Winter 2010

CONNECTIONS

Community Care Information Management Newsletter

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Community Support Services moves toward standardized assessment

The Community Support Services sector has been doing groundbreaking work in adopting a standardized tool to reinforce service continuity for intake and care planning. Several organizations and LHINs have taken a leadership role in implementing a common assessment tool and will be providing invaluable learnings that will benefit all organizations in the sector.

Based on feedback shared by these organizations, there is a very strong demand for a standardized assessment tool that will address client needs and meet the requirements of the sector organizations. The sector has over 900 agencies providing a wide array of services to clients with a variety of needs ranging from eldercare assisted living to First Nations agencies and numerous provincial organizations that target and support specific needs.

As a result of the work done by the sector and the LHINs, the Community Care Information Management (CCIM) program recently announced the launch of the Community Support Services Common Assessment Project (CSS CAP), a new project within the Common Assessment stream. The CSS CAP initiative will continue to be sector-driven. Consultation with a broad range of interested stakeholders will be ongoing to ensure that the learnings of the sector are incorporated in the process to identify a sector-appropriate assessment tool.

"This is a turning point in the delivery of community support services across all of the organizations in Ontario. For the first time, the sector will have a common assessment tool that will enable more consistent accessibility to community support services across the province. It's very exciting to see this initiative go forward," says Susan Thorning, CEO, Ontario Community Support Association (OCSA).

A Steering Committee with sector representation will be established in January 2010 to identify the criteria for a formal evaluation of existing assessment tools. A Working Group will also be established based on sector expertise and will make an informed recommendation on going forward with a specific tool after a fair and transparent procurement process has taken place.

CCIM Community Care Information Management ACCESS TO INFORMATION

A Newsletter for Community Care stakeholders from the Community Care Information Management program. We welcome your comments and inquiries at 1-416-314-7365 /1-866-909-5600 or by email to CCIM.MOH@ontario.ca.

Microsoft Dynamics GP and Quadrant result in top benefits for organizations

A.P.P.L.E. (A Post Psychiatric Leisure Experience) is the first Community Mental Health and Addictions organization to "Go Live" with Microsoft Dynamics GP and is an early implementer of Quadrant. They are truly leading the way to capitalizing on the benefits of the user-friendly, Ontario Healthcare Reporting Standards (OHRS) compliant software solutions.

Ottawa's oldest consumer-survivor initiative, A.P.P.L.E. is one of many organizations participating in CCIM's Management Information Systems (MIS) and Human Resources Information Systems (HRIS) projects. "I first heard about the projects through email," says Bob Henry, Bookkeeper for A.P.P.L.E. "At first I was reluctant but then I thought we may as well, because they were offering training and implementation." Bob initially implemented Microsoft Dynamics GP in April 2008, as the MIS project rolled out. Subsequently, when the HRIS project was announced in April 2009, he signed up right away.

Bob Henry
Bookkeeper for A.P.P.L.E.

According to Bob, the decision to implement was the right one and it changed the way his organization works.

"When we first started implementing we had a variety of different sized organizations that varied in complexity," says Herb Spence, HRIS Stakeholder Engagement. "Some of these organizations had already participated in the MIS project and were using the Microsoft Dynamics GP financial software solution, so Quadrant was a logical progression for them."

A.P.P.L.E.'s Bob Henry agrees. His organization has implemented both Microsoft Dynamics GP and the Quadrant software solution and he believes both software solutions really compliment each other. "It is really good that we have implemented both Microsoft Dynamics GP and Quadrant," says Bob. "They work really well together, both are unique and both have great benefits, including being able to produce reports which are good for the auditors and our Board of Directors. Importing and exporting the information is relatively easy."

Bob's advice to other organizations: "Take advantage of the training and excellent help from the implementation team, and most definitely, the benefits outweigh the initial time commitment."

Working to ensure organizations are able to fully utilize both Microsoft Dynamics GP and the Quadrant software solutions, in order to continue streamlining their back-office business processes, is top priority for both the MIS and HRIS teams as they head into 2010. That's welcome news for organizations who utilize both solutions!

If you are interested in joining the MIS and HRIS projects, please contact the Support Centre:

HRIS

CSS Organizations: CSS.HRIS.MOH@ontario.ca;
CMH&A Organizations: CMH_A.HRIS.moh@ontario.ca

MIS

CSS Organizations: OHRSCSS.MOH@ontario.ca;
CMH&A Organizations: miscmhanda@ontario.ca

Community Mental Health organizations bring mainstream solutions to mainstream problems

Some CMH organizations using Ontario Common Assessment of Need (OCAN) are finding they are better serving consumers by applying new insight into their clients' needs. Since their involvement in the initial pilot, two OCAN trailblazers have optimized their services as a result of information from the assessment tool.

Since implementing OCAN, Frontenac Community Mental Health Services in Kingston saw a rising demand for their nearly four-year old spiritual counselling program. Their spiritual counsellor's work days increased from one day to four days a week. Contributing to this progressively busier schedule was the number of referrals that were made by Frontenac's staff, which stemmed from their conversations with consumers.

"OCAN has a section specifically asking consumers about their spiritual needs," explains Alan Mathany, Frontenac's director of Clinical Services. "The question identified a need that previously might not have been talked about. Now, staff is able to make direct referral to the spiritual counsellor,"

These referrals proved to be a good match, as 92% of consumers indicated that the Spiritual Care Services met most to all of their needs in a survey conducted last summer. Furthermore, 96% of consumers felt that they received the kind of service that they wanted.

"By providing spiritual support, the counselling complements other clinical services. It becomes a part of an individuals' recovery package as it provides them with something they need in their daily lives," Alan comments.

At Oak Centre Clubhouse in Welland, a common mainstream solution was introduced as an innovative way to respond to members' wish to be reunited with family members with whom they have lost contact. This wish came to light during the OCAN conversation regarding needs around company. Noticing that members have become more comfortable with technology since they began using the automated OCAN, Oak Centre harnessed this newfound savvy by bringing Facebook, a popular social networking site, into members' work-ordered day. "OCAN increases the comfort level for being on the computer. We're helping to reconnect with people who are important to them," explains Ru Tauro, executive director of Oak Centre, on the inception of this initiative.

Equipped with education on account set-up and knowledge of online privacy and security, increasingly members of Oak Centre are successfully reconnecting with their children and siblings. Some are making use of the available computers and internet connection to safely enrich and widen their social networks. "This strategy would make the playing field equal to form relationships for people with health issues without being subjected to stigma and prejudice," Ru adds.

96% of consumers felt that they received the kind of service that they wanted

Frontenac Community Mental Health Services and Oak Centre Clubhouse have been able to maximize existing solutions to better meet consumers' needs in two very different ways. But the goal remains the same: supporting consumers as they face mainstream issues in their recovery journey.

LTC physician cites RAI-MDS benefits for his profession

On January 7, 2009, the Ministry of Health and Long-Term Care announced plans to proceed with implementing the Resident Assessment Instrument Minimum Data Set (RAI-MDS) 2.0 in all of Ontario's long-term care homes.

Today, all members of the care teams can look forward to enjoying the benefits of a comprehensive resident assessment tool that improves care planning capabilities, strengthens team communications and provides better information for continuous quality improvement. From registered nurses to dieticians to physicians, the RAI-MDS enables all staff members in better identifying needs and interventions, and providing better information for decision support.

What impact has the RAI-MDS 2.0 on physicians working in long-term care homes? Dr. Jean Chouinard, Medical Director, St. Vincent Hospital & Residence St. Louis, Orleans & Élisabeth Bruyère Residence, Ottawa, has been working with MDS instruments since 1995. He is confident that the RAI-MDS has the ability to revolutionize how physicians work in the sector. Chouinard believes that physicians using the tool will benefit not only from an all-encompassing and indisputable view of a resident under their care, but also from seeing how a home is performing as a whole.

"The RAI-MDS 2.0 gives physicians an extremely comprehensive picture of how the care they are providing affects residents," Chouinard emphasizes. "It allows for an interdisciplinary approach to care which is really crucial in our profession."

"The RAI-MDS provides an excellent framework for care planning while RAI Quality Indicators show how the home is doing against peers in the sector," he continues. "My team uses Quality Indicators on a quarterly basis. We review them to determine how we are doing as a team today and which direction we are headed."

During his review of residents, Chouinard can readily focus on certain RAI-MDS elements that he considers the most critical. "I look at the following three dimensions of the RAI assessment: nutritional status, resident's functional independence and mobility, and medications. The RAI-MDS has also proven to be of tremendous value when it comes to wound care. Physicians now receive custom reports for incidence of pressure ulcers. This allows us to work together with advanced practice nurses and develop strategic plans of action for dealing with wounds, moving us away from the previous fragmented approach, which was more reactive than proactive."

Dr. Chouinard stresses that those physicians who take the time to sit down and populate the RAI-MDS assessment will inevitably see its potential to support their roles as they work towards maintaining and achieving the best possible health outcomes for each of their residents.

RAI-MDS 2.0 impact on physicians in LTC sector

- Provides clinical information for a physician's decision making and evaluation of interventions
- Validates clinical decisions and affirms diagnosis
- Informs best practices and provides opportunity for clinical improvement

Feedback leads to enhanced training for LTC homes

Constructive feedback from pilot homes who participated in Lessons Learned sessions has enabled the LTCH OHRS/MIS project team to develop enhanced training for Phase 1 homes.

As recommended by the pilot homes, OHRS/MIS training for Phase 1 homes is now being conducted in a hands-on fashion, with homes bringing their current Chart of Accounts to the sessions so they can start the mapping process during training.

To date, this has enabled some homes to complete up to 80 per cent of their mapping before they even return to their home, which saves a tremendous amount of time and resources and makes the mapping process incredibly efficient.

The training sessions are now more interactive, foster a strong working relationship between homes and the project team and provide homes with an exercise workbook, which facilitates the creation of practical mapping files.

Pilot homes greatly appreciate all of the enhancements.

"The exercise workbook was a great, hands-on resource," notes Linda Shulist of the Valley Manor home in Barry's Bay, Ont. "I liked the fact we got to work on the mapping with experts there to help us."

Homes participating in subsequent sessions will be asked to provide feedback in order to assist with continuous improvement going forward.

Training for Phase 1 homes continues throughout January and February and training for Phase 2 begins in April. To sign up for training sessions, please email OHRSLTCH.moh@ontario.ca or phone 416.314.7365 or 1.866.909.5600.

Press *option 7* for scheduling and then *option* 2 for LTCH MIS.

Connecting communities via Integrated Assessment Record

Since the launch of the Integrated Assessment Record (IAR) in August 2009, the pilot continues to build momentum. Erie St. Clair and Central West LHINs are already engaged and other LHINs have expressed interest.

"The Integrated Assessment Record is a key part of our electronic health record strategy," says Todd Dafoe, eHealth Coordinator, South East LHIN. "In order for our LHIN to move forward with better delivery of services and programs in a more sustainable way, there must be an integration of care delivery. With IAR, the client's information is readily available to those within the client's continuum of care, regardless of where the client receives care. IAR enables the sharing of client information across sectors, which we believe will lead to sustainable high quality of care and better health outcomes."

Recently welcomed to the pilot are Westover Treatment Centre, Hotel Dieu Grace Hospital and Leamington District memorial Hospital from the Erie St. Clair LHIN. The provincial steering committee has been formed and is making progress in their oversight role including the release of the IAR RFP for IAR software.

"This summer, Erie St. Clair was selected as the pilot LHIN to test the community-based Integrated Assessment Record," notes Steve Banyai, Erie St. Clair eHealth Lead and President & CEO of Consolidated Health Information Services. "This exciting project helps healthcare providers in community-based organizations (currently focused on mental health) and hospitals share patient information through a secure online viewer. Assessment information from multiple services allows health care providers to have a more complete assessment of the client. Since going live in early August, the number of providers involved in the pilot has expanded and LHINs across the province have indicated that they are eagerly waiting to learn about its success."

"IAR is efficient, effective and without a doubt fosters collaboration with various individuals in the client's circle of care."

Sharing of client assessment information has provided an opportunity for pilot organizations to review their best practices when leveraging existing partnerships within their LHIN. The IAR provides a secure exchange of personal health information within the circle of care. This web-based solution can improve the quality and reliability of information sharing while saving time for the health care provider and the client. A traditional way of sharing information is a request made via telephone, then faxed over from one health care provider to the other. The request could take hours to days to reach the recipient. The IAR allows authorized health care providers access to client assessment information as soon as they log onto the IAR data repository. There is no chance of the information being faxed to the wrong number or misinterpretation of handwritten information.

"There is access to more timely information around services that are provided to clients, which enables workers to support their clients more efficiently," reports Christine Devoy, Director Clinical Services, CMHA Peel. " When first working with clients it's crucial to see if other assessments have been completed in order to get a better understanding of the client's needs; with IAR this information is readily available. It assists with preventing the duplication of information or the repeated "story telling" that the client has typically had to endure, because the client's information is easily accessible. IAR is efficient, effective and without a doubt fosters collaboration with various individuals in the client's circle of care."

A new way of sharing

This new way of sharing information has presented some new challenges. Health care providers want to ensure that clients are well informed as to how, when and where their assessment information will be shared. Ensuring that privacy and security meets provincial standards across thecommunity is also a priority.

All participating LHINs will form an IAR Privacy and Security sub-committee with members from the sector. These working groups will focus on the development of data sharing agreements, consent models, ways to leverage existing partnerships and address other privacy concerns as they implement IAR in the organizations from their region. The Erie St. Clair LHIN Privacy & Security working group continues to make great strides in their efforts from learnings as the original pilot group.

Currently the IAR supports the Ontario Common Assessment of Need (OCAN) and the RAI MH® assessments for Community Mental Health, In-Patient in Hospitals and Crisis Centres. Future plans include support for other assessments such as RAI-MDS 2.0 for Long Term Care Homes (LTCH). The IAR team will keep you posted as the tool is further developed.

"From an OCAN perspective, the IAR is a very quick and efficient way to find out if a client has had an assessment completed within another organization," says George Ihnatowycz, Supportive Housing in Peel. "If the client has already had an assessment, then it will readily be available for us to view. This reduces the repeated "story-telling" frustration that many clients encounter. It also alleviates the laborious work done on the front end while capturing the client's personal information."

Countdown Begins: Community Health Centres Pilot Scheduled to Launch in May 2010

2009 may have drawn to a close but no time has been wasted in gearing up for the New Year with site visits to selected Community Health Centres (CHCs) and a Pilot scheduled to begin in January and May 2010 respectively. CHCs across Ontario are strongly represented on the CHC OHRS/MIS Project Advisory Working Group (AWG), which is leading these initiatives in collaboration with the project team.

What lies ahead for CHCs in 2010?

At the request of the AWG, the New Year will see the CHC OHRS/MIS project team on site with selected CHCs across the province. Site visits will inform CHCs about the project underway and provide an opportunity for them to brief the project team on the business models that they utilize and the populations they serve. A better understanding of their needs will enable the AWG, in collaboration with the project team, to better support these organizations.

Accordingly, the volunteer CHCs Pilot sites will be engaged on a more regular basis as we move towards the scheduled Pilot launch date of May 2010. The Pilot will consist of 14 CHCs that will implement and test the CHC–specific Ontario Healthcare Reporting Standards (OHRS) developed by the AWG. The pilot sites will then be supported as they go through their first Trial Balance submission.

Following completion of the Pilot the remaining CHCs will be assisted as they transition to become OHRS compliant. The goal is to implement CHC-specific standards into approximately 70 CHCs throughout fiscal 2009/2010 and 2010/2011, thereby assisting these organizations in meeting their financial management accountability requirements.

To assist the project as it progresses, a number of key resources have been developed including the CHC OHRS/MIS Project webpage which provides additional information for CHCs. Please visit this site (www.ehealthontario.ca/CCIM) to receive project updates, Support Centre contact information, newsletters and helpful links. For further information about the project or if you have any questions please feel free to contact the CHC project Support Centre at *chc.moh@ontario.ca*.

Happy New Year from the CHC OHRS/MIS Project Team!

The Year in Review: The Impact of Business Systems on the Health Care Sector in 2009

HRIS YEAR IN REVIEW

Community Mental Health and Addictions (CMH&A), Community Support Services(CSS) and Small and Complex Continuing Care Hospitals (SCCH) are beginning to capitalize on the benefits of the Human Resources and Payroll software solution being offered through the Human Resources Information Systems (HRIS) project. The implementation is at different stages for each project with SCCH being invited to participate as of August 2009.

Implementation of Quadrant software has grown in leaps and bounds across the CMH&A and CSS sectors. That growth has been an inspired network of cumulative efforts across a variety of stakeholders with new innovations and enhancements based on continuous feedback.

Similarly the software suite being offered by the HRIS team to Small and Complex Continuing Care Hospitals (SCCH), will be implemented as we move into 2010. Currently this project is still in the pilot phase. CONTINUED ON PAGE 7

MIS YEAR IN REVIEW // CONTINUED FROM PAGE 6

Rolling out Ontario Healthcare Reporting Standards (OHRS) and complimentary MIS-compliant software solutions is helping organizations across the Community Care sector realize the benefits and impact of the Business Systems projects.

2009 saw the launch of two new projects which were created to engage Long-Term Care Homes (LTCH), and Small and Complex Continuing Care Hospitals (SCCH) so that they too may receive some of the benefits that have been realized by other organizations participating in CCIM's projects.

Community Mental Health and Additions (CMH&A) and Community Support Services (CSS) MIS projects provided a solid foundation for the new projects to capitalize on as they move forward and utilize existing capacities and partnerships with a variety of stakeholders including new organizations, LHINs, and the Ministry of Health and Long-Term Care's Health Data Branch.

Milestones and What The Organizations Had to Say

General

- Development of a 20 minute software demo CD
- New HRIS Support Centre, launched in September 2009, which provides access to live technical support
- The addition of QHRnet, a module that allows an organization's employees and managers to securely access personal employment information

HRIS CMH&A

- 70 CMH&A organizations are now implementing the Quadrant software solution
- 23 CMH&A organizations are now using Quadrant
- *"We are pleased by how the program has increased efficiencies. The Human Resources related statistical information we are required to report on is easily captured in the HRIS database such as benefits and worked hours. The information is now readily available. With time saved, we can now focus on big projects that improve quality, such as accreditation."*

HRIS CSS

- 91 CSS organizations are now implementing the Quadrant software solution
- 28 organizations are now using Quadrant
- *"The Quadrant software has really made it easier for us to calculate things like vacation pay and banked holidays. The system is working very well for us and the details help us produce better reports. In the long run, we will be much more efficient"*

MIS/HRIS SCCH

- Invitation to participate in Phase 1 sent out in August 2009. Will implement software in up to 25 SCCH across Ontario
- Training began in November 2009: 3 hospitals have attended HR/Payroll training
- The HRIS software suite being offered to SCCH is called Quadrant Workforce and includes: Quadrants Human Resources, Payroll, Scheduling and QHRnet
- *"Functions such as online scheduling and submission of vacation requests would be really helpful to reduce errors and time, ultimately helping the end users of the software."*

CMH&A MIS

- 73 CMH&A organizations have implemented Microsoft Dynamics GP
- 165 CMH&A organizations have signed the Software License Agreement for Microsoft Dynamics GP
- *"Microsoft Dynamics GP has improved the efficiency of our finance team in several ways. The software is easy to navigate so new users learn the software quite quickly, reducing the transition time and time needed to train new employees. Considerable time is also saved each quarter when we submit our trial balance to the Ministry of Health, as the MIS roll-ups are already in place when accounts are added, and the submission process is a very simple 2-step process."*

CSS MIS

- 121 CSS organizations have implemented and 85 CSS organizations are in the process of implementing Microsoft Dynamics GP
- 164 out of 186 Phase 3 CSS MIS organizations have submitted their first Trial Balance submission for Q2 2009/10
- Of the Phase 1, 2 and 3 CSS organizations that were expected to submit a Trial Balance for Q2 2009/10, 91% were successful
- *"The biggest advantage in using Microsoft Dynamics GP is the compliance with OHRS reporting standards. Also the TB submission is less time consuming, your data is secure and available at all times, which is very important."*

SCCH MIS/HRIS

- Invitation to participate in Phase 1 sent out in August 2009. Will implement software in up to 25 SCCH across Ontario
- Completed full competitive procurement process and signed agreements with QHR Software for MIS and HRIS suites
- Training began in November 2009: 6 Pilot hospitals have received training for the MIS software suite
- *"We are in the business of helping people and if participating in this project will enable us to engage in these administrative tasks in a more efficient and effective manner, then we would be very excited to participate."*

LTCH OHRS MIS

- Completed the development and implementation of OHRS/MIS for 60 pilot homes and 24 early adopters with 100% Trial Balance submission rate
- The Bridging Solution was procured, set up, configured and implemented for 17 pilot homes. An RFP for a full solution was developed and posted
- Recruitment for Phase 1 homes kicked off with excellent results - 75% of target realized by year's end
- *"We really appreciated the LTCH OHRS/MIS project team's visit to our home. Their support and dedication is ensuring that we look forward to efficiently working towards continued successful submissions."*