Summer/Autumn 2009

CONNECTIONS

Community Care Information Management Newsletter

IN THIS ISSUE

Erie St. Clair LHIN pilots Integrated Assessment

Health care providers involved in a new pilot within CCIM are testing the use of a solution designed to enable community mental health, hospital in-patient, mental health crisis programs in emergency departments, and community health centres to collaboratively view client assessment information. The Integrated Assessment (IA) tool provides a central repository for data collected from multiple assessments for clients and allows health service providers within the circle of care to view a client's previous assessment information from other care providers.

Following a successful training period, the first phase of the IA pilot went live on August 10, 2009. The project team thanks Erie St. Clair LHIN and its volunteer organizations for their enthusiasm and support in testing the clinical value of the tool, and making suggestions to improve future releases.

Participating pilot organizations include three branches of the Canadian Mental Health Association, Teen Health Centre of Windsor-Essex County, City Centre Health Care, Windsor Regional Hospital and Chatham-Kent Health Alliance. Addictions assessments and more organizations will be incorporated to enrich the learnings of the pilot.

HOW DOES THE IA WORK?

The IA is a safe, secure and accurate method of viewing client information as part of the client assessment process. The ability to view assessment information may ultimately support collaborative care planning and service delivery. Regardless of where a person receives service, the health care provider will have the ability to view a snapshot or subset of the most valuable assessment information within the context of their services, while maintaining access to the full assessment if required.

BENEFITS OF IA

Anticipated benefits of the integrated assessment for clients, health service providers and the health care system include:

- Identifying other providers within the client's circle of care and providing access to their most recent assessment
- Improving the quality and reliability of information sharing
- Ensuring a secure exchange of personal health information
- Providing data for health service planning to health care providers and LHINs
- Supporting networks and learning opportunities across organizations
- Providing the basis for coordinated community-based care planning, and assisting organization in identifying service overlaps and gaps

Consistent client data supports evaluation, benchmarking, and identifying best practices for more

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Erie St. Clair LHIN pilots Integrated Assessment //

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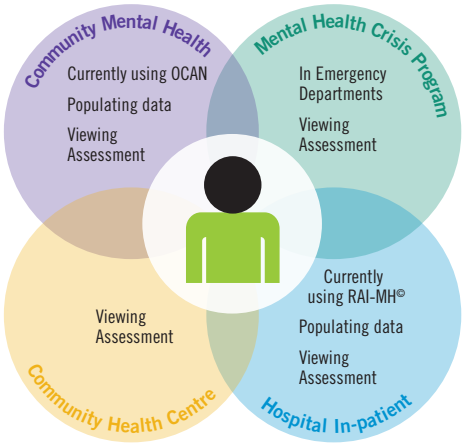
CURRENT INTEGRATED ASSESSMENT USERS



informed planning. It also assists in evaluating outcomes for specific disease populations, identifying trends, and determining the effects of community care on acute and primary care events.

WHAT ARE THE NEXT STEPS?

During the pilot, the IA project will conduct user working groups to gather sector feedback on all aspects of the tool. The steering committee will incorporate learnings, provide guidance, and inform decision-making and recommendations to the Ministry. The provincial steering committee will also evaluate the potential of a provincial implementation and lead the selection of a post pilot IA technology solution.

For more information on the Integrated Assessment, contact the Project Support Centre at IA@ontario.ca.

Training and data quality take centre stage for LTCH OHRS/MIS

Training is in full swing for the Long-Term Care Homes (LTCH) Ontario Healthcare Reporting Standards/Management Information Systems (OHRS/MIS) pilot project. More than 30 pilot homes recently took part in a series of one-day training sessions on the Bridging Solution – an innovative software application that facilitates the OHRS submission process. The training workshops were held at multiple sites across Ontario, providing homes with a comprehensive, hands-on learning forum.

"The Bridging Solution will streamline the submission process and we are pleased to have pilot homes successfully trained on using it," said project manager Vivi Herlick. "We look forward to homes putting this training into practice when they use the Bridging Solution for their next submission in October."

For pilot homes that have welcomed new staff or are interested in being reacquainted with OHRS, the project team hosted a Refresher Course on September 9 in Toronto.

In addition, OHRS training was offered to early adopter homes on September 11. For those who could not attend, webinar sessions were held on September 21, 22 and 23.

Alongside the training, the project team has been hard at work analyzing all of the data pilot homes provided during their 2008 Trial Balance Submission. The numbers are now ready to be shared with the pilot homes, who had an opportunity to do just that during three Data Quality sessions on September 3, 10 and 17. The sessions were hosted via teleconference/online meeting.

> *Collecting and sharing meaningful data are key parts of this project*

"Collecting and sharing meaningful data are key parts of this project and we are looking forward to accomplishing these goals with the Data Quality sessions. The sessions will help improve the quality of data for the next submission," says Herlick.

Stay tuned for announcements about upcoming Travelling Road shows for the project. For further information or to register to attend, please contact: OHRSLTCH.moh@ontario.ca or phone 416-314-7365 or toll-free at 1-866-909-5600.

THEME

CCIM helps LHINs improve access to information

CCIM initiatives improve access to information to facilitate the delivery of health care services in the Local Health Integration Networks (LHINs). This is the third in a series of this newsletter where we focus on the impact of implementing CCIM tools and solutions. Our winter issue highlighted quality delivery benefits and the spring issue featured information efficiencies.

Examples of better collecting and accessing information through secure and standardized processes can be found in this issue's updates of projects.

Please contact us for further details by calling 1-416-314-7365 / 1-866-909-5600 or by email to CCIM.MOH@ontario.ca.

Linking LTC homes to quality improvement, risk management and benchmarking

Standardized assessments, increased resident/family involvement and interdisciplinary approach to care are only some of the benefits that homes can look forward to when implementing the Resident Assessment Instrument Minimum Data Set 2.0 (RAI-MDS 2.0).

This September, all homes in the province will have joined the Long-Term Care Homes Common Assessment Project responsible for facilitating and leading the implementation across Ontario. From previous issues of Connections, you may already be familiar with the various benefits and positive outcomes realized in long-term care homes as a result of incorporating RAI processes into their daily practices. But what about the actual data generated from RAI-MDS? What is it about MDS and its 420 assessment elements that make it so relevant in today's Ontario long-term care sector? There is more to RAI data than one may realize.

RAI assessment data, which can be viewed through RAI software and is submitted to the Canadian Institute for Health Information (CIHI), is used for generating various types of reports which can enhance clinical best practices and improve clinical care processes. These reports can identify areas for improvement and help make resource needs decisions. They can also allow care teams to address any issues, and make corrections to the assessments for the development of care plans to meet the needs of residents.

Furthermore, reports that are generated from the submitted data allow homes to trend various clinical indicators within their own home and decide if there are any care processes that require further investigation and review. For example, the RUG-III report can be used to:

- Determine staffing patterns, such as adding more Personal Support Workers to units where residents require more assistance;
- Assign appropriate skills mix to a specific care unit, such as adding more registered staff for a complex care unit and
- Target a unit for specific clinical training.

"For our home, RAI data gave us the ability to benchmark against other homes in the province," says Jeff Harvey, Administrator in Lambton Meadowview Villa. "We can now see where we're having issues and where we need to focus our educational programs."

For our home, RAI data gave us the ability to benchmark against other homes in the province

At the system level, RAI data can be used for evidence-based decision making such as resource allocation, planning and management. Homes will be able to use the data for benchmarking comparison - to benchmark internally within the home by comparing similar units or programs, and externally within a jurisdiction and across jurisdictions. RAI data can also be aggregated and used for strategic planning and policy development by managers of programs, facilities or regions.

At the end of the day, RAI data impacts all care providers by giving them the tools, statistics and information to assist residents toward achieving or maintaining their possible level of health.

Homes and organizations with Specialty Beds join RAI-MDS implementation

This is an exciting time for Ontario's long-term care sector. On June 26, 2009, the Ministry of Health and Long-Term Care (MOHLTC) announced the inclusion of LTC homes and organizations with Convalescent Care Program beds, LTC Interim beds and the Elderly Capital Assistance Program (ELDCAP) beds in the full roll-out of RAI-MDS 2.0 through the Long-Term Care Common Assessment Project (LTCH CAP). Standardizing care in all types of LTC beds supports the vision for equal access to consistent, high quality assessment and care planning regardless of where residents are located in Ontario.

All organizations with specialty beds received the Ministry announcement letter along with a call to register for information sessions delivered by the LTCH CAP team to support completing Readiness Assessments and planning for implementation. Following these sessions, organizations received information packages from the project, officially welcoming them to the final implementation phase starting in September 2009.

With RAI-MDS 2.0 training already scheduled to begin mid-September, all Phase 8 homes and organizations can look forward to improved care planning capabilities, strengthened team communications and better information for continuous quality improvement. And so much more!

Participation in HRIS CSS and CMH&A projects continues to grow

With over 100 organizations now implementing Quadrant™ HR and Payroll software solutions, the Human Resources Information Systems, Community Support Services and Community Mental Health and Addictions (HRIS CSS and CMH&A) projects now include representation from organizations across all 14 Local Health Integration Networks (LHINs).

"Every single organization that participates in the HRIS project is valued. They are an integral part to making this initiative a success," says Herb Spence, HRIS stakeholder engagement manager.

Part of ensuring the HRIS project remains a success is providing information to highlight the full potential and time-saving benefits that the Quadrant software can provide.

Recently, at the request of a number of organizations, the HRIS team, in consultation with QHR Software and CCIM Communications, developed a "20 minute demo" of the Quadrant software solution. The demo is available in CD format or directly from the CCIM website and gives organizations the chance to explore the Quadrant modules and see for themselves how the software works.

"The project team continues to be focused on meeting organizations' expectations, as well as sustaining and, where possible, improving the high level of satisfaction with each organization," says Eugene Cortes, HRIS CMH&A project manager.

Listening to and facilitating positive feedback is another way the project is able to ensure each organization's satisfaction with this initiative.

In addition, Sajneet Sodhi, HRIS CSS project manager believes the success of both projects is also based on the strong partnerships the project teams have formed with the organizations involved. "We take pride in the fact that every implementation is unique, as every organization is unique," he says.

As the HRIS CSS and CMH&A projects move forward, maintaining and continuing the successes and momentum will be a key focus for the team. Working to ensure that organizations implementing the Quadrant software continue to receive the training and support they need throughout the implementation process will also continue to be a top priority. As always, the team will be on hand to listen to any feedback from organizations that have joined the HRIS family.

MIS Software Learning Sessions… Coming to an area near you

The CMH&A MIS project would like to applaud and thank the following organizations and staff for their leadership and participation. Recently, these organizations have been bringing together their peers and colleagues to learn more about Microsoft Dynamics GP.

Pam Hines *Chief Executive Officer, CMHA Windsor-Essex County Branch*

Meliha Ferhatovic *Executive Assistant to the CEO, CMHA Windsor-Essex County Branch*

Marion Wright *Executive Director, CMHA Ottawa Branch*

Helen Daniels *Executive Assistant, CMHA Ottawa Branch*

Marilyn Jewell *Executive Director, CMHA Hamilton Branch*

Helen Farkas *Accountant, CMHA Hamilton Branch*

Marion Quigley *Chief Executive Officer, CMHA Sudbury/Manitoulin Branch*

Karen Desloges *Executive Assistant, CMHA Sudbury/Manitoulin Branch*

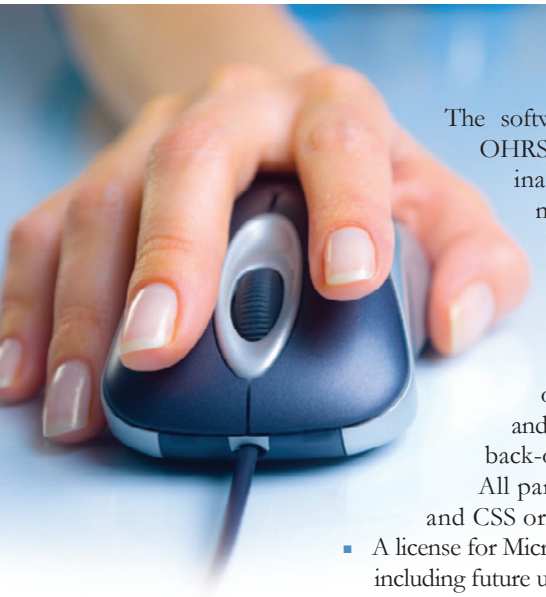
Over the summer, organizations in various areas of the province have worked in collaboration with the CMH&A MIS project team and their LHIN to coordinate and host learning sessions on Microsoft Dynamics GP. The CMH&A MIS project team would like to extend a special thank you to the CMHA organizations and their respective staff that helped host and coordinate sessions in the Champlain, Erie St. Clair, Hamilton Niagara Haldimand Brant and North East LHINs.

If you would like to attend or host a session in your area, please send an e-mail to the CMH&A MIS Support Centre at miscmhanda@ontario.ca

We look forward to sharing the feedback from your peers in upcoming communications.

CSS & CMH&A MIS users enjoy saving time and effort

CMH&A and CSS organizations across Ontario are adopting the Ministry of Health and Long-Term Care funded Ontario Healthcare Reporting Standards (OHRS)-compliant financial and statistical software solution, Microsoft Dynamics GP. It is a powerful and scalable solution used by small, medium and large organizations in the health care sector. The software includes the MIS Suite to ensure organizations can effectively meet the OHRS. This financial software solution will automatically prepare an electronic file for submission that meets Ministry reporting requirements.



The software also assists with OHRS data accuracy by eliminating time-consuming manual data entry and error checking and includes a range of modules that organizations can use to accommodate organizational growth and future integration of back-office processes.

All participating CMH&A and CSS organizations receive:

- A license for Microsoft Dynamics GP, including future upgrades
- Free hands-on software training
- Additional training on select modules, including a training session on how to submit a successful OHRS trial balance using the software
- Support from an implementation team that works in partnership with your organization to configure the software, import your Chart of Accounts, create user accounts, customize cheques and a variety of other tasks to get you up and running on the software
- Access to a 1-800 Support Centre number and trained staff to answer questions and
- A secure hosted environment and infrastructure services at no cost to your organization, including automated backups to your data.

Feedback from current Microsoft Dynamics GP users is very positive. They have highlighted time saved in daily administrative finance tasks and ease of completing the OHRS Trial Balance submission.

Linda Swain from the Canadian Mental Health Association, Chatham-Kent Branch reports that "the detailed trial balance report has enhanced selection criteria and sort options that allow us to create customized transaction analysis… and thousands of dollars saved annually on software assurance fees, software upgrade fees and software maintenance."

The project team has used sector feedback to refine and enhance the implementation process to ensure a smooth transition to the new software. Shari Edgar, from the CSS organization Lambton Elderly Outreach, has transitioned to Microsoft Dynamics GP and offers her advice:

"I would greatly recommend transitioning to the new software," Shari comments. "I think in the end it was well worth the work we had to go through to make the project successful and be able to submit our reports to the ministry on a timely basis and not need to worry that it's not in the correct format. We have submitted all of the necessary information; it's all there."

"… and thousands of dollars saved annually on software assurance fees, software upgrade fee and software maintenance.

Regularly scheduled online Webinars on Microsoft Dynamics GP are being offered. These Webinars provide an overview of the software and allow organizations to ask questions of the project team.

We strongly encourage you to sign up for an upcoming Webinar and learn more about what Microsoft Dynamics GP can do for your organization.

Please e-mail the Support Centre to request a schedule and/or register as follows:
CMH&A organizations: miscmhanda@ontario.ca;
CSS organizations: OHRSCSS.moh@ontario.ca

Timely submission for timely identification of needs

The primary benefit of gathering data electronically with Ontario Common Assessment of Need (OCAN) is its clinical effectiveness in identifying consumers' needs in support of their recovery. But, as pilot organizations in the North East LHIN begin submitting their data to a secure repository, the expected result is to bring the additional benefits of sharing information at an organizational and even LHIN level.

The North East LHIN pilot is moving forward on schedule as participating organizations begin to submit OCAN data two months after the first organization went live in June. This data will be the source from which the Community Mental Health Common Assessment Project (CMH CAP) team will generate a variety of valuable reports. These reports will contain information that is key for informing and developing evidence-based service planning for organizations to enhance services for community mental health consumers.

To support organizations in successfully conducting this new process, the project team is engaging them in "Data Submission Made Easy" training. This training is intended to make the data submission process, and eventually reports retrieval, as clear and easy as possible while upholding the integrity of the assessment data.

"The training made submitting data easy to understand while giving us ample time for questions and concerns," commented training participant Dona Running, technical lead from CMHA – Sault Ste. Marie.

Pilot organizations are required to submit their data during the first two weeks of each month, after which a new report will be provided by the project team. This monthly timeline will allow organizations to regularly review their programs and services, and enable them to identify any need and/or gap early.

"With OCAN, we're now able to refer clients right away to the appropriate service or other agency if we don't currently provide the service they need. It has helped us streamline our client intake process and move clients through our waiting list quicker," added Dona on how early identification has helped CMHA – Sault Ste. Marie better serve their clients.

A sneak peek at ground-breaking reports

The upcoming series of reports from the latest version of OCAN will reveal for the first time detailed information on organizations' CMH programs and services. These details will include:

- **The total demand on each domain within an organization**
- **A summary of needs rating within an organization**
- **A summary of staff and consumer concordance of needs rating in each domain**
- **And other valuable information that will aid in improving service for consumers!**

Viewing information between CMH and addictions

The Addictions Pilot Working Group members, shown here at a two-day session held in June, have been determining what information from OCAN and the addictions and gambling assessment tools would be useful for exchanging in support of clients with both mental health and addictions issues. The information summaries will be tested by participants in a pilot this fall.

Two data sets – one single framework

In the bigger reporting picture, the CMH CAP team is engaging the Community Mental Health sector to ensure that the work and development surrounding a proposed single framework for Common Data Set (CDS) and OCAN reporting is aligned with the sector's current approaches and business practices. A series of information sessions from August 25-27, 2009 explored the findings and progress to date of the CMH CAP Single Framework stream to ensure future decisions support community organizations.

More information will be forthcoming in upcoming Connections.

Where are we? Where do we want to be? Small and Complex Continuing Care Hospitals provide the answers

Reduced time to prepare reports, streamlined electronic processes for supply chain and materials management, verification of payroll stages prior to processing and generating data reports onsite, have all been identified by Small and Complex Continuing Care Hospitals (SCCH) as a wish list of software functionality during a recent Gap-Fit Analysis.

With support from the Ontario Ministry of Finance through the OntarioBuys initiative and the Ontario Ministry of Health and Long-Term Care (MOHLTC), Community Care Information Management (CCIM) determined the potential benefits of implementing Management Information Systems (MIS) software and/or Human Resources Information Systems (HRIS) software into SCCH in the Acute Care sector.

The SCCH project team assessed the gaps between the proposed software solutions and the needs of seven pilot organizations to improve capabilities of fulfilling Ontario Healthcare Reporting Standards (OHRS), MOHLTC reporting, materials management and Human Resources (HR) and payroll reporting requirements. Initially, an online survey was conducted to assess the existing software, systems and processes in place. The project team then followed up with visits to the pilot sites to ensure user requirements, business processes and critical elements were identified.

Fixed asset management and HR business tools were identified by the project team as key areas with the greatest opportunities for improvement. Results indicated that the software solutions would provide a 95-100% degree of fit for the organizations' business and functional requirements, enable significant capability improvements and align well with the existing infrastructure. This, in turn, would secure a number of benefits for the SCCH, MOHLTC and LHINs including:

- ☑ **Improved reporting**
- ☑ **Evidence to inform policy, business and funding decisions**
- ☑ **Significant reductions in ongoing software support and training costs.**

Where are we and where do we want to be? Study findings enabled CCIM to answer these questions for a cross section of the organizations. As a result of this analysis, CCIM is conducting a Request for Proposal (RFP) process, which will determine the specific software solutions to be offered to SCCH. CCIM is expected to have completed this process in September 2009.

This analysis will continue to provide valuable insight as CCIM works towards:

- Meeting the business system needs of SCCH across the province;
- Enhancing the effectiveness and efficiencies of health care services; and
- Positively impacting the provision of care for Ontarians.

For additional information, or if you are a SCCH interested in participating in Phase 1 of this project, please contact the project support centre at SCCH.MOH@ontario.ca.

There are a very limited number of spaces available.

"... meeting the business system needs of SCCH across the province; enhancing the effectiveness and efficiencies of health care services; and positively impacting the provision of care for Ontarians.

Applying Standards enables the secure exchange of information

Collecting and sharing useful health care information to enhance patient care is an important part of the work currently being undertaken at various levels and within various programs across the health care continuum in Ontario.

However, there is often a challenge when trying to ensure that the data being collected and compared is actually comparing "apples-to-apples" and not "apples-to-oranges."

This attempt to standardise the type of data collected and used, for various health care stakeholders, is an ongoing challenge. So, how is this challenge being met across our projects at Community Care Information Management (CCIM)?

The answer lies in using Standards - established rules and guidelines that enable the consistent exchange of information.

There is often a challenge when trying to ensure that the data being collected is actually comparing "apples-to-apples"

At CCIM, our Standards team guides the adoption and integration of provincial and pan-Canadian Standards across the Community Care sector. The Standards team is integral to incorporating the standards effectively across all CCIM projects and also in applying and aligning them. The team is active in training internal teams on the importance of Standards, how they can be used and how the team can assist projects throughout the project lifecycle.

As a result of these efforts, a number of key benefits are being realized by health care providers, organizations and the MOHLTC, including:

- Cost savings, resulting from improvements to system planning and reporting
- Delivery of consistent and efficient assessment information or data with common terminology
- Identification of service gaps and individual client needs and
- Promotion of the harmonization of information across health care organizations and the consistent exchange of that information, leading to enhanced quality of care.

In addition to using Standards, other checks and balances are also in place in each project; including those that ensure the protection of Personal Health Information (PHI).

When clients visit a health care provider or organization, they expect the information shared during the visit to be kept private and protected. This expectation is, in reality, enshrined in law, in the Personal Health Information Protection Act, (PHIPA).

To help ensure the security of PHI, the CCIM Security, Privacy and Risk Management team works towards embedding security and privacy standards in all of our projects. These safeguards and controls help enable compliance to PHIPA and protection of patent privacy.

In addition to providing the security checks, the team provides training and support and carries out Threat and Risk Assessments and Privacy Impact Assessments to identify and alleviate any potential risks.

To learn more about Standards, contact:
joanne.serraf@ontario.ca;
for information on Privacy, Security and Risk Management, contact: privacysecurity-ccim.moh@ontario.ca.

CCIM Community Care Information Management
ACCESS TO INFORMATION

This newsletter for Community Care stakeholders is an 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 CCIM.MOH@ontario.ca.