Central East LHIN

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e-Update

In This Issue ….

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e-Update is a communication tool developed to keep you aware of e-Health initiatives that involve service providers from across the CE LHIN. You are encouraged to share this e-Update with your boards, staff, physicians, and volunteers. For more information, please visit http://www.centraleastlhin.on.ca/Page.aspx?id=11808. If you require additional information about anything you read, please contact:

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Why Can't We Just Flip a Switch?

By the year 2015, the Ontario government will meet its goal of having an Electronic Health Record (EHR) for all Ontario residents. How the CE LHIN is contributing to this goal and why we can't just flip a switch and make it happen was discussed with the LHIN Chief Information Officer, Lewis Hooper. According to Mr. Hooper, getting from where we are now to having an EHR is complex work that is about a lot more than technology. It involves using a common language, making sure all users have the right technology, providing training and paying attention to change management.

Lewis Hooper CE LHIN CIO

Lewis, what do you mean by having a common language?
If you want to share information with someone, you need to make sure they understand what you are talking about. That is why we're creating standards. It's about establishing a language that we will all share. A perfect example of why we need this is the pain scale. Let's say a patient goes to hospital A, and their pain is measured and recorded as six on a scale of one to ten. Then the patient is transferred to another facility where their pain is measured on a scale of one to five. Their original pain measure will be meaningless; there isn't even a six on the second scale. That means clinicians won't know if the patient is responding to treatment or if their condition has improved. There are numerous other examples where language of care is precise at a local level but unclear to a larger audience.

In terms of presenting health information, we need to make sure that we are talking the same language and that what we say or record as patient information is the same in all cases. Healthcare is not yet a standardized industry even though we are working towards it, but creating standards for our HIS consolidation is moving us towards consistency. The building of standards is complex; fairly objective and a great deal of work. But, it's worth it. The difference standards can make to patient care and knowledge transfer, which is a core part of what clinicians do, is substantial. Patients and clinicians alike will benefit. (Continued on page 2)

Change Management means different things to different people. How does it apply to the EHR?
Just because you build it, doesn't mean intended users will wholeheartedly embrace the system. As part of change management, we have to help potential end users understand the tool we are developing, give them a good reason to use it and explain how it will benefit them and their work. This is an area where we need to do a better job. Getting community agencies and physicians on board with the Health Information System (HIS) is critical to establishing a single system of integrated care. To ensure potential users will adopt the HIS, we need to help them see themselves in it, meet their needs and address their workflow and processes.

A good example is family doctors. How do we interest them in a new system when most family doctors have had paper based systems for organizing patient information in place for years? Physicians are focused on delivering quality care, so this is what we need to talk to them about. The HIS makes patient care safer because all patient information is available in one place. For instance, it will provide physicians with a structured way to view a patient's complete medical history and patients will not be depended upon to fill gaps, such as recalling prescriptions provided by other health care practitioners. The HIS definitely has advantages, but what about physician work processes and work flow? We need a better understanding of these before we can provide solutions and help physicians practically apply the HIS to their situations.

How do we ensure all partners are equipped and able to connect?
You can't share an electronic health record with individuals and organizations that don't have electronic equipment. Only 23% of physician offices in Ontario have computerized patient management systems. Running the wires to their offices doesn't help if they don't have the infostructure (technical infrastructure) to use, share or contribute to the EHR. There are programs in place to help physician's purchases technology, but often physicians lack other resources, such as technical support, required to make it happen. If we can find out what the barriers to implementation are, perhaps we can help.

At our various agencies, getting capital for technology is a big barrier. When you implement a clinical system there is little financial payback although there is potentially a lot of clinical payback and benefits accrued to the patients. At most hospitals the requests for capital by departments outnumber the available dollars by fifteen to one. This means that hospitals, like all of us, have to make tough decisions. Many of these competing requests are about urgent needs such as a broken boiler that has to be replaced. Everyone knows that what we are doing is the right thing, but it's hard to find financing. Financial resources are limited.

What's involved in training?
Training will be ongoing as systems come into play. It is great to have a shared health information system, but in addition to providing the information, we need to teach people how to access the information they need. Most importantly, the system has to be structured in a way that is useable. Many health information systems have functions and capacities that are very beneficial to both patients and providers, but they are complex systems and to get the full value out of the system we need to make sure our staff is well trained. In most cases we will be training providers on technology that has not previously existed in their environment. This technology will include online documentation of physician and nursing notes and ordering of medications and tests.

What will be the most valuable outcome of the work we are doing?
The HIS, and in turn, the EHR will help us work in an integrated systematic way to care for our patients. We have good clinicians and when the HIS is in place, these talented people will be able to work together in a meaningful way to improve care and outcomes. The HIS will assist us in taking patient care to the new level and contribute to health system sustainability.

HIS Consolidation - Phase I

Survey

A survey distributed to the four teams that have completed their work in HIS Phase I has revealed some interesting themes that are being considered as we prepare for Phase II. The survey, developed with the intent of finding out what we did well in Phase I and what we could improve, asked survey participants to rate statements about the standards development process. Themes that emerged from the survey were:

- When team members can not attend meetings in person, conference calls and Live Meetings web conferencing were good options, however, it was sometimes difficult to follow discussions
- There was some inconsistency between facilitators when more than one facilitator worked with a team
- Sometimes a lack of information about MEDITECH 6.0 held up the process
- Inability to access the Sandbox meant that decisions were being made but not verified

In response to survey statement number twelve: 'The overall standards development process was a positive experience and will advance the goal of implementing a shared MEDITECH System throughout the CE LHIN', respondent comments included:

- "The overall standards development process was a positive experience and it will advance the goal of implementing a shared MEDITECH system throughout CE LHIN";
- " I think it helped to create a LHIN focus for IT"; and
- "It is the right direction to go".

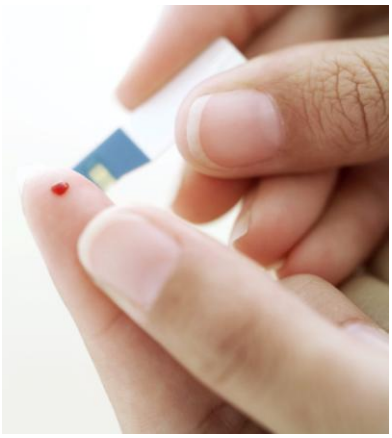
In response to survey statement number five: 'the needs of all participating organizations were considered and addressed as much as possible', a respondent shared "[I] believe we are all on the same page as to developing standards that would meet the needs of all."

As a result of the survey, the eHealth project management team will work to make a number of process improvements:

- Team facilitators will be trained to conduct meetings effectively using Live Meetings
- If team facilitators are changed, knowledge transfer will be organized and facilitated by the CE LHIN eHealth project management office
- Facilitator MEDITECH 6.0 training will be conducted and access to MEDITECH staff will be structured to ensure quick and timely access when consultation is required
- Before Phase II teams begin working, their Sandbox access will be approved

We thank everyone who participated thus far in the Phase I Survey. Phase II is currently being planned and survey results will help shape how the process is structured. As our other teams complete their work, they too will be surveyed their input considered as we move forward with Phase II.

Diabetes Measurable Outcomes Project



The CE LHIN Diabetes Network, made up of representatives from different LHIN Diabetes Education Centres, has developed a Diabetes Measurable Outcomes Project to measure qualitative and quantitative diabetes indicators. The initiative, which will be piloted for six months at six demonstration sites (Ross Memorial Hospital, Markham Stouffville-Uxbridge Cottage Hospital, The Scarborough Hospital, Peterborough Regional Hospital, Oshawa Community Health Centre, and Ontario Shores Centre for Mental Health Sciences) involves tracking diabetes outcome indicators using a web database from Groveware Technologies Inc.

With de-identified (anonymous) information, the database will, in addition to recording biophysical diabetes indicators, such as blood pressure, A1C, and low density lipoprotein (LDL) cholesterol, track qualitative behavioural measures. These include the patient's eating habits, physical activity, blood glucose testing and confidence in their diabetes self-management. Until now, other than the Ministry of Ontario Health and Long-term Care reporting requirements, no consistent approach existed to measure diabetes outcomes. One purpose of the Diabetes Measurable Outcomes Project is to provide a tool to gather consistent data that will support best practices, better inform quality improvements in the diabetes program plans and encourage information sharing across the LHIN. This comparative data will also provide insight into the effectiveness of service provision and a patient's adoption of self-care practices. The expectation is that, over time, the Diabetes Measurable Outcomes Project will help us recognize patterns and make program improvements to enhance patient care.

Major Milestone: Clinical Documentation Guidelines

Janice Dusek, of Ontario Shores Centre for Mental Health Sciences

Development of MEDITECH 6.0 clinical standards is being helped along by the CE LHIN Clinical Informatics Advisory Group. The members have created the *CE LHIN Guidelines for Clinical Documentation: Vision and Guiding Principles* which has been endorsed and approved by the CE LHIN Chief Nursing Executives and VP Clinical Programs Committee.

"The days of having information scattered around the unit and using one massive chart that 10 people can not look at simultaneously is over," explained Janice Dusek, Ontario Shores Centre for Mental Health Sciences, Chief Nursing Officer and Vice President of Professional Practice and Strategic Development. Ms. Dusek, who is also Chair of the CE LHIN VP Nursing/ Chief Nursing Executives and VP Clinical Programs Committee noted, "But before we can develop electronic charts, we need to articulate what our thoughts are about the standards that are required for care and performance. The *CE LHIN Guidelines for Clinical Documentation* states our purpose for developing standardized clinical documentation. It's a foundation that outlines where we want to go, and it will help us evaluate the work we are doing."

The G*uidelines*, which supports an overarching approach to clinical documentation, has four guiding principles for CE LHIN Clinical Documentation:

- Is patient centered and collaborative
- Enables a comprehensive and complete record
- Ensures and maintains confidentiality
- Related systems and processes are driven by best clinical practice

According to Ms. Dusek, "Health care providers have various philosophies and organizational approaches to care. By creating this document, we have pulled together principles for clinical documentation that will help us to work and think using a common approach. We will all provide the same standards of care while meeting the unique needs of individuals."

Development of the *Guidelines* was timely. In addition to benefitting our Phase II Clinical Modules Standards development, the *Guidelines* fit with the new inter-professional philosophy of care delivery. "Inter-professional care blurs the lines between professions. It's about health care providers working together to create one plan of care and it's a whole new way of thinking. Previously, each discipline would develop a plan of care. In the future, with electronic documentation, we will be able to develop an integrated care plan which involves multiple practitioners and patients."

When asked what excites her about new *Guidelines* document, Ms. Dusek responded, "Clinical informatics is an enabler which assists clinicians in providing great patient care. Having a document that helps us develop clinical informatics is very beneficial. Few organizations have done this. It is very proactive and from a LHIN perspective, having all our organizations working together is a huge feat and very visionary. The document will help us create an integrated system of care that benefits patients. There will be more integration between all care providers, consistency of patient information and better transfer of care across the continuum. The fact that we all came together and everyone agreed upon the *CE LHIN Guidelines for Clinical Documentation: Vision and Guiding Principles* is monumental. That in itself is cause for celebration!"

If you would like a copy of the *CE LHIN Guidelines for Clinical Documentation,* please contact Karol Eskedjian at keskedjian@tsh.to

Bits and Bytes

Perot Awarded Contract

Perot Systems has been awarded the contract to project manage the HIS Consolidation Phase II Standards development. Perot also facilitated the Phase I standards development.

Credentialing – One Acute Care Network

The CE LHIN eHealth team is supporting the development of an electronic LHIN-wide physician credentialing system. The system will support a Clinical Services Plan recommendation, which was proposed by the Medical Leadership Group, that physicians can have credentials at multiple CE LHIN hospitals. The system will also feature a repository that will house all credentialing information.

In June 2009, a request for information (RFI), pertaining to an electronic credentialing system, was posted and six strong responses were received. The RFI submissions results and a draft project plan will be presented at the next Medical Leadership Group meeting.

Microsoft Licensing Agreement

The eHealth Team and the Information Technology Directors of the CE LHIN hospitals have secured a LHIN-wide Enterprise Agreement (2009 – 2012) for Microsoft products. This agreement is for all CE LHIN hospitals and will hold pricing at 2008/09 levels for three years. At the request of the CE LHIN board, the eHealth team is also pursing an addendum to the agreement which would enable all other CE LHIN health care providers, in addition to hospitals, to participate. In addition to standard software, the agreement includes:

- Employee Microsoft software purchase discounts and a home use program
- Additional software, including e-learning
- Training
- Technical support

At a later date, staff will be advised of the employee discount details.

Upcoming Events

July 28 – 29 Materials Management 1st Application Training, Local
July 28– 30 Health Information Management 2nd Application Training, Local
August 4 – 6 Pharmacy 2nd Application Training, Local
August 4 – 6 Executive Support System Dictionary Training
Location: MEDITECH Headquarters, Boston
August 11 Meditech 6.0 Clinical Module Orientation Day "*E-vitalize Patient Care through Standardization*"
August 12 – 13 Staff Scheduling Standards Dictionary Training
Location: MEDITECH Headquarters, Boston
August 25 – 27 HIM Pre-Live Training, Local

Teams

Each month, we have been publishing the membership lists of our Standards Teams. This month we feature the BAR (Billing/Accounts Receivable) team. We also would like to acknowledge a committee that hasn't had their membership lists published yet. They are the (HIS (Health Information System) Consolidation Advisory Committee.

BAR – Billing / Accounts Receivable Standards Team

Name	Title	Hospital / Organization
Anne Milliken	Director, Data Integration	Ontario Shores
Cathy Outram	Chief Financial Officer	Haliburton Highlands
Cheryl Lynn Robertson	Application Consultant	Lakeridge Health Centre
David Jewell	Systems Analyst	Peterborough Regional Health Centre
Diane Hodgins	Manager, Financial Services	Peterborough Regional Health Centre
Donavan Du Quesnay	Manager, MIS Business	Rouge Valley
Margaret O'Dell	Manager, Finance	Ontario Shores
Nancy Byrne	Finance Application Specialist	Ross Memorial Hospital
Shelly Miles	Manager, Application Services	Ross Memorial Hospital

HIS Consolidation Advisory Committee

Name	Title	Hospital / Organization
Alison Mahony	Clinical Informatics Lead	Peterborough Regional Health Centre
Deborah Anthofer	Director, IT	Lakeridge Health Centre
Jeannie Wright	Director, IT	Ontario Shores
John Chen	CFO	Ontario Shores
John Haydock	Acting Director, IT	Rouge Valley
Joseph Hagos	Director, IT	The Scarborough Hospital
Ken McMillan	Acting Director, IT	Lakeridge Health Centre
Lewis Hooper	CIO and LHIN eHealth Lead	CE LHIN
Marlene Ross	Sr. Project Manager, e-Health	CE LHIN
Mike Donoghue	Director, IT	Northumberland Hills
Paul Rosebush	President and CEO	Haliburton Highlands
Rick Salcak	Director, IT	Peterborough Regional Health Centre
Varouj Eskedjian	VP, Diagnostics & Support Services	Ross Memorial Hospital