Summer 2010

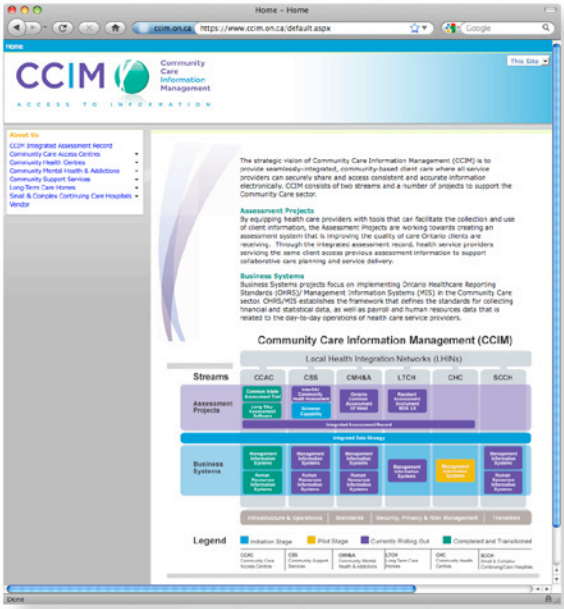
CONNECTIONS

Community Care Information Management Newsletter

IN THIS ISSUE

CCIM has a new online location!

*Community Care Information Management (CCIM) has moved to a new website at **www.ccim.on.ca**. This website provides a valuable single-source resource for information on all CCIM projects, from project profiles and case studies, to announcements and updates.*



CCIM has created an integrated information gateway organized around all of the Community Care sector projects we support:

- Community Mental Health & Addictions
- Community Support Services
- Long-Term Care Homes
- Small & Complex Continuing Care Hospitals
- Community Health Centres
- Community Care Access Centres
- Integrated Assessment Record

Some CCIM projects have private member areas containing the most up-to-date documentation and support materials for those involved in the particular projects. Those Assessment projects HSPs with existing log in credentials to their previous project portals are able to access the appropriate new member area for their project. We hope you enjoy browsing the new CCIM website at www.ccim.on.ca and we look forward to your feedback! If you have any questions or concerns, please contact ccim@ccim.on.ca.

Four LHINs partner on mental health pilot project

'Doorways' to information enables integrated care for clients.

CCIM is currently working with four LHINs to establish a portal for service providers to securely share and access accurate health information electronically. The new project, called "Doorways—Strengthening connections between providers and clients", is being led by the North East LHIN, with full participation from the North West, Champlain and North Simcoe Muskoka LHINs. These four LHINs represent over 20% of Ontario's population and more than 50% of its geography. The Ottawa Hospital, Hôpital régional de Sudbury Regional Hospital (HRSRH), and Sault Area Hospital are providing supporting infrastructure.

The Doorways project builds on CCIM's new provincial Integrated Assessment Record (IAR) project piloted in Erie St. Clair and Central West LHINs. The IAR allows information to be shared via a secure portal, including assessment information from Ontario Common Assessment of Needs (OCAN) for outpatient community-based mental health programs, and the Resident Assessment Instrument (RAI) for mental health in-patients. CONTINUED ON PAGE 2

CCIM Community Care Information Management
ACCESS TO INFORMATION

A newsletter for Community Care stakeholders from Community Care Information Management. We welcome your comments and inquiries by email to communications@ccim.on.ca.

CHA training: A work in progress for Southern Frontenac

As an early adopter of interRAI CHA, Southern Frontenac Community Services Corporation in Sydenham has proven to be a valuable testing ground for training development. To date, three staff members have received core CHA, functional and software training with plans to add CAPs (common assessment protocols) training in the near future.

The interRAI Community Health Assessment (CHA) is a standard tool for community support services that is designed to improve access to client-centered care in Ontario. This assessment tool allows for data collection on a wide selection of community support services to support evidence-based care and inform future program development and resource allocation.

Kim McCaugherty, Long Term Care Services Coordinator for Southern Frontenac, says her introduction to interRAI CHA was somewhat unique, since she had to complete it within days of returning from an extended leave. "While others had a few weeks to get familiar with the whole program, I had some catching up to do, so I was a bit intimidated by the whole thing. But it turned out to be a lot less scary than I thought."

While the training team provided her with the basics, Kim has added her own spin to the process. "I'm a very visual learner. At the time, I had wished that there had been a scripted demonstration with a trainer and a 'client' so I could watch the process in action. I wanted to see first hand how to draw information out from people who are reluctant or not able to answer for themselves."

To get the hands-on experience she wanted, Kim asked if a SMILE (Seniors Managing Independent Living Easily) coordinator could work with her on two different intake assignments to see how it all came together. SMILE is a cornerstone program of the LHIN's 'Aging at Home' strategy. It provides funding for a variety of home-based services to qualifying seniors to 'fill in the gaps' of community care and support their ability to live at home, independently and with dignity. "I felt it was important to get a chance to practice intakes before doing them on my own," Kim says.

As the main CHA assessor, Kim makes sure that the other two trained staff members have plenty of opportunities to complete intakes in the field. She also conducts refresher sessions when they haven't performed intakes for a week or two. "Because there is a lot to remember, it helps to keep it all fresh in your mind. You have to keep up to date."

While she says it's early in the process to see all the benefits that the CHA will bring, once they complete CAPs training she will see how it all fits together. "I know there are benefits coming, and that it reduces duplication for other organizations, but it's not full circle for us yet. The CAPs training will help make how we will be using the data a little clearer. The important part is working together in the learning process."

Four LHINs partner on mental health pilot project // CONTINUED FROM PAGE 1

With the IAR, assessment information follows the client across care settings to facilitate a common understanding of their needs and to improve the continuity of care across community and hospital settings. This journey can take them from emergency rooms and in-patient psychiatric services providers to community mental health services and primary care.

"This information sharing tool will provide a secure single point of access for multiple pieces of information while upholding client privacy," explains North East LHIN CEO Louise Paquette.

Having a single point of access will deliver a number of benefits to health care delivery initiatives moving forward, notes Rodney Burns, CIO of North Simcoe Muskoka LHIN. "Building an electronic health record becomes closer with each project of collaboration and consolidation of information that can be accomplished."

Liz Michaud, Supervisor of Mental Health Services in the Pembroke area of the Champlain region, reports that her team is excited about this project because it is focused on the needs of the consumer. "The consumer helps with their own assessment and is involved in developing their own care plan. As clinicians, we know that the quality of care and the services that we provide are meeting their needs. We want to thank the Champlain LHIN for its support of this important initiative."

"All of the organizations involved recognize the potential benefits that this initiative will bring for the clients, the health care providers and the system as a whole," says Brian Ktytor, Chief Information Officer, North West LHIN.

HRIS solution improves efficiencies in many ways for CMH&A and CSS HSPs

Since the rollout of the Human Resources Information Systems (HRIS) Solution, Quadrant Workforce in the Community Mental Health and Addictions (CMH&A) and Community Support Services (CSS) sectors, health service providers (HSPs) are expressing their excitement over the efficiencies they are experiencing since implementing. Feedback ranges from cost and time savings to less duplication and the elimination of manual processes.

For many years, CMHA Peterborough, an organization that provides services to promote and enhance the mental health and wellness of its community members, faced labour-intensive and time-consuming payroll and human resources processes. Prior to adopting the HRIS Solution there were too many software programs being used, too much duplication and manual work and too many lists to manage.

"We are pleased by how the program has increased efficiencies," Linda Saunders, Director of Finance and HR at CMHA Peterborough, says about implementing the HRIS Solution. "With time saved, we can now focus on big projects that improve quality, such as accreditation."

Frontenac Community Mental Health Services, an organization that has grown steadily over the years from primarily an affordable housing program to a full-service agency offering services in Frontenac County for people with a serious mental health illness and addictions concerns, also relied heavily on manual processes and duplication before adopting the HRIS Solution.

Glenda Robinson, Manager of Finance and primary contact for the implementation of Quadrant Workforce at Frontenac Community Mental Health Services explains: "We dealt with duplication of data entry between the HR system and the payroll system – the two systems didn't speak to each other and we would have to manually check the information."

When it was time to submit the Ontario Healthcare Reporting Standards (OHRS) Trial Balance report, Glenda describes it as a manual cut and paste process taking two weeks worth of work to complete as her previous software did not capture the statistics around payroll. "Now I export the information from Quadrant and import to Microsoft Dynamics GP – it's so easy. I don't have to spend hours to re-key information. It's literally a click of a button," she explains.

CSS organizations can relate to Linda's testimony of improved efficiencies. John Eng, Director of Finance and IT at Personal Attendant Care Inc., an organization that provides services to individuals with physical disabilities, with about 350 clients in the Durham Region, provides his account on the implementation of the HRIS Solution.

Before Personal Attendant Care Inc. made the decision to join the HRIS project and implement Quadrant Workforce, they were using up to four separate software systems to complete the HSP's reporting and regular payroll, human resources, scheduling and financial requirements.

"We had to pull information from each of the systems we were using, and the information was not laid out very nicely," John explains. "It took a lot of additional manipulation and calculation. To complete the work, it took at least a week each time. Now that we are using an integrated system, it takes only two days to get it all done!"

As well as the significant amount of time saved since implementing Quadrant in January 2010, John has experienced a number of noticeable efficiencies. For instance, the HSP was able to reduce the amount of resources needed to complete the payroll and HR requirements, while decreasing duplication and errors in both reporting and day-to-day back-office activities.

CMHA Peterborough has been "live" with the Quadrant payroll system since June 2009 and has since implemented the HRIS scheduling software.

Frontenac Community Mental Health Services has been "live" with Quadrant Workforce since March 2010 and is implementing QHRnet, along with scheduling in the fall.

Personal Attendant Care Inc. has registered to attend the upcoming HRIS Report Writer training and also plans to attend training for QHRnet.

"Our full-time payroll staff needs were able to be reduced to part-time since we implemented Quadrant and the work is actually getting done faster," he describes. "Also, Quadrant is all set up to match the Ministry reporting requirements, so we don't have to do any manipulation or try to figure out where things go."

CMH&A and CSS health service providers improve reporting capabilities with the MIS Solution

Some of the feedback the CMH&A and CSS project teams are receiving on a regular basis includes: "The system can provide all kinds of reports in different ways!" *and* "FRx is a powerful reporting tool!"

Health service providers (HSPs) adopting the MIS Solution are pleased with their improved and efficient reporting capabilities. Microsoft FRx, which is provided as part of the MIS Solution, is a comprehensive financial reporting and analysis application that helps report on financial aspects for health-care organizations. It can also help increase the productivity and effectiveness of the reporting process by giving organizational staff and management timely information to support their decision-making processes.

Diane Baxter, Manager of Finance and Administration at ADAPT (Halton Alcohol, Drug and Prevention Treatment), encourages organizations to take advantage of FRx and the training being offered: "Go to training and start using it as soon as possible! FRx reports are key. Once you have it set-up properly, it will save so much time providing reports for internal purposes, for board members or funders. It is a real benefit and time saver. Using the FRx program, you can have an accurate, up-to-date and professional looking report at the touch of a button!"

What HSPs can do with Microsoft FRx:

- Design financial statements using customizable reports to suit HSP requirements.
- Create reports for your Community Analysis Tool (CAT) and share this report with other HSPs using the MIS Solution.
- Emphasize key areas of your reports using customized fonts and formatting capabilities.
- Export reports from FRx to other formats (such as Excel), for further enhancement or analysis.
- Include both your financial and statistical data to create more informative reports.
- Provide a powerful and flexible system of building blocks that can be saved, and mixed and matched in other reports.

Update on MIS Solution Training Classes available to CMH&A and CSS organizations

Over the past few months a surge of CMH&A and CSS organizations have adopted the Ministry of Health and Long-Term Care's one-time funded MIS Solution, consisting of Microsoft Dynamics GP, Microsoft FRx, Quadrant MIS Suite and Quadrant Materials Management.

The CMH&A and CSS MIS project teams are close to launching the September to December training schedule. All organizations implementing the MIS Solution are encouraged to take advantage of the specialized training classes available to them. CSS organizations have until the project end date, March 31, 2011, to take part in these specialized classes, and CMH&A organizations have only until the end of December 2010.

In addition to the Microsoft Dynamics GP courses, we are offering other specialized classes:

- FRx Report Designer: Customize your reports.
- Materials Management: Track and maintain inventory and provide expense information with a full audit trail.
- Fixed Assets: Record, track and analyze your assets.

Please contact the MIS Support Centre for more information:
CMH&A organizations: miscmhanda@ccim.on.ca
CSS organizations: ohrscss@ccim.on.ca
Telephone: 1-866-909-5600

CMH&A Deadline Approaching!

CMH&A organizations have until September 30, 2010 to implement and 'Go Live' with the MIS Solution. The CMH&A MIS project continues to assist organizations in the last stretch to complete the implementation process and encourages organizations to complete the Microsoft Dynamics GP four-day training before the end of September 2010. Training schedules are sent out to CMH&A organizations regularly. For more information, please contact the CMH&A MIS Support Centre at miscmhanda@ccim.on.ca

Time is running out for CSS MIS!

The CSS MIS Project is now nearing completion and the MIS Solution will only be available at no cost to the sector until March 31, 2011.

Organizations that have not yet adopted the MIS Solution and still plan to do so, need to sign the letter of commitment that was sent July 13, 2010, and submit it to the CSS MIS Project before October 1, 2010. Once the letter of commitment has been signed, CSS organizations will have until March 31, 2011 to implement and complete all requirements to 'Go Live' with the MIS Solution.

Organizations that have not yet decided whether to implement the MIS Solution should speak to a member of the CSS MIS Project Team for additional information and to discuss their specific business needs. The Project Team can be contacted by email at ohrscss@ccim.on.ca or call 1-866-909-5600.

Please note: these alerts relate only to the CMH&A MIS and CSS MIS projects. The Human Resources Information Systems (HRIS) CMH&A and HRIS CSS projects will continue and are scheduled for completion by March 2012.

Parkview Home finds applying Lean helps achieve their long-term care goals

At Parkview Home in Stouffville, paperwork was getting in the way of efficiency for many staff. Like many long term care (LTC) homes, there was considerable duplication and redundancy in reporting processes; multi-tasking is the norm for everyone on staff and there was limited available funding resources to enable change management. Recently, Parkview engaged in a Lean project through the Ontario Health Quality Council (OHQC) to find more effective ways to streamline reporting requirements in order to better deploy staff and improve resident care.

The Challenge

In the early part of 2010, Parkview was facing considerable changes, including the implementation of the Long Term Care Act, and adopting quality initiative projects such as Fall Prevention and Nursing Rehab. Parkview also volunteered to participate in the Resident First program to learn quality improvement strategies and methodologies.

"We were facing more and more demand on our resources, so we knew we had to look at systems within to maximize our staff and their time," says Fran Lind, Assistant Administrator Resident Care Services. "The Lean process seemed like a route worth taking."

The management team realized that if it could save time with documentation, more resources could be redeployed to front line care staff to implement Nursing Rehab. Personal Support Worker (PSW) documentation was targeted as the first Lean project. The theme for the project was "RID the FAT" (Reduce Frustration, Increase Accuracy, Decrease the Time needed).

The Lean Process

1. A one-day process review was conducted in February to map out the documentation process to determine the real issues.
2. The next step was to measure the actual time being taken by front line full-time staff in five resident home areas (RHAs) to complete Nutritional Intake and Daily Documentation sheets. This provided a baseline measurement from which to compare results (i.e. 20 to 25 minutes on average per form).
3. Two RHAs were selected to test the implementation of new Nutritional Intake and Daily Documentation sheets and measure improvement.
4. Data was collected after the first PDSA (Plan Do Study Act) cycle for comparison with the benchmarks, and revisions were made to the forms where needed prior to full rollout.

The Results

The first PDSA review showed the following improvements:

- A 60% improvement in document accuracy
- A 67% reduction in time to complete the Nutritional Intake record
- A 32% reduction in time to complete the Daily Documentation record
- A 75% improvement in the quality of the paperwork that PSWs needed to document residents' care
- Staff could complete almost double the number of resident forms in the same time period (11 forms versus six)
- Estimated overall time savings for two new records equates to two full-time equivalents (FTEs) per year.

CONTINUED ON PAGE 6

How Lean started at Parkview

The Quality Summits of 2008 raised some concern that there were too many documentation constraints and other Ministry requirements that were taking valuable time away from resident care. In response to this and ongoing concerns in LTC about the level of documentation and the paper work burden in LTC homes, the MOHLTC's Performance Improvement & Compliance Branch created a project to examine these issues raised.

In November of 2008, the Performance Improvement in LTC Project concept was created. The purpose of this assessment phase was to concretely determine what were the issues causing burden to the homes. The result of this information gathering phase was a focus group where the Ministry presented the findings back to the homes, and determine if a Phase 2 of implementing Performance Improvement initiatives would be appropriate. It was.

The Lean undertaking was incorporated into Phase 2 of this project and at this point, joined OHQC's Residents First program. OHQC created a Lean stream and a Collaborative stream for participating homes in the province, and homes in PI Phase 1 were invited to participate in the Lean process. Parkview was the first home that took this on.

Parkview Home finds applying Lean helps achieve their LTC goals

// CONTINUED FROM PAGE 5

We've seen the possibilities of how Lean can help us achieve our goals. No matter where we go from here and what projects we take on, we know change really is possible

– Fran Lind, Parkview Home

The keys to success

According to Stephanie Bales, Resource Nurse, "Having staff input was essential throughout the process. Not only did it help with the design of the new sheets, it helped to engage everyone."

Another significant contributor to the project was Ministry support, Fran explains. "At first staff was afraid that if they used the new forms they would not meet compliance standards. But the Ministry was very supportive. Now when PSWs sign off, they know the output is done according to the care plan and will meet compliance officers' requirements."

The Next Steps

According to Kris Savage, Director of Programs and Support Services, the Lean process is very well designed in terms of guidelines for Quality Initiatives and measuring change. "Now we have a much more structured and measurable process that is making a big difference."

Staff also has more time to spend with residents because they are less pressured to do documentation, Stephanie says. "There is also far greater data accuracy, and our RAI coordinators are finding it much easier to do RAPs. (Resident Assessment Protocols)"

"Now we know the process. We've seen the possibilities of what Lean can do and how it can help us achieve our goals," Fran says. "No matter where we go from here and what projects we take on, we know change really is possible."

Consumer/Survivor Initiative uses OCAN to match program to members' needs

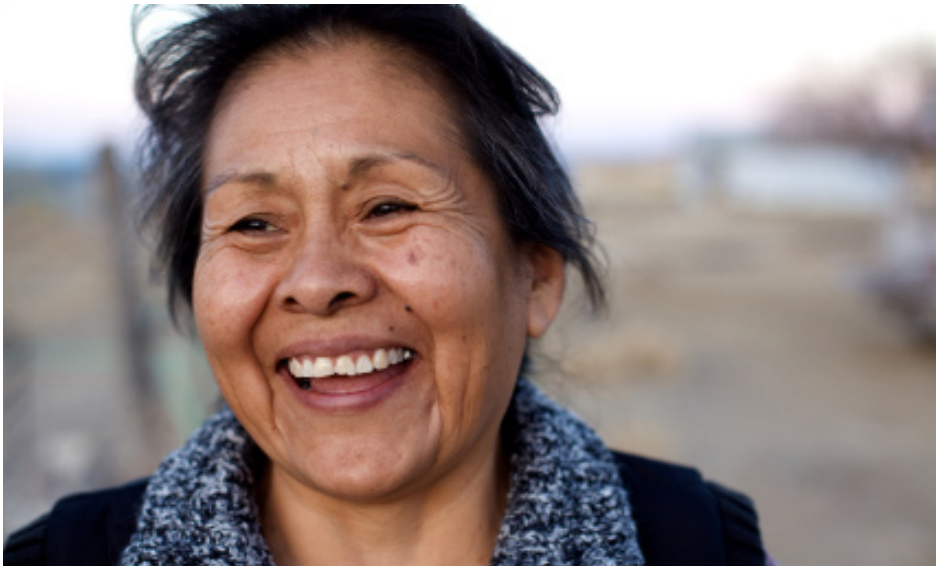
Information from the Ontario Common Assessment of Need (OCAN) is helping HSP organizations understand the needs and strengths of consumers and plan services accordingly.

Tyler Twarowski, OCAN Coordinator for CMHA Cochrane Timiskaming which includes Northern Star, recently cited two examples of how information from OCAN led to addressing need in a very recovery-centred and consumer self-directed manner.

The Northern Star Consumer/Survivor and Family Network is committed, through a self-help approach, to empower its members to develop an integrated, balanced approach to mental health, increase their potential, and learn necessary life-coping skills to enrich their lives. Its members use the OCAN consumer self-assessment.

In the New Liskeard centre, conversations stemming from completing the self-assessment revealed that the number one need was company. During the day, the centre was open to meet that need. But, in the evenings and weekends it was closed and the individuals were having a hard time with loneliness. The centre's membership decided to open for a couple of evening hours to help address that need for company.

OCAN also inspired changes to the programming at the Northern Star centre in Kirkland Lake. The self-assessments among individuals there indicated that on the topic



of cultural importance, some individuals were not feeling connected to their cultural heritage. This insight prompted the centre's membership to invite a member of the Aboriginal community to lead a drumming and traditional teachings circle every Friday.

Tyler finds OCAN has also helped some case management clients realize that they no longer need that level of support. "One person might identify they require less formal support to deal with their unmet needs. Another might need more case management support," Tyler explains. "A staff person might say something like 'it looks like you have a lot going on. Do you want to see an intake worker and get a case manager?' It helps identify the appropriate level of support."

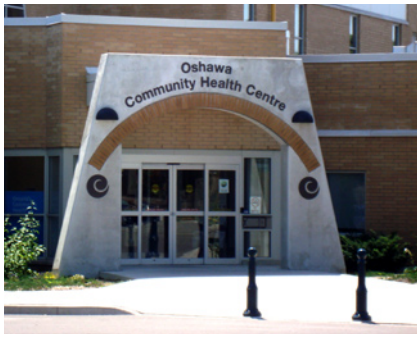
Oshawa CHC participates in Advisory Working Group and provides insight into CHC-specific standards

Enhanced visibility of the Community Health Centre (CHC) model of care; availability of CHC statistics to influence decision making; building capacity in targeted areas; and highlighting the impact of the CHC model of care on the health care system – these are just some of the benefits anticipated by David Leo, Finance Manager at Oshawa CHC during a recent interview to talk about the impact of participation in the CHC Ontario Healthcare Reporting Standards (OHRS)/Management Information Systems (MIS) project currently underway at CCIM. The CHC OHRS/MIS project is leading the development and implementation of CHC-specific OHRS into CHCs across the province.

"I wanted to be proactive rather than reactive," commented David when asked what motivated him to participate as a member of the Advisory Working Group (AWG), charged with the development of the CHC-specific standards in collaboration with the CHC OHRS/MIS project team. "This was an opportunity to understand how OHRS works and how the CHCs will have to align their systems for the OHRS compatible reporting."

Reflecting on the interaction of the AWG, David responded that "the experience has been exciting because the commitment from the AWG members has been wonderful. CHCs are in different geographical areas and each one is slightly different from the other, but the practices are very similar. The challenge was how to make the practices OHRS compliant.

"OHRS reporting is above and beyond what the CHCs currently do. We don't have the systems to track that data currently," stated David, when asked about the potential challenges for CHCs. Specifically, he acknowledged that "people have a hard time to get through their front line work and then there is additional learning involved. So it may not be resistance to change. It can be finding the time."



Oshawa CHC is taking a creative approach to implementation with David noting "we are trying to forecast some ways in which our CHC can leverage these standards. So, part of the implementation process we can actually use to our benefit or see how we can do things differently or more efficiently."

When asked to comment on the main benefits to Oshawa CHC David said "first and foremost we will be assured that our standards are the same as other CHCs to ensure that quality of care is consistent across all. We are thinking that we can use this for benchmarking and as a planning tool for new initiatives as we will have an idea of what costs will be."

Summarizing, David offered "a whole bunch of new data needs to be collected and systems need to be put in place to make sure that it happens consistently." When asked to provide advice to CHCs not yet involved in the project he stated "plan accordingly" and "allocate enough resources."

Finally, he noted "it will be wonderful to have a standard to guide us so that we can move forward confidently and excel in what we do." For more information about the CHC OHRS/MIS project please contact the Support Centre at chc@ccim.on.ca.

Resident Management System a 'wonderful' boon for Long-Term Care Home

When Denise Alexander describes Quadrant's Resident Management System (RMS), she sums it up with one emphatic word – 'wonderful.'

"It's a huge time saver; it's just wonderful," says Denise, Accounts Receivable Administrator at Perley and Rideau Veterans' Health Centre in Ottawa.

"We have 450 residents here and for me to be the only person who takes care of receivables shows you just how much time can be saved and how easily things can get done using the RMS."

The RMS module will be offered to Long-Term Care Homes participating in the LTCH OHRS/MIS Project as part of the implementation of the project's Full Solution – Microsoft Dynamics GP.

Designed specifically for Long-Term Care facilities, the RMS module combines easy access to resident admissions, discharges, leaves and transfers all in one system, significantly streamlining the efforts required in managing resident trust and receivable accounts.

Denise notes she has been using RMS since 2000 and continues to appreciate its user friendliness and efficiency.

"Any time that I need to do a quick trial balance, it's such a snap because all of the figures are there," she says. CONTINUED ON PAGE 8

Resident Management System a 'wonderful' boon for Long-Term Care Home

// CONTINUED FROM PAGE 7

"It's also got a great history element, allowing me to bring up the activity of a resident from the time they were first admitted."

The RMS is highly regarded for automating Electronic Funds Transfer, enabling the creation of information-rich reports, helping to increase profitability by streamlining the cash receipt process and ultimately allowing homes to improve their business decisions.

"While gathering requirements to develop the RFP for a Full Solution, it was evident that having a Resident Management System was very important to many homes and integral to operating their business,"

> *It's also got a great history element, allowing me to bring up the activity of a resident from the time they were first admitted*

says LTCH OHRS/MIS Project Manager Vivi Herlick. "We are very pleased to offer this module to homes that need it."

Implementation of the Full Solution with the RMS module is slated to roll out in April/May 2011 for Pilot and Phase 1 participants in the LTCH OHRS/MIS Project. Homes also have the option of implementing the Full Solution without the RMS, if they do not need or already have a system that serves this function.

If you are interested in the Full Solution and/or would like to participate in the project, please notify the support centre.

Information sessions about joining Phase 3 of the project will be hosted on September 2, 8 and 14.

The Support Centre can be reached at ohrsltch@ccim.on.ca or 1.866.909.5600. Press Option 7 for scheduling and Option 2 for LTCH MIS.

Geraldton District Hospital reflects on Quadrant Financials & Quadrant Workforce implementation

July 5, 2010 signified the Quadrant Workforce 'Go Live' date for Geraldton District Hospital, noted Pauline McCullagh, Financial Services Supervisor, during a recent interview to talk about the hospital's implementation experience as a result of participation in the Small and Complex Continuing Care Hospitals (SCCH) Management Information Systems (MIS)/Human Resources Information Systems (HRIS) project.

Geraldton District Hospital joined the SCCH MIS/HRIS project as a Pilot site in 2009 and implemented the first half of the software solution – Quadrant Financials – back in April 2010. Following that the hospital's focus was on the implementation of the second half of the software solution – Quadrant Workforce.

"We had old software that needed to be updated and we liked the Windows-based programs that the project was offering" commented Pauline, when asked about the factors that motivated the hospital to participate in the project. "The financial, HR and Payroll software offers more functionality and tasks that we will be able to utilize. It will increase our efficiency and speed I believe.

"The implementation process was very involved and there was work involved in getting to 'Go Live' dates, however that was just to make sure all the information was correct," she explained. "I anticipated a lot of work to complete the implementation process, however once you look back at what we actually did, it was pretty good."

Pauline noted that during each 'Go Live' when the hospital cut over to begin using the new software solutions "we had someone on site to go through the process. It worked out really well." She also expressed her appreciation for the Support Centre which is available to project participants throughout the project period saying "any time we ran into a challenge we would send the Support Centre a question and they would always answer. They've been great."

When asked what advice she would provide to an organization that was curious about the software solutions, Pauline said "at the beginning you don't know what you're getting into, however everything came together in the end just great. The programs are very good. You can do a lot of things and it's user friendly."

Pauline McCullagh
Financial Services Supervisor

Summarizing her overall implementation experience with both Quadrant Financials and Quadrant Workforce, Pauline said that "the support of the team during the implementation was superb. I would recommend participating in the project as it was an easy process. There is always work to be done, and some challenges but it's a good process and it works well." Finally, she noted "I'm looking forward to using the different modules along the way that will help to better meet the needs of our hospital."