Spring 2011

CONNECTIONS

Community Care Information Management Newsletter

IN THIS ISSUE

Long-Term Care Homes project puts focus on nursing and resident needs

With the RAI-MDS 2.0 assessment tool implemented in all of Ontario's long-term care homes and support for homes to be fully transitioned to the Ministry of Health and Long-Term Care (MOHLTC) by April 1, 2011, the Long-Term Care Homes Common Assessment project (LTCH CAP) Steering Committee held its final meeting in February 2011. Members had been meeting regularly since 2005, advising on the rollout of one of Ontario's leading-edge assessment tools.

LTCH CAP Steering Committee
From left: Shelley Kapitan, Common Assessment Projects, CCIM; Paula Neves, Health Planning and Research, Ontario Long-Term Care Association (OLTCA); Marg Ringland, retired from Ontario Association of Non-Profit Homes and Services for Seniors (OANHSS); Soo Ching Kikuta, LTCH CAP, CCIM; Tim Burns, Performance Improvement & Compliance Branch, MOHLTC; and Sharen Wilson-Carr, retired from Quality Management, Revera Inc, OLTCA.
Steering Committee members not able to attend included: Karen Slater, Compliance & Enforcement, MOHLTC; Cathy Collinson, Nipigon District Memorial Hospital; Nancy Cooper, OLTCA; Robert Francis, MOHLTC; Stella Ng, MOHLTC; Kristie Willson, Data Standards Unit, Health Data Branch, MOHLTC; and Stacey Colameco, Data Quality Unit, Health Data Branch, MOHLTC.

During a recent interview, LTCH CAP Steering Committee chair Tim Burns, Director, Performance Improvement & Compliance Branch, MOHLTC, commented: "I've been a huge fan of this project because of the significant difference it has made for residents and how much it has enabled a positive change in the sector, and continues to do so. This positive change is driven by the measurements captured through the RAI-MDS 2.0 assessments, which can now be used to identify trends as well as provide a means for residents and care providers to speak for themselves.

"The LTCH CAP project has allowed us to collaborate with the system to implement change and standardize on best practices in a way that would not have been possible even five years ago," he added. "It was very professionally managed and everyone involved was committed to making sure that the common assessment happened for all residents. Looking at what we had in 2004, I would have said there was every reason this ambitious enterprise would fail. There was little history of system-wide implementation, huge variation across the sector in core processes of care, assessment methods and technologies. Some very humble, tactical decisions were made along the way that resulted in massive changes and a project that delivered staying power. The bang for the buck on this early 'listen and learn effort' was spectacular."

Tim also praised everyone's commitment to "constant relearning and a high-touch approach that allowed the educators to prove that this was a project that was focused on nursing and resident needs.

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 at 1-866-909-5600 or by email to:
communications@ccim.on.ca.

Celebrating the CMH&A and CSS Sector achievements in Business Systems

To mark the MIS projects' completion and transition in the CSS and CMH&A sectors, the final joint MIS/HRIS Steering Committee meetings were held on March 10, 2011. The meeting reflected on and celebrated the successes of the MIS Solution rollout and its impact on the broader health care sector. Participants attended both in-person and on teleconference as they represent the sectors from across the province.

The occasion also marked a turning point for the HRIS CSS and CMH&A projects as they form dedicated CSS and CMH&A HRIS Steering Committees that will see some of the original committee members.

Reflecting on the importance of the MIS and HRIS projects to the Community Care sector, co-chair of the CMH&A MIS/HRIS Joint Steering Committee, Stacy Hahkala, Finance Manager at Canadian Mental Health Association, Fort Frances says: "One of the main benefits of the MIS project is it cut down on the Trial Balance submission times for organizations in the sector. As for the HRIS project, it helped with providing some functions that were not feasible in the sector – it gave us the tools to be able to track HR policies and employee information."

Stacy also states that participating as co-chair on the Steering Committee is a valuable experience. "Being co-chair of the Steering Committee allowed a voice for the sector and for us to be active participants in the projects and the decision-making processes."

CSS and CMH&A MIS/HRIS Steering Committee
(back row, left to right) Hugh Stewart, Independent Living Service Providers; Ron Lirette, The Dorothy Ley Hospice; Rick Firth, Hospice Association of Ontario; Taru Virkamaki, Ontario Community Support Association; Christina Hoy, MOHLTC; Catherine Hogan, CCIM; Sue Hesjedahl, Older Adult Centres' Association of Ontario; Rohin Bhargava, CCIM; (Front, left to right): David Kelly, OFCMHAP; Julie Wood, Ontario March of Dimes; Ray Applebaum, Peel Senior Link; Kristie Willson, MOHLTC.

Improving your "connections" to CCIM information

Due to the changing dynamic of our projects, we are replacing this quarterly newsletter with other means of keeping our stakeholders informed. Information relating to the Business Systems projects is being disseminated in the quarterly newsletter *Systems for Success*. News about the Assessment Projects is being relayed in the series of *InProgress* newsletters tailored to specific LHINs, as well as in the sector-specific *Update* bulletins.

In the meantime, we thank you for reading *Connections* and hope we can count on your continuing interest in CCIM via these other communication vehicles.

Alpha Court's holistic approach will benefit from Doorways pilot

Sometimes Nicole Latour feels like a detective who must painstakingly assemble a person's history from an array of information that may or may not contain the essential information she needs. As an intake worker for Alpha Court Community Mental Health Services in Thunder Bay, it is her responsibility to meet with and assess clients who can often be in distress and may not remember key parts of their medical history.

"Sometimes people coming in to see us may be experiencing some memory difficulty and are simply not able to tell us their background for any one of a number of reasons," Nicole explained. "This could be due to a cognitive difficulty stemming from a brain injury, severe depression that impairs short-term memory or medications they're taking."

When a person is asked to retell their history many times, it can be traumatic for them, she said. "There is also a chance they may forget some key elements which could be helpful to their treatment."

When a client's history is available through the shared portal of the Doorways project, however, it is far less stressful and intrusive for them.

Alpha Court Community Mental Health Services is one of the community partners taking part in the pilot Doorways project in the North West LHIN. This initiative on the part of four LHINs (North East, North West, Champlain and North Simcoe Muskoka), enables service providers to securely access and share assessment information electronically through a secure portal. This means that if a client moves to another community, the history of the services they have accessed to date will travel right along with them.

If we have the information right away, we can take action right away.

The benefits of this work are obvious to Executive Director Cindee Richardson. "The beauty of the Doorways project is that it saves the client from having to retell their story and repeat information. We practice psychosocial rehabilitation at Alpha Court and endorse processes that are client-focused and transparent."

"This method of sharing information should benefit the client because it will ensure the most appropriate services are delivered in the most timely fashion," Cindee added.

For example, 40-year-old Tom*, who recently moved to Thunder Bay, came to meet with Nicole after being referred to Alpha Court. He was not able to precisely remember why he was referred, but could tell her where he lived and other basic personal information. When it came to recounting his medical history, he was unable to provide many details.

When Nicole requested Tom's medical information to be forwarded from his previous community, it took some time to arrive. In the meantime, she had to work with the information at hand.

Tom also has diabetes, so helping him manage his blood sugar through nutritional counseling was something Nicole could help to arrange. If this information was readily available, that help could have been provided much sooner.

"It would be very helpful if we didn't have to reinvent the wheel and put clients through the entire intake procedure," Nicole said.

That's where the Doorways portal comes into play, Nicole explained. "Doorways helps us take a more holistic approach because physical and mental health are very inter-related. It's good to have complete information all at once in one place."

**Tom is a fictitious client based on case profiles.*

This article is reprinted here with the permission of Alpha Court. The Doorways project builds on CCIM's Integrated Assessment Record (IAR). For more information on IAR, visit www.ccim.on.ca or contact iar@ccim.on.ca.

Business owners announced for the MIS Solution in the CSS and CMH&A sectors

Community Care Information Management (CCIM) marks a major milestone on March 31, 2011 with the successful delivery of another priority initiative: the Community Support Services Ontario Healthcare Reporting Standards (OHRS)/Management Information Systems (MIS) project within the Community Care sector. This follows the successful MIS project's completion in December 2010, in the Community Mental Health & Addictions sector.

Organizations that adopted the MIS Solution, Microsoft Dynamics GP, now have a comprehensive financial and statistical management solution that enables them to collect and report Ontario Healthcare Reporting Standards (OHRS) data to the Ministry of Health and Long-Term Care and the Local Health Integration Networks. It has also streamlined back-office processes and valuable information is now more accessible, accurate, consistent and timely.

As a final step, both projects have now been transitioned to permanent business owners to ensure their long-term maintenance and sustainability. The new business owner for CSS OHRS/MIS is the Ontario Community Support Association (OCSA). The Ontario Federation of Community Mental Health and Addictions Programs (OFCMHAP) has been confirmed as the new business owner for CMH&A MIS.

OCSA
Ontario Community Support Association

Ontario Federation of Community Mental Health and Addiction Programs
Sharing Resources, Exploring Common Issues

It should be noted that the business owners are responsible only for the completed and transitioned MIS Solution of the CSS and CMH&A projects. The Human Resources Information Systems projects in both the CSS and CMH&A sectors are ongoing and will continue to be implemented by CCIM.

CCIM will also continue to provide application support to the CSS and CMH&A organizations that have "gone live" with the MIS Solution.

CSS sector makes strides with MIS Solution transitions

After a successful project, the CSS MIS endeavour is making excellent progress with transitions.

Since January, 120 organizations who implemented Microsoft Dynamics GP have transitioned to the interim Application and Maintenance Support (AMS) Team.

The transitioned organizations are now receiving support directly from the AMS team and service levels have been maintained. The AMS team will support all organizations until a permanent Solutions Provider is identified and selected for the MIS Solution.

With the conclusion of the CSS MIS Project, OHRS support and other reporting functions will be transitioned to Health Data Branch (HDB). Effective April 1, 2011, all Aboriginal organizations and Elderly Persons Centres (EPCs) will contact HDB for OHRS and Trial Balance submission support.

As of April 1, 2011, the telephone number for the CCIM Support Centre 1.866.909.5600 will no longer be available for CSS OHRS support. Please email all OHRS inquiries to the Health Data Branch (OHRSCSS.moh@ontario.ca). Alternatively, refer to Appendices L1/L2 in the Trial Balance Submission Specifications to obtain the telephone number of the Health Information Analyst at the Health Data Branch assigned to your organization. You can access the Appendices using the web link below:

http://mohltcfim.com/cms/client_webmaster/sec.jsp?ids=ac0a80704000000f83c1fabe08006&parent_id=0

For organizations that have implemented the CSS MIS Solution and require support for Microsoft Dynamics GP, please email OHRSCSS@ccim.on.ca for questions related to Microsoft Dynamics GP ONLY. You may also call the CCIM Support Centre at 1.866.909.5600 and select option 5.

PARC proves the power of partnering

The Parkdale Activity Recreation Centre (PARC) understands the power of partnerships, especially when it comes to implementing the Ontario Common Assessment of Need (OCAN).

A community-led mental health service provider in the Toronto Central LHIN since1980, PARC has evolved from a two-person operation to a neighbourhood-based, multi-service centre that offers seven-day drop-in services, employment support, crisis services, outreach, case management, supportive housing and advocacy.

The facility began working with OCAN in July 2010. Executive director Victor Willis was a firm believer from the outset that working with partners was the best way to get on board with the OCAN process.

After conducting some outreach with like-minded agencies within the Toronto Central LHIN, PARC ended up partnering with two other local providers who were also embarking on the OCAN journey. These were: Sistering, an agency serving homeless, marginalized and low-income women; and Friends and Advocates Centre, a member-run consumer/survivor program that offers peer support for people experiencing mental health problems.

"We chose each other because we operated with a similar philosophy," Victor explains. "Together we developed an implementation plan that leveraged our specific expertise, as well as created a common OCAN Coordinator resource. As we rolled out the change process with each partner, we were able to identify what did or did not work and take what we learned to the next site."

He says that each of the three organizations had their own strengths and weaknesses. "Some were further ahead in their technology, others with their assessments."

For example, Friends and Advocates was small so had completed the most OCAN assessments. However, it had the least technical capacity. Sistering had the simplest 'threshold' for introducing OCAN. "Basically it was starting from a clean slate so they could take on both OCAN and the vendor software, which provided opportunities for training," Victor says.

As for PARC, "we were large enough and had a larger infrastructure to oversee the implementation, identify what worked and were able to initiate conversations about business process challenges that came up with OCAN." As part of that supervisory role, PARC Executive Assistant Monica Melanson was assigned the job of OCAN Coordinator. Raveen Gopaul from PARC also serves as the OCAN Lead.

Victor adds that working together also helped them to utilize resources better and share risks.

While there is still much work to be done, Victor believes the opportunities with OCAN are worth the effort. "It acknowledges the importance of our members and puts them at the centre of their experience, beginning with their story. OCAN also offers us the ability to make a case for who comes through our doors, understand what their needs are, and what we can do for them on a day to day basis."

As the project evolves, Victor says the next step is "getting into the [assessment] sharing piece and how all that will work. We have a good level of comfort with each other, since some individuals may frequent all of our facilities. The good news is we have all the work done and are ready to roll through that."

CCIM launches effort to help providers manage client privacy

Health service providers (HSPs) are well informed with regard to the Personal Health Information Protection Act (PHIPA), confirms a CCIM study of the privacy practices in place today in the community care providers in Community Support Services, Community Mental Health and some Long-Term Care Homes. However, many of these providers revealed they would appreciate having sample/template privacy policies and procedures so they can see what they might add to their existing practices as they manage client health information while sharing client assessments.

More than 60 HSPs helped CCIM gather information to document the current state of client privacy in Ontario's Community Support Services (CSS) and Community Mental Health (CMH) sectors and some Long-Term Care Homes (LTCH). The full report, which can be found at www.ccim.on.ca, is being used to inform the CCIM Common Privacy Framework initiative.

CCIM established this Framework to help HSPs follow a privacy approach that supports their compliance with PHIPA and supports the implementation of Assessment Projects throughout the community care sector. The Common Privacy Framework will be supported by a series of implementation guides including field-ready forms and templates that align with Ontario's privacy legislation.

The first of these guides, namely the Consent Management Implementation Guide, is currently under development with the help of sector working groups and many HSPs. Updates will be announced via the CCIM website www.ccim.on.ca and your regional CCIM *InProgress* newsletter.

CHATS sees a future in the interRAI CHA

Community & Home Assistance to Seniors, better known as CHATS, is a Community Support Services (CSS) agency which offers programs and services to enhance the health and well being of seniors and caregivers with diverse needs in the Central LHIN region. One of an enthusiastic group of interRAI CHA early adopters in the Central LHIN, CHATS took part in a pilot project far in advance of LHIN-wide implementation.

CHATS Service Supervisor Lenore Gould says that the interRAI CHA was a long time coming. "For years I was waiting for this kind of reliable, valid, outcome-based tool."

Even more important was her discovery of the interRAI CHA's potential to inform better care planning. "It enables an earlier diagnosis of problems to address, so it's all there - a client-based tool with on-the-spot goal setting. So far it's been ideal for our service."

CHATS participated in the pilot from January 2009 to February 2010. During that time, four CHATS staff members were trained on the interRAI CHA, and over 135 clients were assessed in the Supportive Housing and Adult Day Programs. Since these initial stages, CHATS has expanded the administration of the interRAI CHA assessment to include clients receiving Respite Care and Personal Care services. Today 15 staff members have been trained.

CHATS provides a range of programs for people with diverse needs.

According to Director of Client Services Christel Galea, in order to roll out the interRAI CHA to multiple programs, it was essential to have the right framework in place. "A lot of the process was the change management component. You have to get people to understand that adopting and accepting an electronic assessment tool is the way to go."

To that end, Client Care Manager Katherine Abrams took on the role of lead facilitator and coordinator. Her duties included; consistency in training as well as promoting standardization of assessment and coding. "It was important that everyone be able to share best practices in terms of the assessment: what worked, what didn't, how to avoid assessment fatigue for the clients. It was also an opportunity for people to discuss their concerns about the impact administering the tool would have on their workload."

CHATS also appointed a clinical Client Care Supervisor as a "champion" to the change team as a means to engage front line critical support.

"The team did a wonderful job because everyone really emphasized and understood the importance of the tool in linking people to resources much more quickly," Katherine says.

Since CHATS works extensively with other referral sources such as CCAC, Christel believes that the interRAI CHA assessment has also helped in instilling more trust. "When we identify a higher level of need for a client, we know we're speaking the same language and sharing quality information. Even if it's not the entire document, other organizations understand the values behind it." Christel believes that sharing assessments will play an integral part in speeding processes and reducing workload. "In our case, we often have CCAC or other services using the RAI HC, so clients have already gone through a comprehensive assessment that covers much of the same information. Once we reach electronic sharing stage, and the issues of confidentiality and circle of care are clearly defined, we will see even more benefits."

In fact she believes the hardest part about assessment sharing is already behind them. "There's certainly a willingness to partner and share assessments…and that's half the battle."

CHATS is currently gearing up to roll out internal care planning training, now that Katherine has completed her CAPS and Care Planning training through CCIM. "That's a piece I'm really looking forward to," she says.

Assessment Projects Steering Committee members reveal challenges and rewards

Applying insight from first-hand experience in their respective community care sectors is the crucial role played by the members of CCIM's Steering Committees and working groups.

Sandy Milakovic believes it is vital to have representation from multiple parts and programs of the health care system on governing or advisory committees. With about three decades of experience in representing the mental health field, she should know.

Sandy Milakovic
"We have to respect each other's perspectives."

"We all have our different mandates and ways of operating," explains the Chief Executive Officer of the Canadian Mental Health Association/Peel Branch. "We have to respect each other's perspectives."

As a Steering Committee member for both the Community Mental Health Common Assessment Project (CMH CAP) and the Integrated Assessment Record (IAR) project, she finds it very rewarding to see Ontario Common Assessment of Need (OCAN) and IAR rolling out across the province and resources being made available to make the tools a reality.

"As an original pilot and the first agency to have OCAN training, OCAN is well integrated into our processes," she says of the CMHA Peel Branch. "We are using OCAN to develop recovery plans for clients. We have multiple programs and we look at how best to use OCAN and what parts to use. We are very committed to the whole OCAN.

"The client feedback on the in-depth assessment is they appreciate being asked for their opinion; they wished they had been asked this before," she continues. "The client evaluations are very positive so it makes sense from both a client basis and service delivery basis to incorporate it into our daily processes."

Based on their participation in a pilot of the IAR, Sandy reports they are looking forward to its implementation. "It makes it easier when sharing clients. Implementing OCAN was the first step; we've already done the second step as we are already in a partnership in the Central West LHIN."

She views IAR and OCAN as enabling how they support clients. "Clients can tell their experience once and we can be less intrusive."

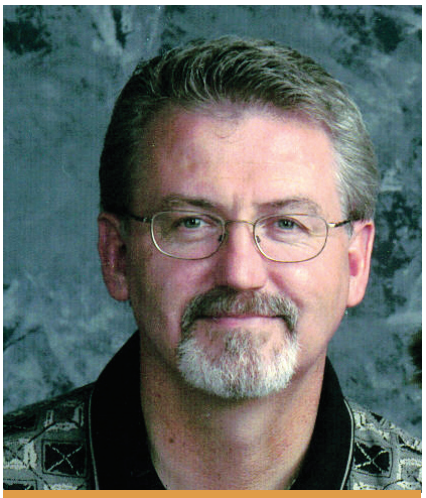
She finds the most common concerns about IAR involve consent and security. As a member of the IAR Steering Committee, she sees first-hand the progress being made in addressing these issues so people will feel comfortable with sharing information securely.

Regarding OCAN, she finds staff new to the tool tends to view it as an additional assessment and thus duplicating existing work. "It is *the* assessment," she counters. "The assessment is longer, but it is valuable to the field as a whole. This gives us concrete data to substantiate the value of services we provide."

While Sandy continues to promote recognizing the work done in the mental health field, her primary focus is on making her client-centered organization most effectively serve the communities of Peel. OCAN helps in both respects.

Tools that serve consumers and the system

From his perspective as Senior Consultant - Mental Health at the North East Local Health Integration Network (LHIN), Mike O'Shea reports "there is real excitement at how the Integrated Assessment Record (IAR) and sharing the assessment information will make OCAN a practical tool used by all those serving an individual, rather than something completed by a primary care worker and consumer and then kept for internal agency reference only. It makes it a tool that is also helpful at the system level."



Mike O'Shea
"The greatest reward is the response from consumers."

In northern Ontario, IAR is being implemented through the Doorways project, a LHIN-directed pilot that allows authorized HSPs to access health information electronically via a secure viewing portal to improve care planning and the deliv-

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Three Assessment Projects' Steering Committees members reveal challenges and rewards

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ery of services. Doorways is being led by the NE LHIN with full participation from the North West, Champlain and North Simcoe Muskoka LHINs.

As a member of both the CMH CAP and IAR Provincial Steering Committees and from his involvement with the Shared Assessment Working Group, he has seen a general overall improvement in communication between partners through pilots and discussions between meetings. "I think it helped that everyone was learning together at the same time," he says.

He finds it rewarding to see recommendations or standards approved at the steering committees and OCAN being rolled out LHIN by LHIN. "But the greatest reward is the response from consumers," he stresses. "It is a tool that speaks to them and allows them to be active participants in their assessment."

He recalls that there had been a challenge to the use of OCAN from other providers of other assessment tools. "In some other LHINS their providers were using other tools and I would be asked 'why OCAN?' I could respond that while all assessments have important benefits the OCAN was chosen as the best tool for consumers and their families. The provincial team took a really good look at what would work best for consumers."

Mike says that support from CCIM's solution-focused approach, learning through piloting and then engaging in problem-solving has helped in embracing the use of OCAN. "Generally, it has been tremendously successful. CCIM support through the involvement of executive leads, planning groups, coordination, help desk support with technical expertise, engaging face-to-face, WebEx and conferences ensured hearing the concerns of HSPs and looking at solutions to these concerns was very impressive."

He adds that some successes lead to more work, such as making tools more culturally appropriate to the Aboriginal community and the francophone community.

Helping people understand the benefits

On the road to introducing a new generation of common assessment tools across all sectors of Ontario's health care system, few people have logged more miles than Brenda Loubert.

Brenda, the Administrator of the Cassellholme Home for the Aged of North Bay, manages more than the day-to-day operations of a 240-bed long-term care home serving residents of the East Nipissing district in the North East LHIN. She also administers a range of Community Support Services (CSS) based out of Cassellholme and ranging from caregiver respite to adult day programs.

As Ontario progresses in its goal of implementing an electronic health record for all residents, managing change within one sector is challenge enough. Brenda, on the other hand, has faced the challenge on two fronts, implementing a suite of assessment tools across the Long-term Care Home (RAI MDS 2.0) and Community Support Services (interRAI CHA) sectors.

Brenda Loubert
"The process, the protocol, the timelines have all been very professional."

She is also a member of four provincial working groups, exploring policy direction on issues of privacy and security to the implementation of the IAR.

"The biggest challenge has been getting people to understand the benefits, particularly in CSS. The sector has so many small health service providers (HSPs). Many have little technical support or capacity," she says. Those HSPs have a hard time seeing how the benefits of change outweigh the challenges, she adds.

For Brenda, that picture is clear. As an early adopter of the interRAI CHA, Cassellholme began seeing the benefits of the assessment tool for community support services as early as January, 2009. "We were the first in the North East LHIN to fully implement the tool," she says. After eight months of collecting data, Cassellholme initiated a research study with the University of Waterloo, based on efforts carried out in the Mississauga Halton LHIN.

Cassellholme engaged in demographic profiling of client characteristics for all the available assessments, she says. "We did everything: the RAI-MDS 2.0, RAI-HC, RAI-MH, Complex Continuing Care and the interRAI CHA."

That early effort offered a first look at data from combined sectors, giving health planners the ability to analyze service delivery from a rural/urban perspective. It also gave them the capacity to develop new frameworks to determine the needs of clients seeking community supports.

The benefits, says Brenda, are systemic; the interRAI tools generate baseline data that measures functional and usage patterns of clients, offering HSPs a clearer picture of a client's wants and needs.

A key component of that bigger picture, and a source of pride for Brenda, has been the development of an in-house "portal". This allows Cassellholme assessors and administrators the ability to collect and view interRAI CHA reports, which helps support care planning and prioritize admission to programs.

As for all those miles travelling to steering or LHIN committee meetings in North Bay, Timmins, Sudbury and points in between, Brenda has nothing but good things to say: "The process, the protocol, the timelines have all been very professional."

Achievements flourish as LTCH OHRS/MIS project revs up

When the LTCH OHRS/MIS project was first featured in Connections in early 2009, the initiative was brand new. Back then, a pilot group of 60 committed and enthusiastic volunteer homes were just getting started with OHRS training. Things have changed a great deal since then. With this being the final issue of Connections, it's the perfect time to reflect on all that has been accomplished by the project and what's in store for the future.

Recruitment and Engagement

The initial group of 60 pilot homes has grown substantially. Thanks to sustained recruitment drives, all 614 homes across Ontario have signed up for one of the project's five phases.

The project engages regularly with LHINs and their respective homes and is always in contact with both the Ontario Association for Not-for-Profit Homes & Services for Seniors (OANHSS) and the Ontario Long-Term Care Association (OLTCA).

The project also works with an Advisory Working Group and Project Steering Committee. "One of the great things about this project's steering committee is that the engagement from the sector is at every level - the homes themselves, as well as both associations," says Kristie Willson, co-chair of the LTCH OHRS/MIS Steering Committee.

OHRS Training and Implementation

Homes and the project team have done an excellent job with OHRS training and implementation.

Trainers have criss-crossed the province, leading hands-on training sessions that arm homes with comprehensive knowledge of OHRS and the practical skills needed to do their OHRS mapping. "We've listened to feedback from the sector, made changes to our training program and this has been very effective, as illustrated by the fact that 100% of the homes that submitted their last trial balance, did so successfully," says Josie Barbita, Project Manager LTCH OHRS/MIS Delivery Lead.

During trial balance submissions, the project team has offered helpful and useful support.

As a result, 174 homes in the pilot group, phase 1 and phase 2 have successfully implemented the standards and 134 homes in phase 3 are gearing up for their initial OHRS submission at the end of May.

"All of the project's hard work in training and assisting homes with OHRS implementation is critical to ensuring homes have the capacity to deliver high quality, efficient care every day," says Brian Pollard, a project steering committee member and OLTCA's director of financial policy and planning.

Data Quality and Reporting

Significant data quality improvements have been realized by project participants over the past few years.

To that end, the project has developed Comparative and Individual Data Reports for all 174 homes submitting OHRS data. Data quality webinars have been attended by hundreds of homes and recently, the project hosted a series of in-person 1-day data quality education sessions. These events offered homes the unique opportunity to discuss data quality with peers, as well as share data quality successes and tips to improve future financial/statistical reporting.

"The feedback received from participants that attended our data quality sessions was very positive and many stated they were looking forward to the next session," says Josie.

Excellent progress has also been made on duplicate reporting, with the project's steering committee reviewing recommendations presented by a working group suggesting that items in the Staffing Report and Annual Report could be reduced significantly.

Software Solutions

To streamline the OHRS submission process, an innovative Bridging Solution was introduced, allowing homes to submit OHRS compliant data, while still using their existing accounting system. Offered free of charge and with training and implementation support, 35 homes have now successfully implemented this solution.

Homes have more recently been offered the Full Solution - Microsoft Dynamics GP, including Quadrant's MIS Suite and Resident Management System.

This comprehensive financial and statistical management software solution enables homes to meet OHRS/MIS reporting requirements, along with providing a full range of accounting/business applications. Six pilot homes have successfully implemented the Full Solution and many more will be trained in the coming months.

"These solutions provide choices to homes. They can select the software that most effectively meets their needs and CCIM works with each home, offering dedicated support to ensure a smooth implementation," relates Josie.

> *I'm extremely impressed with how organized and effective CCIM is in carrying out this large and complex project.*
>
> **- Dan Buchanan**

The Road Ahead

While these achievements deserve much commendation, there is, as always, much more on the horizon. Moving forward, Phase 3 homes will soon be submitting their first ever OHRS trial balance and Phase 4 homes are getting underway with OHRS reporting.

"With all of initiatives the project pursues, it's great that stakeholders have the opportunity to collaborate with each other and ensure that the needs of the sector are reflected," says Dan Buchanan, a steering committee member and director of financial policy with OANHSS. "I'm extremely impressed with how organized and effective CCIM is in carrying out this large and complex project."

To find out more, please contact us at OHRSLTCH@ccim.on.ca or 1-866-909-5600.

Looking beyond implementation: What OHRS means for the CHC sector

When organizations successfully submit their OHRS trial balance, they are rewarded with a green smiley face, but CHCs will see other significant benefits from their OHRS implementation.

"For the last submission, I was sitting with the finance person who submitted the trial balance," says Kara Hayes, Data Management Coordinator at Windsor Essex Community Health Centre, when asked about the green smiley face. "So it is actually exciting when you see it come up." Windsor Essex is one of 13 pilot organizations to meet Ministry data submission standards while the remaining CHCs work through the mapping process toward a "best effort" submission in May, 2011. That's a milestone in itself, but in the longer term, what will it mean to have standardized, quality data available across the sector?

For CHCs, OHRS is the next step in an ongoing process to improve data quality and standardization. And the up-front work completed in developing CHC-specific standards is paying off for organizations like Windsor Essex. In addition to streamlining data collection and reporting processes, standard definitions provide a quantifiable way to demonstrate CHC effectiveness and compare CHC data – something Kara feels is important because CHCs serve unique populations, work in interdisciplinary teams and provide different services. In the past, she has had to go to other sectors, or even the U.S., for comparable data.

"The OHRS implementation," Kara says, "has given me the opportunity to demonstrate in concrete terms why we need this data, why we're collecting it and why we're going through the work and effort of doing this." CHCs like Windsor Essex can now look at their data and see the work that they've been doing as well as changes over the different quarters and eventually years. "This is allowing us to showcase our work and improve any inaccuracies that we had," she adds.

> *"This is not just something that's good to do; it's become something that we must do."*
>
> **– Susan Bland**

Regional Decision Support Service Specialist Jennifer Rayner, from London Inter-Community Health Centre, agrees that by taking time now to look at the specific services CHCs provide, organizations will better be able to show what they do, who they serve and why they are unique. "We provide more than just one-to-one encounters with clients," Jennifer says. "In the past this has been challenging because it's been hard to pigeon-hole that data into a statistic. This process has enabled us to describe our services in a way that will allow us to measure them…and show the uniqueness of the CHC model."

By tying financial data to activities, organizations can start to explore costs per service, encounter and client – something many CHCs haven't been able to do before. "When you start looking at costing data and projections, it will help with planning," observes Jennifer. "If you understand what your services are costing, for that dollar you can plan better for future services and ultimately enhance the delivery of services." For organizations that are multi-disciplinary and multi-funded, merging financial and statistical data is tricky, but it will give leadership teams information at their fingertips to make informed decisions about programs and services and optimize funding.

Such benefits will reverberate across the sector. Susan Bland is Executive Director of The Youth Centre, member of the CHC OHRS/MIS Steering Committee and Co-Chair of the Performance Management Committee (PMC). She compares the process to dropping stones in a pond. "The PMC identified the need for change, accountability and standardization of data and has been working diligently, and then along comes the MIS initiative and more stones are dropped. So the ripples go out and you discover that they overlap… We're making changes on a number of fronts and they're all important; they all need to happen at the same time and they impact one another."

Kara Hayes
Data Management Coordinator, Windsor Essex Community Health Centre

Though it may be a few months down the road, for Susan the most significant ripple effect is that CHCs across the sector will have confidence in their data, and the sector as a whole will be able to compare and contrast centres and look at performance indicators from a financial perspective. "We can make sure we are talking the same language, we are collecting data the same way, and we are reporting in a standardized way that ensures our data accurately reflects what we do. Then we can look at what we can learn from each other."

So, during the mapping process, Susan suggests starting with the end in mind – the long-term benefits – and backing up from there. "This is not just something that's good to do; it's become something that we must do," she says. And in terms of more immediate results, there is that green smiley face, although, as Data Management Coordinator Kara admits, it could be a bit bigger!

HRIS pioneers pave the way for other organizations

At first glance, Holland Christian Homes Inc. and COTA Health may seem to have little in common, other than providing health services to Ontarians.

Despite their differences – Holland Christian Homes (HCH) is a Brampton-based provider of care and accommodation for seniors primarily of Dutch ancestry, while COTA Health is a Greater Toronto Area provider of mental health and community support services – both organizations could be considered pioneers. They were early adopters of Community Care Information Management's (CCIM) Human Resources Information Systems (HRIS) Solution.

Like any pioneers, they paved the way for other Community Support Services (CSS) and Community Mental Health & Addictions (CMH&A) organizations to implement Quadrant Workforce, CCIM's HRIS Solution, by overcoming some of the challenges in the early days of the project and by freely sharing their lessons learned along the way.

The two organizations have something else in common: while neither would describe the undertaking as easy, both agree it has resulted in significant long-term benefits to their respective organizations – and to Ontario's health care system.

Holland Christian Homes went "live" with the HRIS solution in May 2010. Anthony Faul, who is responsible for the organization's HR function, explains that prior to implementing Quadrant Workforce, each department maintained its own paper-based employee information records. One staff member tracked employee hours, vacation and sick days on cardboard cards. Such a system posed a major challenge for a growing 462-employee organization spread out over six apartment buildings and two nursing manors.

Nibha Varma, HR Coordinator, and (left) **Jenny Randall**, Payroll Coordinator at COTA Health, are leaders in implementing the HRIS solution.

HCH, which had implemented CCIM's Management Information Systems (MIS) Solution Microsoft Dynamics GP before joining the HRIS project, had outsourced its payroll but was looking for a less expensive and less error-prone alternative.

"Mainly it was disorganized and labour-intensive," Anthony says of the organization's pre-HRIS environment. The payroll person used to spend half a day every pay period just stuffing envelopes with pay slips and other information. Now that the organization has implemented the QHR*net* module for Self Service, employees can view and print pay slips on work computers or lunch room kiosks. Not only is it cheaper and more efficient, it's also greener, observes Anthony.

"We simply import it (payroll) and we're ready to translate it. We also have greater control; now we can review our payroll and the various calculations and deductions and make everything perfect before we transmit it," he points out.

As well, he adds, HCH has been able to eliminate several databases it was maintaining and can now track employee training, skills and development data.

"It is a really good system," he says. "One of the big selling features is the reporting. Now we have reports in the system for a number of our internal systems. For me, it provides ease of access to all information and the Executive Director is very pleased with the cost savings."

Learn from the experience of others

Nibha Varma, HR Coordinator at COTA Health, echoes Anthony's enthusiasm. COTA Health, a 250-employee organization that went "live" with the HR and payroll modules of Quadrant Workforce in October 2009 and with QHR*net* in April 2010, joined the HRIS project following a restructuring and a new financial reality that required a more cost-efficient option.

As an early implementer or "guinea pig," as Nibha jokes, COTA Health had to develop internal expertise to tailor the solution to meet the organization's unique demands. "We came up with our own manuals that are organization-specific," says Nibha. "We shared our manual last year with anyone who asked us, even with CCIM and the trainers."

Nibha, who works with Payroll Coordinator Jenny Randall on the project, says the two learned as much as possible about the solution by attending all the training available through CCIM's HRIS project. As well, they often asked the support centre to send documentation they could study to figure out how to use specific features on their own.

"It's a great product and it's worthwhile if you can take it to the next level and really make it your own," says Nibha. "We are a part of this process; we're trying to make it even better than it was. Once you become very passionate about making it the best thing in your organization, that's when it really shows how great it can be."

Fortunately for other CSS and CMH&A organizations participating in the HRIS project, COTA Health passes all that knowledge on whenever possible, such as at the Fall 2010 Ontario Federation of Community Mental Health and Addiction Programs Annual General Meeting, where Nibha and Jenny discussed the learning curve required of COTA Health to implement the solution and the positive impact this solution is having on them, other employees and their overall processes.

That's why organizations considering joining the project should do it now, rather than continue to wait, Jenny advises.

"I would say do it now; it's a lot better with the support available," she observes. "Also, with so many organizations joining, you have the (benefit of their) experience. Why wait when you have free training?"

For more information on how the HRIS project may benefit your organization, please email:

CSS organizations -- css.hris@ccim.on.ca

CMH&A organizations -- cmh_a.hris@ccim.on.ca

SCCH milestones and reflections

Since launching in 2009, Community Care Information Management has engaged 24 Small and Complex Continuing Care Hospitals (SCCH), offering two tailored software solutions as part of the Management Information Systems and Human Resources Information Systems (MIS/HRIS) projects. These solutions are: Microsoft Dynamics GP, consisting of Quadrant MIS Suite, Materials Management and Fixed Assets; and Quadrant Workforce, consisting of Human Resources, Payroll, Scheduling and Self Service modules.

The solutions offer SCCHs across Ontario the ability to modernize key functions, streamline processes and eliminate waste, duplication and inefficiencies while meeting Ministry of Health and Long-Term Care reporting requirements.

In less than a year, 16 SCCHs have gone "live" with the HRIS human resources and payroll software with an additional 8 implementations scheduled for completion in June 2011. 16 SCCHs are "live" with the MIS solution and 2 are currently in the process of implementing. 10 organizations have gone "live" with Fixed Assets and 6 are in progress.

Ongoing SCCH MIS/HRIS training activities have enabled organizations to achieve greater efficiencies and benefits from their implementations:

- 16 organizations have received MIS training – 49 participants have received Microsoft Dynamics training, 48 have been trained in Materials Management, 29 have been trained in Fixed Assets and 22 participants have received FRx training.
- On the SCCH HRIS side, 22 organizations have received training in Human Resources and Payroll, 8 in Scheduling, 10 in HR Suite, 10 in Reports and 12 in Year-End Payroll. The SCCH HRIS training schedule for April to June 2011 is now available at www.ccim.on.ca.

As the SCCH MIS/HRIS project winds down to a June 10, 2011 completion date, fully implemented MIS organizations have already begun a phased transition to the internal Application and Maintenance Support (AMS) transition team. The SCCH MIS/HRIS project looks forward to continued success with implementation and transition in the coming months and to receiving further good news from the sector!

LIVE UPDATE

Brockville General Hospital went "live" with Microsoft Dynamics GP MIS Suite modules on March 1, 2011!

Alexandra Hospital (Ingersoll) and St. Joseph's Health Centre, Guelph went "live" with HRIS Human Resources, Payroll, Scheduling and QHR*n*et in March 2011!

As we have reached the Go Live stage on HRIS… we expect to see financial savings in the area of service contracts because of our participation with this project. However, I would just like to bring to your attention some of the non-quantifiable benefits we have received and expect to receive…. The first is the training that my staff received on the payroll system… they have a much better understanding of the system and feel much more confident and comfortable using it. Another benefit I see us getting from this arrangement is that our software will always be up to date… Having a system that will always be current is going to save us much time and headaches in the future. The last major benefit I see is having our information on your web-based server. Not only does this allow us to access it from anywhere, it also provides better back-up capabilities than we would have on our own… [and] eventually we will not have to maintain a server on site for our payroll and financials. This will save us both time and money over the long term…I feel very fortunate that our hospital was able to be a part of this project.

– **Les Ott**
Manager of Financial Services, St. Francis Memorial Hospital

The benefits from the new software are numerous… If CCIM had not offered us the Microsoft Dynamics GP software, we would have been stuck with a limited system which was expensive to maintain with little functionality. The new system provides functions that we would not have been able to afford if we had to purchase the software by ourselves. Some of the financial savings for Stevenson have occurred because of the reduced implementation costs for the new system… Furthermore, the integrated system is also more efficient and has saved us time at month end in preparing financial statements. We are also able to write sophisticated financial reports, whereas before we were reliant on IT consultants to make basic changes to reports. The availability of the system through the Internet means that we do not need a VPN connection… This is easier and we can access the general ledger from anywhere. The software is also being upgraded or updated by CCIM where Stevenson would have done its own testing in the past … Finally, with a number of organizations implementing the same software, it means that we have a good base to start a users group to discuss issues and improve our use of the system.

– **Myles Keeble**
CFO, Stevenson Memorial Hospital