Toronto Central LHIN

April 2011

eHealth Bulletin

A Message From Your eHealth Lead

I stepped into the role of interim eHealth Lead for the Toronto Central LHIN (TC LHIN) this past December, marking the end of a productive and rewarding 2010 and the start of an exciting new opportunity to deliver on the TC LHIN eHealth integration agenda.

One of the most inspiring initiatives announced in December was the appointment of TC LHIN as the Project Lead and Sponsor for the Provincial Alternate Level of Care Resource Matching and Referral (ALC RM&R) by the Ministry of Health and Long Term Care. This appointment reflects the demonstrated success of RM&R within the TC LHIN thanks to the critical leadership and support of our health service providers over the past four years. I am very encouraged that the lessons learned from the TC LHIN experience will be shared across the province through this opportunity.

In this bulletin, we have highlighted several exciting eHealth initiatives that demonstrate the leadership, innovation and excellence in eHealth found within our LHIN. On the local front, this includes recent successes with the RM&R implementation of bed-level matching for long-term care and the first wave of go lives for referrals to the community support sector for senior services. Regionally, tremendous progress has been made in large scale eHealth initiatives such as ConnectingGTA and the GTA West DI-r with both entering the execution phase. Please take a moment to read about these exciting endeavors that will influence and shape care delivery within the TC LHIN.

I look forward to working with eHealth Ontario, the ministry, Canada Health Infoway and particularly our health service providers to improve our health system and the quality of care through eHealth.

Robert Lee
Acting Director, Decision Support and Design
Toronto Central LHIN

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

INSIDE THIS ISSUE:

Health Service Provider eHealth Highlight:

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

Ontario
Local Health Integration Network

Implementation of bed-level matching improves referrals to long-term care

The Toronto Central LHIN RM&R program achieved a significant milestone on February 22nd with the addition of long term care (LTC) bed-level matching (BLM) functionality. Clients can now be matched directly to the LHIN's 5,897 LTC beds through RM&R. With this new functionality, specific bed vacancies can be posted by LTC homes and algorithms assist in matching waitlisted clients to these vacancies based on their profiles. There is now an accurate centralized waitlist for LTC through RM&R, eliminating the use of multiple electronic systems and duplicate data entry that was previously required for LTC waitlist management. The BLM functionality promotes:

- *equitable access:* through matching client directly vacant LTC beds
- *transparency:* by tracking referral responses and through a centralized waitlist
- *positive client experience:* by streamlining the process and reducing time required for processing.

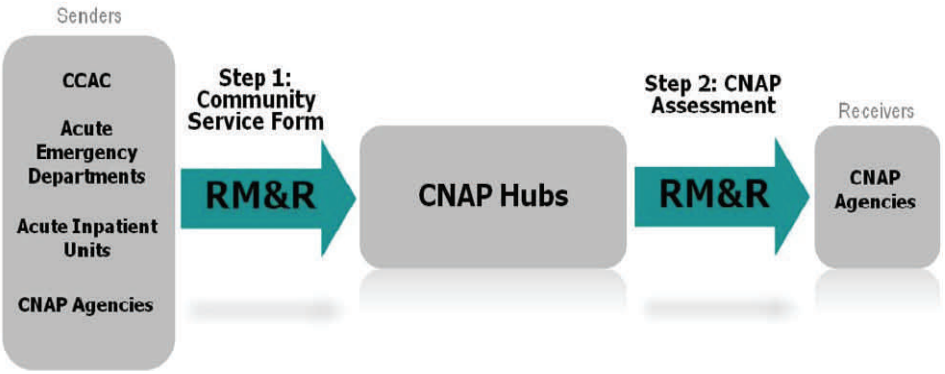
"The system is a great improvement and saves me much time as a Director of Care in managing our bed vacancies. I am sure that all around this system will free up many professionals to use their expertise in providing improved care coordination for people moving into LTC homes."

Martin Griffey, Director of Care, Maynard Nursing Home

RM&R program facilitating community support service referrals for seniors

The first wave of the Toronto Central LHIN RM&R Community Expansion project went live on March 28th. Care coordinators from the Toronto Central CCAC are now able to send referrals to the 34 health service providers that make up the Community Navigation and Access Program (CNAP) network. With community referrals now being supported through RM&R, the Toronto Central LHIN continues to enhance system integration and improve access to the most appropriate and available services for clients. Over the next several weeks, additional CCAC users, acute hospital inpatient units, emergency departments, and all CNAP agencies will begin using RM&R for facilitating community support services referrals for seniors.

The project is supported by several resources that were developed by the CNAP network, including standardized referral forms and service definitions, as well as coordinated access points (known as hubs). Multi-sectoral groups, with representation from CNAP, the CCAC, hospital inpatient units and emergency departments, have worked to define a model and requirements for RM&R that best meet the business needs for these community referrals. The model is a two step process. The referral requests are sent through RM&R to be assessed by the CNAP hubs which then use RM&R to send the referral to the appropriate agency. The resources that have been developed, such as the community service referral form, are scalable for use beyond community support services for seniors and will be used in future RM&R expansions.



Referral senders electronically complete community service referral form sent through RM&R to the CNAP hub. Experts within the hub then use RM&R to complete a detailed application and send the referral to the CNAP agencies that best meet the client's specific care needs.

The scoop on RM&R Data

One of the primary benefits of RM&R is the unprecedented level of data that are now available in the Toronto Central LHIN - RM&R captures data on every client, and every transaction, including the time associated with each referral that is facilitated through the system.

The Reporting and Analytics Advisory Committee (RAAC) is the body that guides the continued evolution and use of RM&R data and information. The group includes members from organizations across the various sectors that are using RM&R. They review existing system level reports and organization-specific data to identify any issues with data integrity and utility, and recommend areas for further analysis to be used for health system planning.

Currently, on a monthly basis, both site-specific data extracts and system-level reports are available from RM&R.

The site specific data extracts provide each participating RM&R organization with record-level data which includes information on client demographics, referral characteristics and referral processing timestamps. Today, some organizations are using these reports for monitoring internal processes and patient flow. Referral volumes by sending unit and referral processing times are closely monitored to understand the uptake of best practices within organizations. This data is also being used by some organizations to investigate ALC wait times within the organization and to better understand how barriers to patient flow can be addressed.

The system level reports display aggregated data showing: referral processing performance with breakdowns by both sending and receiving facilities; demand for programs and services; and special care needs of the population. With further analysis and refinement, and with the continued expansion of the RM&R program, the utility of the data available through RM&R will continue to improve.

eHealth Ontario Update: Completion of the Emergency Neuro Image Transfer System (ENITS) project

eHealth Ontario participated in a news conference on March 3 at Toronto's St. Joseph's Health Centre, to announce the completion of the Emergency Neuro Image Transfer System (ENITS). ENITS is a crucial program which now enables neurosurgeons to consult online with all 100 acute care centres in Ontario. This process previously operated on a patchwork system of phone calls – meaning patients often needed to be transferred to be seen in person for a consultation. ENITS now significantly reduces the need for patients to travel within and out-of-province, or out-of-country for treatment. The program has saved taxpayers $50 million since 2009.

"This is a significant milestone for improving patient care in Ontario through eHealth. It means that people right across the province will benefit from neurological specialists regardless of geography. It also means that unnecessary transfers will be avoided, sparing families needless travel, expense and worry."
- *Honourable Deb Matthews, Minister of Health and Long-Term Care*

Left to right: Carolyn Baker, President and CEO of St. Joseph's Health Centre, the Honourable Deb Matthews, Minister of Health and Long-Term Care, Dr. Michael G. Fehlings, Medical Director of the Krembil Neuroscience Centre and head of the Spinal Program at the Toronto Western Hospital and Dr. Steven Rhee, Physician at St. Joseph's Health Centre.

What is Patient Results Online ?

Patient Results Online (PRO) is a web-based application that gathers patient results and information from various organizations and provides a single point access to that information. The application can be remotely accessed, allowing clinicians to view comprehensive patient information from multiple sites.

New users accessing patient results electronically through Patient Results Online

The Toronto Central LHIN is proud to announce the successful completion of the eHealth Ontario funded Patient Results Online (PRO) Expansion project. Over the past several months, the University Health Network (UHN) has worked to allow seven additional primary care groups and over 240 primary care physicians, nurses and specialists to have timely and secure access to patient health information electronically. As a result, these clinicians will achieve efficiencies and improved clinical decision making due to the enhanced availability of their patients' information from across providers. This project has also improved the availability of electronic patient information for the 30 organizations that were previously using PRO, as two additional hospitals, Toronto East General Hospital and Sunnybrook Health Sciences Centre, are now contributing patient results into system. This has increased the type of patient results available through PRO by 90%.

Outstanding participation in Community Information Management and Technology Assessment

Over the past few months, 129 community-based health service providers (HSPs) participated in the Toronto Central LHIN Community Information Management and Information Technology (IM/IT) Assessment. This initiative, sponsored by eHealth Ontario, was developed in recognition of the fact that the understanding of IM/IT environments both within community agencies and across the community sector has been minimal and disparate. This has historically made it challenging for community agencies, the LHIN and eHealth Ontario to make evidence-based decisions related to IM/IT. Due to the overwhelming participation from HSPs, there is now a comprehensive data set of the current IM/IT environment across the community sector within the Toronto Central LHIN. This information is being used to inform IM/IT recommendations and opportunities related to financial savings, business improvements, partnerships and early adoption planning for future eHealth initiatives for the community sector. The Toronto Central LHIN would like to extend our sincere appreciation to our community HSPs for your tremendous support over the past few months. We look forward to sharing the outcomes of the assessment with you in near future.

GTA West Diagnostic Imaging Repository – Improving efficiency and quality of care

The main objective of the GTA West Diagnostic Imaging Repository (DI-r) is to improve the quality of care in diagnostic imaging through a patient-centred approach.

The GTA West DI-r will promote collaboration between participating organizations. In addition, the ability to view a longitudinal record of a patient's full diagnostic imaging history, irrespective of where an image was acquired or transcribed, will assist physicians and specialists in making informed decisions, thus ensuring patients receive accurate diagnoses and the best treatments available.

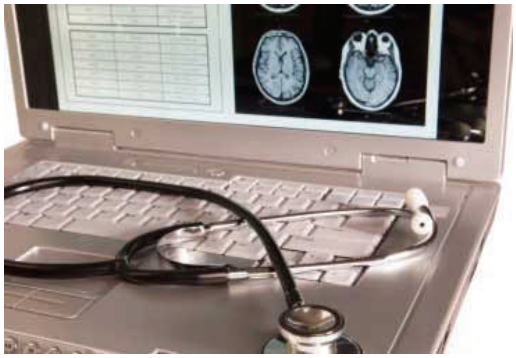
Some of the Direct Benefits to Patients:

- *Access for All* – Specialists and physicians from partner organizations will be able to remotely view images and scans and provide consultations to patients, regardless of where they reside. This elimination of unnecessary travel between organizations will not only result in faster diagnoses and increased access to specialists, it will contribute to a better quality of life for patients who have difficulty traveling long distances.

- *Security* – Sharing of diagnostic images will be secure. The transfer of image scans, and the accompanying Personal Health Information, between participating organizations via CDs will no longer be required.

- *Decreased Wait Times* – Clinicians within partner organizations will be able to view diagnostic images instantly, eliminating the need to repeat scans on patients. This will contribute to decreasing wait times for diagnostic imaging.

- *Elimination of Repeat Scans and Subsequent Reduction in Radiation Exposure* – This repository will help eliminate avoidable retakes, thus limiting patients' exposure to radiation.



The GTA West DI-r Project Team has already had an eventful 2011. On January 31st vendor contracts were finalized and signed. Another important milestone was met at the end of January – the Participation Agreement, binding all the participating organizations and officially commencing the design, build and implementation phase of the project, was signed. The GTA West Diagnostic Imaging Partnership now includes 21 participating organizations, accounting for approximately 40 sites. The project team is preparing an implementation schedule and will be announcing more exciting initiatives over the months to come.

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

The GTA West Diagnostic Imaging Repository (DI-r) is a shared regional repository that will provide an expected 10,000 clinicians with access to patients' diagnostic imaging results acquired at any of the 21 partner health care facilities that make up the GTA West consortium.

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: a portal and portlets; health information access layer (HIAL); and clinical document repository (CDR).

ConnectingGTA (cGTA) – Moving into execution

The project is making final preparations to move from planning into execution. With updated Steering Committee membership, individuals from across the Greater Toronto Area (GTA) are being identified for the clinical, technical, and privacy and security working groups.

Highlights from 2010/11 include the start of several foundational initiatives. These initiatives not only play a critical role for the broader solution but are set to deliver benefits to patients and clinicians beginning in June/July 2011:

- *June 2011* - cGTA's Wave 1 Ontario Laboratories Information System (OLIS) population activities are scheduled to be completed. With this milestone, data from Mount Sinai Hospital, Sunnybrook Health Science Centre, St. Michael's Hospital, North York General Hospital, Southlake Regional Health Centre and the OLIS foundation adopter sites will allow OLIS to capture 52% of lab data in the GTA. The Wave 1 experience will help shape the OLIS' provincial viewing strategy and allow Steering Committee members to determine next steps for cGTA's subsequent OLIS population waves.
- *July 2011* - LHIN-based foundational initiatives will see 1,200+ new clinicians receive access to various hospital reports from across the GTA with another 1,100+ existing clinicians to benefit from an enhanced user experience.

Organizations within the Toronto Central LHIN are participating in the initiative known as the LHIN Exchange Access Point (LEAP). Leveraging Patient Results Online (PRO), this project will expand access to clinical reports, including discharge summaries and clinical notes, from seven hospitals in the Toronto Central LHIN to clinicians in the Mississauga-Halton LHIN. More than 1,100+ existing users will also benefit from an updated user interface which will include improved results viewing features.

Kick-off sessions for existing sites were held in February with sites working towards go-live dates scheduled between May and June of 2011.

What will cGTA deliver?

As a cornerstone information system, cGTA supports eHealth Ontario's clinical priorities and provides the foundation to securely and seamlessly exchange clinical data in the GTA. cGTA will:

- Identify and collect priority data - A Clinical Data Repository will store data from existing sources
- Provide the ability to exchange information - A GTA Health Integration Access Layer will integrate and securely share clinical data from multiple sources
- Provide access to information - Access options, such as provider portals or direct integration, will allow clinicians to access patient information online

What data will be available through cGTA?

Starting with clinician identified priority data, the project will leverage registries and repositories from health care organizations' and provincial and regional eHealth systems as sources to provide access to the following data: clinical reports (CCAC, discharge, emergency department and visits and encounters), diagnostic imaging*, drug information* and lab results.*
** Data will be accessible as regional and provincial sources become available*

What will cGTA mean for investments made in local information sources (e.g., HIS, EMR)?

cGTA will provide options for clinicians to access health information that complement existing workflows. By providing a provider portal, portlet technology or direct integration, cGTA will leverage existing investments rather than replace them.

How/when can my organization participate in the cGTA Project?

Steering Committee members will begin discussing the project's deployment approach and timing in the April/May 2011 with details scheduled to be more broadly communicated in May. In the interim questions can be sent directly to the project team at ConnectingGTA@uhn.on.ca.

Stay tuned for more information in the months to come.

Health Service Provider eHealth Highlight:

Family health teams enthusiastic about new Electronic Medical Record

The Department of Family and Community Medicine at St. Michael's consists of 55 academic physicians who are engaged in clinical care, teaching, research and administration. The department had long been seeking an electronic medical record (EMR). OntarioMD committed to funding an EMR for St. Michael's and in late 2007, a triumvirate was created with Women's College Hospital and Toronto Western Hospital to look for a common EMR solution. Expertise and experience was sought from academic departments across the city.

Our department needed a flexible EMR solution. The team consists of physicians with 1 to 30 years of experience, social workers, physiotherapists, chiropractors, pharmacists, counselors, occupational therapists, nurses, dieticians and clerical personnel. With 125,000 visits per year, 25,000 rostered patients, multiple uninsured patients and serving an area with the highest burden of disease in Ontario, there was heterogeneity of both provider and patient. Furthermore, a specialized interface was necessary to flow hospital data into the EMR. How were these challenges handled?

Nurse Practitioner, Jean Wilson, working on the new EMR

A strong relationship with hospital information technology (IT) and support from the hospital administration pushed the project through. Hospital IT resources were mobilized to help with planning and implementation. A physician IT lead with specifically assigned time helped to coordinate the various activities.

Various champions piloted different functions of the EMR at one of the five sites prior to being rolled out to the other four sites. A gradual phased-in approach was used. More reluctant users learned first-hand of the success of their colleagues and the excitement of using an EMR. There was a natural propagation of enthusiasm and confidence. Leveraging the power of the professional relationships and personal anecdotes of colleagues, change management was fast and responsive.

> **"I have been delighted by the ease of use of the system; it has really transformed my practice and improved both my efficiency and the quality of my patient care!"**
> Dr. Chris Cavacuiti

We just started in late 2010 but implementation has been accelerated by the desire of staff; even our two-finger-typing chief has been thrilled with the EMR and managed to continue seeing four to five complex patients per hour without slowdown. Clerical staff are exclusively booking appointments on the EMR. Physicians are inputting prescriptions, patient profiles, immunization updates and charting. The transformation has been easier than thought, and more importantly, physician satisfaction has been greater than anticipated.

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Thank you to Dr. Fok-han Leung from the Department of Family and Community Medicine at St. Michael's for submitting this article.