



# “eVitalization”

## Phase II ~ Clinical Transformation

Alison Mahony – Chair, CE LHIN Clinical Informatics Advisory Group and  
Clinical Informatics Lead, Peterborough Regional Health Centre

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# CE LHIN Clinical Informatics Advisory Group

- **Who:** A group of Clinical Informatics, Professional Practice and other Clinical leaders from hospitals across the CE LHIN. Make recommendations and report to CE LHIN VP/CNE group.
- **What:** act as a Regional Advisory Group; support, lead and make recommendations related to the implementation of clinical information systems and electronic health records across the CE LHIN.

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# CE LHIN Clinical Informatics Advisory Group

- **Where:** represent 9 hospitals, and liaise both within the CE LHIN (with other health service providers) and external to the CE LHIN.
- **When:** officially approved early 2009. Kick off meeting held April 2009.
- **Why:** To provide a clinically relevant perspective and guidance for decision making related to clinical technology implementations.

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# Membership on CE LHIN Clinical Informatics Advisory Group

Alison Mahony	Chair CE LHIN CIAG and Clinical Informatics Lead, PRHC	Daphne Brine	Health Informatics and Processes Leader, NHH
Thom Chambers	Director of Nursing, Professional Practice, Clinical Education and Health Informatics, LHC	Debra Churchill	Director, Professional Practice and Health Informatics, Ontario Shores
Terri Early	Manager, Nursing Professional Practice, PRHC	Karol Eskedjian	Senior Planning Manager, Stakeholder Engagement, CE LHIN eHealth
Donna Foster	Manager of Clinical Informatics, Ontario Shores	Sue Grant	Director of Quality and Professional Practice, RMH
Beverlee Groves-Foley	Manager, Mental Health, RMH	Lewis Hooper	Regional Chief Information Officer and CE LHIN eHealth Lead
Dianne Laroche	Clinical Practice Leader, Risk Manager, CMH	Karen Mayne	Director, Professional Practice, Quality and Risk, RVHS
Alison MacDonald	Clinical Education Leader, Clinical Informatics, Ont Shores	Margaret McCormack	Manager, Clinical Health Informatics, TSH
Marlene Ross	Senior Project Manager, CE LHIN eHealth	Lynn Tkac	Project Manager, Clinical Informatics, RVHS
Jeanie Wright	Director, IT, Ontario Shores Centre for Mental Health Sciences		

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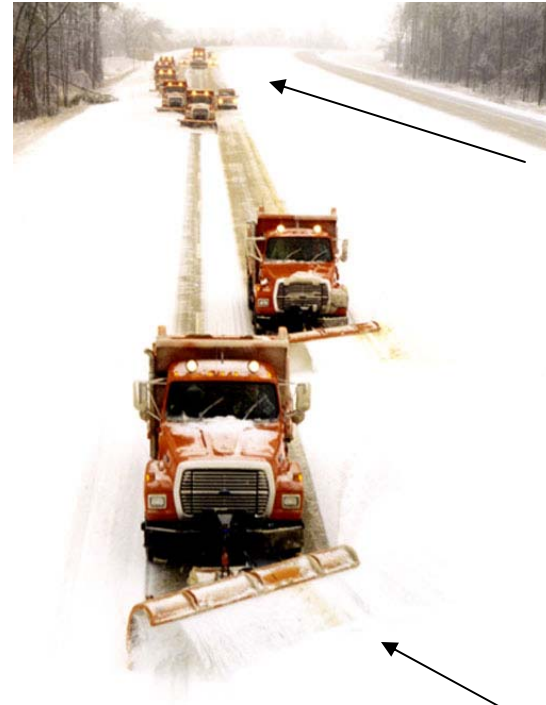
## Genesis of CE LHIN Clinical Informatics Group (CIAG)

- Since 2007, a member of CE LHIN eHealth Steering Committee, chaired by Lewis Hooper.
- Late 2008, recommended CIAG to Lewis as a way to engage the region's clinical informatics and professional practice leaders in the decision making around clinical technologies.
- Draft Terms of Reference developed, and CIAG approved by both CE LHIN VP/CNE group and CE LHIN eHealth Steering Committee early 2009.
- CIAG has been meeting monthly since spring 2009.

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## Focus of Clinical Informatics Advisory Group

- Current focus is on CE LHIN Meditech Hospital Information System Consolidation Project.
- CIAG has done considerable pre-work to help prepare for Phase II.



Phase II

CIAG

# Successes to Date for CIAG

1. Formation of CIAG – a rarity in province.
2. Development of and approval for *CE LHIN Guidelines for Clinical Documentation: Vision and Guiding Principles*
  - *Vision:* CE LHIN Clinical Documentation is a standardized patient centred inter-professional record based on best practice that enables better patient outcomes.
  - *4 Guiding Principles:*
    - Patient Centred and Collaborative
    - Comprehensive and Complete
    - Ensures and Maintain Confidentiality

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## Successes to Date for CIAG

3. Facilitation of business case for Standardized Clinical Documentation: performed by Dr Lynn Nagle, esteemed national leader in informatics.
4. Creation of Mental Health Subcommittee of CIAG – focus on standardizing clinical documentation germane to mental health services.
  - Reflects Mental Health focus in CSP
  - Supports Ontario Shores most effectively

## What's Next for CIAG?

1. Refine *CE LHIN Guidelines for Clinical Documentation: Vision and Guiding Principles* by developing consensus on standard format for narrative notes and determine best practice around care planning.
2. Take Dr Nagle's business case forward for approval to execute.
3. Continue to support Mental Health (MH) Subcommittee.
4. Perform qualitative evaluation on MH subcommittee's work. (cost and impact analysis).
5. Determine mechanisms for continued and enhanced alignment with CSP (and other work that may be underway).
6. Advise on and support Phase II HIS Standardization work.

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With a Vision and Great Teamwork....



....Amazing things are possible!

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Thank you!

**For questions or comments please contact me at:**

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