Toronto Central **LHIN** eHealth Bulletin

May 2010

A message from Toronto Central LHIN's new eHealth Lead

Firstly, I would like to say that I am delighted to be taking on the role of eHealth lead for the Toronto Central LHIN. Robert Lee has also recently joined the Toronto Central LHIN as a Senior eHealth Consultant and the manager of the eHealth Office on secondment from Toronto East General Hospital. His strong background in project management and IT/eHealth implementations will benefit providers and stakeholders throughout the Toronto Central LHIN.

On the provincial front, eHealth Ontario is continuing its restructuring with the recent appointment of a new Board Chair, Raymond Hession, and a new President and CEO, Greg Reed.

There is also development in the GTA region, as the five LHINs in the GTA have recently agreed to work cooperatively and collaboratively to design and deliver on eHealth initiatives through the formation of the GTA eHealth Integration and Alignment Council.

Aside from these notable structural changes, in this bulletin you will find recent news about provincial, regional, and LHIN level eHealth initiatives as well as recent successes at your colleagues' organizations. Please enjoy the enclosed updates and feel free to contact the Toronto Central LHIN eHealth Office if you'd like to find out more.

Best Regards,

Rachel Solomon
Director, Design Support and Design
Toronto Central LHIN

Would you like to profile an exciting eHealth initiative from your organization in an upcoming Toronto Central LHIN eHealth Bulletin?
Contact Kendyl Dobbin in the eHealth Office: Kendyl.Dobbin@lhins.on.ca

INSIDE THIS ISSUE:

The Toronto Central LHIN eHealth Bulletin is a knowledge exchange tool to highlight initiatives and innovations in eHealth from within our LHIN and across the province. You are encouraged to share this bulletin throughout your organization.

Ontario
Local Health Integration Network

What is Resource Matching and Referral (RM&R)?

RM&R is an electronic information and referral system that matches patients/clients to the earliest available services and care setting that best meets individual client needs.

RM&R to facilitate bed-level matching for long term care homes

As of November 2009, the Toronto Central LHIN RM&R Program is live in 53 health service provider organizations, facilitating referrals from acute (medical/surgical units) and rehab/complex continuing care (CCC) organizations to the Community Care Access Centre (CCAC) and long term care homes (LTCH) via the CCAC. The next phase of activity in the RM&R program – bed-level matching for LTCH referrals – has recently been initiated. Bed-level matching for LTCHs will provide enhanced functionality that will enable clients on the waitlist to be matched to vacant LTCH beds. Another benefit of bed-level matching is that it will provide an accurate centralized database of available bed capacity in the LTCH sector.

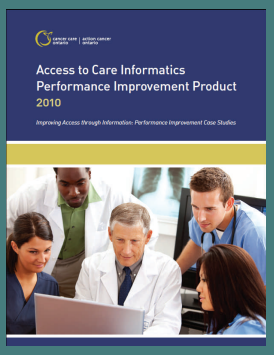
The RM&R project team is currently working with health service providers to determine their business needs, which will contribute to business and technical requirements for the design and development of the RM&R solution for bed-level matching. Implementation is planned for later this year.

Convalescent Care programs now a part of RM&R

The RM&R Program has recently added convalescent care programs as receivers of electronic referrals. Convalescent care programs provide 24-hour care to clients who, following surgery or serious illness, may not require hospital-level care but are not yet ready to return home safely. These programs offer medical and therapeutic services in a supportive environment for a short period of time (typically up to 45 days and no longer than 90 days). As of April 2010, Acute and Rehab/CCC Health Service Providers organizations that were sending long term care referrals through RM&R are now also able to send Convalescent Care referrals via the CCAC.

Hospitals and LHINs using wait time data to improve performance and patient wait times

On April 12, 2010, Cancer Care Ontario released its *Access to Care Informatics (ATCI) Performance Improvement Product* electronically (http://www.cancercare.on.ca/atcinformatics). This product was developed by the ATCI team in collaboration with healthcare facilities and LHINs. It profiles six real-life case studies of how hospitals and LHINs have leveraged available wait time data to improve performance and reduce their patient wait times in magnetic resonance imaging (MRI)/ computed tomography (CT), total joint replacement surgery, surgical oncology and in the emergency room.



Community-based agencies engaged for RM&R planning

The Toronto Central LHIN has been exploring opportunities for expanding the RM&R program into other care sectors within the LHIN. From November 2009 to March 2010, work was completed in the community support services (CSS) and community mental health and addictions (MHA) sectors to better understand the client and sector needs, privacy and IT implications, and requirements in preparation for a RM&R implementation. Extensive sector engagement sessions ('Fuzion' sessions) were completed to document current state referral processes and information flow between CSS and community MHA agencies, emergency departments, and inpatient units. The result was the creation of a draft minimum data set, and high-level requirements for the community MHA and CSS sectors for implementation of a RM&R system. This will contribute to: improvement of access to health care services for clients; optimized referral process for health service providers through enhanced communication abilities across organizational boundaries; and transparency of regional capacity utilization. This spring, the Toronto Central LHIN is building on these recent accomplishments and will be working with the community to identify areas for the early implementation of an appropriate IT solution for referrals.

Community-based Health Service Provider representatives participating in 'Fuzion' sessions at the Toronto Central LHIN office.

The Toronto Central LHIN would like to thank all the community and hospital staff who participated in this important work - their dedication and commitment will enable the community to better coordinate access for those who need it most.

Toronto Central LHIN participates with six other LHINs in capturing current state referral processes

In 2009, eHealth Ontario developed an RM&R Provincial Reference Model as part of the provincial Emergency Room (ER)/Alternative Level of Care (ALC) strategy. This model defines business process and data standards for RM&R solutions and a 6-step gated funding framework for developing RM&R programs.

The first gate of funding was made available to all LHINs to engage in foundational work for RM&R. Seven LHINs (Central, Central East, Central West, Mississauga Halton, North Simcoe Muskoka, South East, and Toronto Central) partnered together to document current state referral processes and address client referral needs from a broad, multi-LHIN perspective. Toolkits were developed to standardize the information from each LHIN, and Toronto Central LHIN Health Service Providers supportively took time to complete and validate details of their referral processes. A current state assessment and project charter have been submitted to eHealth Ontario as outcomes of this work.

This initiative has led to an improved understanding of current referral processes, provider relationships, and referral patterns within and outside of each of the seven LHINs. This is a critical step to catalyze and support future phases of RM&R implementation both regionally and provincially.

Toronto Central LHIN to assess the eHealth readiness of community-based agencies

This year the Toronto Central LHIN eHealth Office will embark on an eHealth assessment of the community MHA, CSS, and Community Health Centres (CHCs) within the Toronto Central LHIN. Funded by eHealth Ontario, the objectives of this assessment will be to document the current information management (IM) and information technology (IT) environments (with a focus on eHealth readiness) of these sectors, as well as to examine the potential impact of using secure internet technology as a means for communicating personal health information from agency to agency. The outcomes of the assessment will provide the LHIN and eHealth Ontario with an overview of the gaps and requirements for future eHealth initiatives and will guide future decisions regarding IM/IT investments and priorities in the community.

This initiative will leverage information from previous surveys and investigations that have been carried out in these sectors, such as the recent Community Navigation and Access Program (CNAP) IM/IT Environmental Scan and the IT surveys from the recent Ontario Common Assessment of Need (OCAN) implementations. In the coming months, the Toronto Central LHIN will be undergoing a request for service (RFS) process to find a delivery partner to execute this assessment.

eHealth Ontario funds expansion of Patient Results Online (PRO)

As part of the call for proposals from eHealth Ontario, the Toronto Central LHIN has been funded for the expansion of the web-based application, Patient Results Online (PRO). PRO pulls patient results and information from individual organizations' clinical information systems and presents providers with an integrated, single point of access to patient information from across the continuum of care.

This new expansion of the application includes:

- Increasing access to PRO for primary care providers' including community health centres, family health teams, clinics, and the Inner City Health Associates (a group of physicians that work with the homeless population in Toronto);
- Improving the clinical value of PRO by adding patient results from two new hospitals organizations; and
- Improving the PRO user interface to provide an overall better user experience.

The project was kicked-off by Shared Information Management Services (SIMS) at the end of April, and engagement activities with primary care providers and hospitals are currently underway. Stay tuned for updates on the progress of this exciting initiative!

Quick Fact

PRO was originally developed to facilitate the exchange of patient information between Mount Sinai Hospital and University Health Network. It was piloted with a few hundred physicians in 2003. Today, PRO is being accessed by over 20 healthcare organizations across Toronto and the province.

What is ConnectingGTA (cGTA)?

cGTA will enable the exchange of clinical information from participating organizations across the continuum of care in the Greater Toronto Area (GTA). The program includes: Provider Portal and Portlets; Health Information Access Layer (HIAL); and Clinical Document Repository (CDR).

ConnectingGTA getting ready to issue Request for Proposals (RFP)

The cGTA project has continued to make significant progress on preparing to issue a RFP in fiscal year 2010/2011 for the HIAL and CDR components of the cGTA solution. All system, service, and support requirements have been drafted and a technical working group with representation from the five GTA LHINs has vetted all technical requirements. eHealth Ontario and the LHINs are in the process of selecting a transfer payment agent who will not only issue the RFP but will also be responsible for planning and execution of the cGTA project on behalf of the GTA LHINs.

Detailed business and technical requirements for the cGTA Portal are also being developed in preparation for procurement, and in the months ahead, the project team will engage clinical, technical and privacy stakeholders to validate these requirements.

Five GTA hospitals (including St. Michael's Hospital, Sunnybrook Health Sciences Centre, and Mount Sinai Hospital) are currently working with the cGTA and eHealth Ontario project to send lab data to the Ontario Lab Information System (OLIS), from which all provincial patient lab results will eventually be accessed. As of March 2010, these sites completed the mapping of their biochemistry results and are embarking on final technical set-up and testing that will complete these new data flows by July. An OLIS implementation plan for remaining GTA labs is being developed for 2010/11.

The project is currently planning to execute other initiatives that will provide electronic patient data to clinicians by March 2011, in advance of the deployment of the full cGTA infrastructure solution.

What is the GTA West Diagnostic Imaging Repository (DI-r)?

The GTA West DI-r will enhance diagnostic imaging service across the region serviced by the GTA West hospital sites by enabling an expected 10,000 clinicians to access diagnostics images between sites .

GTA West DI-r confirms Transfer Payment Agency

The University Health Network has been identified as the official Transfer Payment Agency (TPA) for the GTA West DI-r project on behalf of 22 hospitals across five LHINs.

eHealth Ontario has provided the first round of funds for the project, and additional funds have been committed by Canada Health Infoway.

With the TPA identified and funding secured, the Master Services Agreement contract has been signed with CGI to initiate phase 2 of the project - design, build, management and support of the shared DI-r solution. Once implemented, phase 2 will allow participating organizations to:

- Store images and reports in the GTA West DI-r (release 1); and
- View images/reports through a clinical viewer and their native PACS system (release 2).

In April, participating organizations were invited to partake in information sessions to discuss the project governance and the Service Level Management Agreement (SLMA) negotiation process. The SLMA negotiations are scheduled to be completed this summer.

Health Service Provider eHealth Highlight:

Assessment recommends information technology options to support CNAP Hub infrastructure

The Community Navigation and Access Project (CNAP) involves a network of 34 community support service (CSS) agencies in the Toronto area who are collaborating to improve access and coordination of CSS services for seniors.

In aiming to ensure that 'every door leads to the appropriate service', the CNAP network is currently piloting a hub referral system (three hubs: West, Central and East) that aims to streamline access to CSS services by providing an entry/access point for health care professional who are unsure of whom or where to call. The pilot involves testing the intake and referral procedures for each CNAP hub, as well as identifying potential referral triggers that may be used on an ongoing basis in routing seniors to the appropriate CSS agency.

To date the hubs have managed and coordinated as many as 150 referrals during the controlled pilot. The hub pilot results will also be very informative for defining parameters and triggers as part of the eHealth Resource Matching and Referral (RM&R) initiative (an electronic solution), which is currently scheduled for implementation in the CSS sector in 2011.

With the support of the eHealth team, the CNAP network has also recently benefited from the results of a detailed IM/IT survey of the 34 network agencies (discussed in the December 2009 Toronto Central LHIN eHealth bulletin) as well as an environmental scan of hub enabling technologies in other regions and provinces.

The IM/IT survey results offer an exciting preliminary finding regarding RM&R readiness; the survey showed that as a whole, CNAP agencies are ready for the RM&R implementation from a basic technical standpoint.

Early results for the IM/IT environmental scan suggest a number of recommendations for supporting the CNAP hub structure in moving forward, including the following:

- There are cost-effective and suitable technologies available that will allow for encryption of client information while sending messages electronically to and from hub partners;
- There are options available for establishing a telephony system that allows for a 'one phone number' for the Hub referral system.
- There are worthwhile options for electronic systems that allow for standardization and integration in the intake and referral process for CNAP agencies using both existing and new IT platforms.

The CNAP network looks forward to investigating potential IM/IT options in further detail this fiscal year.

The lead agency for the CNAP Network is WoodGreen Community Services, who is supported by an executive committee from: Family Service Toronto, Les Centres d'Accueil Heritage, Mid Toronto Community Services, St Christopher House, St Clair West Services for Seniors, Sprint (Senior Peoples Resources in North Toronto), and West Toronto Support Services. For the full listing of all CNAP Network agencies go to www.cnap.ca.

For further information about the CNAP project please contact:
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Health Service Provider eHealth Highlight:

Toronto East General Hospital first community hospital in Toronto to implement CPOE and eMAR

Two new electronic health technologies – Computerized Provider Order Entry (CPOE) and Electronic Medication Administration Record (eMAR) – went live in November 2009 at Toronto East General Hospital (TEGH), which has digitized patient information for 85% of the chart.

The pilot project for 100 beds went live in April 2009 and received the Diamond Award for Excellence from Showcase Ontario in Government Modernization. The whole project took two and a half years to complete and is improving safety and efficiency. TEGH is the first community hospital in Toronto to go live with CPOE and eMAR.

"If we look at the stethoscope and how revolutionary that was in opening a new window into patient care in the past, then today, our stethoscope is CPOE and eMAR," *Dr. Pieter Jugovic, hospitalist and a physician champion of CPOE and eMAR.*

"Patient safety was a key focus throughout the project," says Robert Lee, Manager of Clinical Informatics. "The project itself was driven by provincial statistics on adverse events, such as medication errors."

CPOE enables clinicians to enter their orders directly into the computerized patient record, allowing immediate transmission of information into a universal access system.

"Work can now be done from wherever you are; you're not physically tied to the paper," says Carmine Stumpo, Director of Pharmacy and Emergency Services. "That works for physicians because they can enter the order and pharmacists can verify it from anywhere, improving efficiency".

eMAR incorporates a person's medication orders with an automatic schedule for nurses, prompting them when to give the medications. Previously, orders were rewritten onto a paper medication administration record with specific times outlined.

Once the medication arrives, patients are accurately identified at the point of care through the use of barcode technology. The patient's wristband is scanned and their information is displayed on the computer screen.

Within the first week, 36,000 orders were entered into CPOE and 52,000 doses were signed off on eMAR. The immediacy of information flow has resulted in a significant decrease in turnaround times. Prior to launch of CPOE and eMAR, it could take up to one and a half hours between writing an order to preparing medication. Now, that information is available as soon as it's entered.

Toronto East General Hospital

Toronto East General Hospital is a large, urban, full-service community teaching hospital located in South East Toronto. It is a 515-bed facility comprised of acute care, rehabilitation, complex continuing care and mental health beds.

To learn more about Toronto East General Hospital and their CPOE and eMAR initiatives, please contact :
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