



# E-Vitalize Patient Care Through Standardization Clinical Transformation – Phase 2

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Engaged Communities.  
Healthy Communities.

# Complexities and Challenges of Clinical Transformation

## **Clinical Project not an IT project:**

Identify clinical processes and workflow

Determine how the system can enable the processes

Patient Safety – Coordination of Care – Efficiency of resources

Patient Outcomes – identified, measurable

Content development for documentation

## **Organizational Culture and Readiness for Change**

Understanding current state

Defining expectations/standards for clinical practice and care delivery

Best Practices and Standards of Care

Mapping current processes – gaps, duplication, opportunities

Computer literacy of clinical staff

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# Clinical Resources

- Emphasis on Change Management and Adoption
- Identify and Engage the stakeholders
- Build capacity
- Frontline staff – subject matter experts
- Challenged by availability of clinical staff – time commitment
- Collaboration and active engagement with Meditech- Patient ID, Care planning and the RAI

# Interdisciplinary Dictionary Builds and Standards Opportunities

- Focus on nomenclature
- How we name the data
- How we define the data
- Where it “lives” in the EMR – is it in ITS or PCS/NUR?
- Important that at this point we align the processes or how each clinician is going to look at things in the EMR

# Mental Health Working Group

- Focus on standardizing the clinical documentation that is directly related to the care of mental health patients in the CE LHIN.
- Recognize there is organizational uniqueness
- Targeting about 80% standardized and 20% unique documentation.
- Initially, focus on mental health inpatient documentation  
Outpatient will come later.
- Essential is the integration of the RAI Mental Health into the care planning and clinical documentation

Scope of Work for the Mental Health Sub Group:

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# Mental Health Working Group

## Framework for go-forward:

CIAG Framework and Philosophy

Support for CSP strategy

Ontario Shores Go-live dates

Support clinician practice

Reduce duplication

Eliminate gaps

Insure best practices

Efficient and effective

Follow the patient journey in the systems and process reviews.

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# MH Working Group

- Within each process indentified the core documentation processes that occur
- Identified/list discipline specific assessments (19 disciplines in mental health care)
- Sub groups to look at specific types of clinical documentation across sites and identify common elements and areas of overlap
- Began with a review of key clinical process

Microsoft Excel - Spread Sheet Template

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Type a question for help

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	A	B	C	D	E	F	G	H	I	
1		Ontario Shores (OS)	Northumberland Hills (NHH)	Peterborough Regional Health Centre (PRHC)	Ross Memorial Hospital (RMH)	Rouge Valley Health System (RVH)	The Scarborough Hospital (TSH)	Lakeridge Health Corporation (LHC)	Hali Highlan Service	
2	<b>Data Elements</b>									
3		✓								
4	BM (Bowel Movement): (Frequency)									
5	Continent:									
6	Incontinent:									
7	<b>Nature</b>									
8	N = Normal									
9	H = Hard									
10	W = Watery, Liquid									
11	P = Pasty									
12	B = Bulky and Uniformed									
13	<b>Amount</b>									
14	S = Small (<250mL)									
15	M = Normal (≥250mL/ <500mL)									
16	L = Large (≥500mL)									
17	FO = Oozing									
18	FS = Staining									
19	<b>Toilet</b>									
20	T = Toilet									
21	C = Commode									
22	B = Bedpan									
23	SL = Side Lying									
24	Fluid Intake:									
25	Fiber Intake:									
26	<b>Treatment (record on MAR)</b>									
27	PRN laxatives									
28	Suppositories									
29	Enemas									
30	Rectal Stimulation									
31	<b>Referrals</b>									
32	D = Dietitian									
33	NCA = Nurse Contience Advisor									
34	OT = Occupational Therapist									
35	P = Pharmacy									
36	PT = Physiotherapy									
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Ready NUM

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# Thank You.....

# Questions?

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