This will assist in automating the submission process, which in turn will save valuable time.

The LTCH OHRS/MIS project is dedicated to ensuring consistent and accurate financial and statistical reporting standards across the LTCH sector.

For more information, please contact OHRSLTCH.moh@ontario.ca or 1-866-909-5600.

CMH&A, CSS weigh in on financial / statistical management solution

Lower costs, streamlined processes, time saving, audit friendly, peace of mind, less errors – these are words that many Community Support Services (CSS) and Community Mental Health and Addictions (CMH&A) organizations are using to describe Microsoft Dynamics GP since they implemented the financial software solution offered to both sectors through the MIS projects.

To date, there are over 211 CMH&A participants trained on Microsoft Dynamics GP, and approximately 110 CMH&A organizations have fully implemented the software and/or in the process. Nearly 140 CSS participants have been trained and 136 CSS organizations have implemented the MIS solution or are in the process of doing so.

In both sectors, financial staff in organizations that have already implemented the software were able to use the software for the year-end OHRS/MIS trial balance submission that was due June 1, 2009 to MOHLTC.

Anbo Yam from Hong Fook Mental Health Association, describes the software, noting: "One of my favourite features that saves me time is the trial balance submission feature. I don't have to re-enter the data in an Excel worksheet. I just create an electronic file and send it to the ministry within a few minutes."

In addition to saving time, the solution can also help reduce errors in reporting.

"I have comfort in knowing I didn't miss something when I submitted my [trial balance] submission because it's already in the system," offers Stacy Hahkala from CMHA Fort Frances. "Did I remember to do this? Did I remember to do that? It's right there. Whereas before, when I was mapping, I thought, did I map this? Did I remember to split this out? I don't need to worry about it because the system does it for me. It gives me peace of mind."

Stacy acknowledges that in the short-term there is a learning curve that takes place, as with any new software program. Nonetheless, she finds it worthwhile. "You have to put in that initial investment, but once that is done, it does so much more for you," she says.

The solution offered by the MIS project offers flexibility to staff since they can access it from anywhere over the Internet, with the confidence that the information is secure.

"The offsite hosting gives us a secure accounting system that is backed-up daily, that is protected and it can be used if our office is not useable for any reason, which is important to us," comments Andrea Vlasata, Participation House, Guelph, CSS.

Early adopters are also happy to share why they think the software solution will work for other organizations.

"Based on our experience, we would recommend the software to other organizations," notes Shari Edgar, Lambton Elderly Outreach. "We've been pleased with it and any bumps that we've encountered along the way, we've had the project team's support to work through the problems."

The project team looks forward to sharing more updates and feedback on the rollout of Microsoft Dynamics GP to the CMH&A and CSS sectors. To find out more information, or provide your feedback, please feel free to contact us.

CMH&A organizations: miscmhanda@ontario.ca

CSS organizations: OHRSCSS.moh@ontario.ca

Top 10 benefits of Microsoft Dynamics GP solution for health care organizations

1. **Comprehensive business solution**
   A single system that provides improved access to information, timely reporting of standardized data and reliable facts and figures that can be used for decision-making and planning.
2. **Improved back-office efficiencies**
   Improved operating efficiencies due to standardization, economies of scale and reduced duplication of work.
3. **Improved reporting**
   Increased ease of reporting and the opportunity to customize reports.
4. **Consistent data**
   Improved Consistency and accuracy of financial and statistical data.
5. **Cost reduction**
   Substantial cost savings now and in the future.
6. **Improved planning**
   Reliable, robust data to support evidence-based planning.
7. **Increased integration**
   A common ERP business solution that builds and promotes partnerships between organizations.
8. **Managed change**
   Comprehensive training and full implementation support to assist organizations in transitioning to the software.
9. **Increased access and security**
   A hosted environment that allows secure access from anywhere, anytime over the Internet.
10. **Scalable solution**
    A solution that suits the needs of all organizations no matter their size.

HRIS team collaborates with sectors to bring efficiency benefits to organizations

Since the Ministry of Health & Long-Term Care (MOHLTC) announced in August 2008 that it would provide funding support for a human resources (HR) and payroll software solution for Community Mental Health & Addictions (CMH&A) and Community Support Services (CSS) sector organizations, the project team has made significant progress in implementing the selected software solution, Quadrant. The team is working hard to achieve the overall aim of the project, to allow for efficient data collection and reporting to the MOHLTC and LHINs while reducing back-office duplication, and saving time and effort to deliver data within organizations.

Some of the key successes to date include:

- 98% of the organizations currently participating in the project have taken the basic training for HR and payroll
- Current targets for a specific number of sector organizations implementing the software solution have been met with Group 1 exceeding 100 organizations.

According to one of the participating organizations, "the training has been very informative and useful and I look forward to the implementation process, going live and determining how the complexities of our agency can be met."

John Phillips, Human Resources Information Systems (HRIS) project manager sees success as "the result of how well we can respond to the needs that have been identified by the sector organizations and how we deliver on those needs."

Members of the implementation team, who work with the organizations in planning, developing and implementing the software solution, have achieved significant results over the past few months. "There is much more to come in the area of implementation as we begin the process of bringing organizations online," comments Moira Moreadith, implementation lead. "This will be done through the close working relationships that we will continue to establish with key points of contact in each sector."

"Getting the right messages out to the right audiences is absolutely essential

An important action in supporting the project is reaching out to a variety of stakeholders who work with the CMH&A and CSS sector organizations and building awareness about the project objectives and why the implementation of this software solution is a benefit to the organizations. Various stakeholder groups including, Steering Committees, Advisory Working Groups, LHINs and sector organizations are also helping to spread the word about the project, the teams supporting the project, the selected software solution, and the CCIM program's business systems projects.

Recently, presentations were made to the Toronto Central LHIN CMH&A Advisory Group and the Central LHIN CSS Network. As indicated by Herb Spence who coordinates the project stakeholder engagement process for both sectors, "getting the right messages out, in a timely fashion, to the right audiences is absolutely essential."

All accomplishments thus far are examples of what the HRIS project can achieve in collaboration with organizations from the CMH&A and CSS sectors and the progressive path it will continue on over the coming months.

Participants from CSS and CMH&A organizations attending the HRIS training session at the Toronto CCIM office in April gave high marks to the training.

CCIM Community Care Information Management
ACCESS TO INFORMATION

This newsletter for Community Care stakeholders is a quarterly update on the Community Care Information Management activities. We welcome your comments and inquiries at 1-416-314-7365 / 1-866-909-5600 or by email to CCIMSupport.moh@ontario.ca.