



e-Update

Better e-Health = Better Health

In This Issue....

- ▶ Automated Wait List - Rehab eReferrals
- ▶ Delivering Improved Quality and Patient Safety
- ▶ TDIS- Timely Discharge Information System

Bits and Bytes

- ▶ OLIS
- ▶ eHealth Community Consultation
- ▶ DCC- Due Diligence
- ▶ HIS Consolidation Data Standards-Maintenance

eNews

Upcoming Events

e-Update is a communication tool to keep you aware of eHealth initiatives that involve service providers across the CE LHIN.

You are encouraged to share this *e-Update* with your boards, staff, physicians, and volunteers.

For more information, please visit:

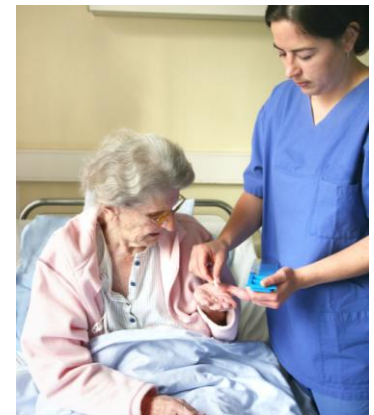
<http://www.centraleastlhin.on.ca/Page.aspx?id=11808>

If you require additional information about anything you read, please contact Karol Eskedjian

karol.eskedjian@lhins.on.ca

Automated Wait List - Rehab eReferrals

Lakeridge Health Corporation has made an important achievement. In one area of the organization they have decreased wait times, increased efficiencies and improved patient care with virtually no cost other than staff time. How they did this was relatively easy. They got rid of the paper involved in the Post Acute Specialty Services (PASS) application process for complex continuing care and rehabilitation beds. "Prior to implementation of the automated wait list, when patients needed to be transferred to PASS from another hospital area, we required a paper application, which in some cases got lost in the mail, or didn't come through correctly on the fax machine," explained Patricia Dingman, Interim Director, PASS Program. "The system didn't work; we needed an electronic solution to improve things."



To resolve wait list issues, PASS management asked Vince Ruttan, Coordinator of the Patient Flow Initiative, to develop a web based online waitlist tool that would enable Lakeridge staff to apply for PASS beds electronically. In 2007 the interactive waitlist management tool was complete. The system enabled staff to request PASS beds using MEDITECH Order Entry and then view waitlist progress on a SharePoint site managed by PASS staff.

"The beauty of this system is that it isn't too complex," said Mr. Ruttan. "From Lakeridge Health's intranet, we have a link to a SharePoint site that is being used to support the automated wait list. The wait list is actually a web page. We embedded it in SharePoint to enable a layer of security that will allow only authorized users, such as social workers and physiotherapists to gain site access."

Lakeridge Health is a multi-site organization. All campuses use Order Entry to place patients on the PASS wait list. The rehab facility at the Oshawa campus, the Complex Continuing Care and Geriatric Rehab facilities at the Bowmanville Campus and the Complex Continuing Care Facility that is currently in a temporary location at Rouge Valley, all draw from the wait list to fill their beds.

Staff responsible for managing the wait list can put their comments and patient management suggestions beside the names of people on the list. In some cases, referred patients may not be appropriate for PASS services, and these decision comments will show up on the SharePoint. In another area of the SharePoint changes in a patient's condition are monitored.

continued on the next page....

Engaged Communities.
Healthy Communities.

...Continued from page 1 Automated Wait List Rehab eReferrals

"It's a very visual tool," said Mr. Ruttan. "It's easier to figure out than something that is text based like MEDITECH. You can look at this site and know what is going on. It's intuitive, there are icons for messages that have occurred in the last 24 hours, and there are other icons that show up if a patient is being moved or is on hold. The information you need just jumps out at you."

Ms. Dingman likes the layout and agrees, "It really simplifies things. The waitlist is in two parts; We have all our rehab candidates on "one page" and all our complex care candidates on another. There is even colour coding for geriatric services and our regular rehabilitation stream. And there are indicators for isolated and dialysis patients. Furthermore, we can tell at a glance when a bed becomes available and determine who will fill it. This helps prepare us for a patient's individual needs before they arrive."

Feedback about the system has been good. It has decreased paper work and improved equitable access through automation. The system has significantly improved communication amongst providers; they are all using a common language when they communicate about rehab. And, advance notification of potential rehab patients and the ability to monitor progress towards rehab readiness has enabled expedited referrals, timely transfers and increased occupancy. The system is such a success that stakeholders, who were initially skeptical about utilizing the system, can't imagine functioning without it. "Staff love it," concluded Ms. Dingman.

Delivering Improved Quality and Patient Safety

It's just over a few months old, but already staff, nurses and doctors are cooing about the system like it was a newborn. In early November, the Birthing and Newborn Centre (BNC) at Rouge Valley Health System's (RVHS) Centenary site took delivery of a new electronic monitoring and documentation system, Philips, OB TraceVue (OBTV), designed to ensure comprehensive coverage across the obstetrical care continuum.

The BNC, where OBTV was implemented, is a new state-of-the-art birthing centre which is just over a year old. Each Labour Delivery Recovery Postpartum room has a computer so that nurses are now able to use OBTV to capture record and retrieve patient information in real time. OBTV's key clinical features include continuous trace displays of fetus and mother; basic and advanced fetal trace alerting (which makes clinicians immediately aware of critical events); and a centralized electronic patient record for the mother, fetus and newborn.

"In the past, nurses documented using paper charts," said Lynn Tkac, Project Manager, Clinical Informatics, and Rouge Valley Health System. "During labour, changes can happen quickly and it was challenging ensuring all documentation was completed in a timely manner. After delivery, nurses would capture notes on a worksheet, and transfer this information to the patient's chart at intervals during their shift. With OBTV and having computers in each room, we can document assessments and interventions in real time as they are done. We can also access this information anywhere in the BNC, including the physicians' call room."

Promoting excellence in service delivery was the vision of the OBTV implementation team and the project objectives were to: streamline workflow and decrease duplication of effort; standardize documentation standards and practices across sites and disciplines; improve access to a more comprehensive patient record; and enhance the security and privacy of patient information.

Each project objective is already being accomplished and, in only a few short weeks since the implementation, a number of benefits of the OBTV are becoming apparent. Outside of BNC, Ms. Tkac reports that the Medical Records Department is ecstatic over OBTV reducing the size of the paper chart, and number of forms that need to be stored. She has also witnessed enhanced patient education as an outcome of the system and relates seeing a nurse and patient looking at a computer while engaging in a teaching session.



...Continued from page 2 *Delivering Improved Quality and Patient Safety*

Each project objective is already being accomplished and, in only a few short weeks since the implementation, a number of benefits of the OBTV are becoming apparent. Outside of BNC, Ms. Tkac reports that the Medical Records Department is ecstatic over OBTV reducing the size of the paper chart, and number of forms that need to be stored. She has also witnessed enhanced patient education as an outcome of the system and relates seeing a nurse and patient looking at a computer while engaging in a teaching session.

Ease of training has been another great benefit of OBTV. The BNC team is made up of nurses, midwives, physicians and social workers. Regardless of who is working with a patient, whether it is a nurse or social worker, OBTV is the standardized documentation tool and everyone needs to learn the system.

"It had to be easy," admitted Ms. Tkac. "Just before our "go live", Dr. T. Logaridis, Chief of Obstetrics, voiced concern. He said 'Lynn, I think we need more time to be trained,' which to everyone's surprise, was not the case, proving that OB TraceVue is a user friendly program. It only took about an hour or two of training for each physician. Now the obstetricians love the system and they want to know when OBTV will be available in their offices."

Rolling out to physicians' offices and to RVHS Ajax site is slated for the next phase of the OBTV project. Rouge Valley is the only organization in Canada planning to utilize the system throughout the continuum of care, capturing information from a mother's first physician office visit through to discharge following delivery.

TDIS - Timely Discharge Information System

"Before everything else, getting ready is the secret to success." Henry Ford

It takes a lot of preparation to introduce successful automated improvements. Just ask the team working on the Timely Discharge Information System (TDIS). For almost two years, they have been focused on creating a patient discharge summary that will be distributed electronically to family physicians and healthcare providers that deliver post-hospital care.

TDIS grew out of an idea from Dr. Chris Jyu and the Primary Care Working Group. Their goals for the TDIS project were to:

- ensure continuity of care and decrease inappropriate readmissions by providing family physicians and other post-hospital care providers with a patient discharge summary within 72 hours of the patient leaving hospital;
- standardize and streamline the discharge process;
- eliminate costs, such as paper and postage associated with letters, faxes, etc.;
- provide hospitals with a more efficient and accurate system for transmitting information to family physicians;
- support physicians, who are moving to electronic medical records in their offices, by providing the discharge summary in an electronic format



Before TDIS, patient discharge information was not getting to physicians and healthcare providers in a timely fashion. Often these paper or fax summaries arrived weeks after the patient was in post-hospital care. To remedy this, TDIS was developed to enable the efficient electronic exchange of patient hospital admission and discharge information. TDIS would replace faxes, emails, and information couriered from hospitals to family doctors. It would also reduce staff time and eliminate errors associated with manually entering paper discharge information into physician client management systems.

To move the TDIS concept to reality, a project team, with members from the CE LHIN eHealth office, The Scarborough Hospital, Lakeridge Health Corporation (Lakeridge), and Peterborough Regional Health Centre collaborated in a project plan. It captured how TDIS would meet the needs of all CE LHIN hospitals, the TDIS infrastructure, how physicians would be involved and the agreements between the TDIS partners.

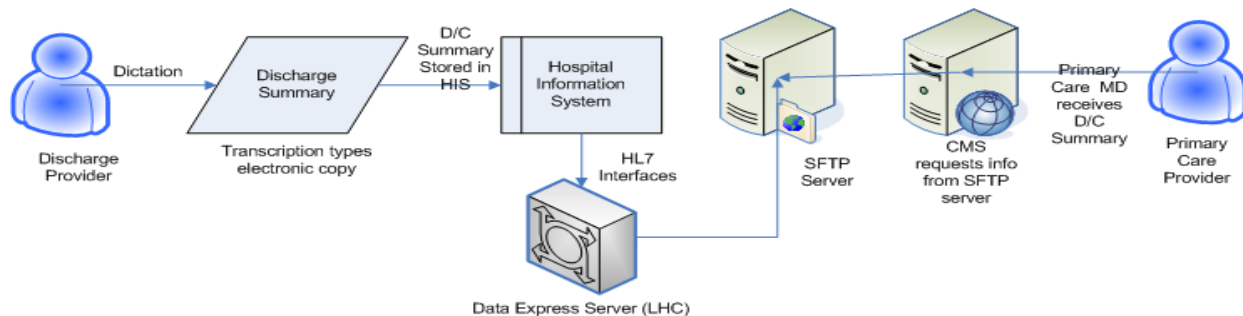
Engaged Communities.

Healthy Communities.

continued on the next page....

...Continued from page 3 *TDIS- Timely Discharge Information System*

Lakeridge was identified as the central host site for the TDIS software (Data Express) and in January 2009, eHealth Ontario provided funding to enable the TDIS pilot project to include all hospitals in the CE LHIN.



The project team, which involves the Primary Care Working Group (PCWG), also has physician representation from Dr. Jyu who is providing clinical support and expertise. The team has collaborated with hospital representatives, including information technology, health records and privacy staff, to get hospitals and physicians connected, and resolve any security and privacy issues.

Although the TDIS project has gone well, it wasn't without challenges. A MEDITECH interface had to be built. A structure to transfer discharge information from all the hospitals to the software hosting site (Lakeridge) was developed. And because physicians are using different client management systems (CMS), interfaces for each of the four main CMS were developed to ensure discharge summaries went directly into physician systems.

The TDIS pilot currently underway (involving connecting the host site (Lakeridge) and all the CE LHIN hospitals) will be complete by the end of this month. Development of the interfaces to connect the physician CMS is in testing. In preparation for going "live," information sessions and training are being conducted with participating primary care physicians.

Bits and Bytes

OLIS

The Ontario Laboratory Information System (OLIS) has been a part of the CE LHIN for a while. In the beginning, Lakeridge Health's hospitals were part of a pilot project aimed at developing a connection between hospital labs, OLIS and the MEDITECH health information system. Now that the pilot is complete, a new project is underway. It will involve connecting the remaining CE LHIN MEDITECH hospitals, Rouge Valley Health System, Peterborough Regional Health Centre and The Scarborough Hospital to, OLIS. Planning for the project is currently in development.



eHealth Community Consultation

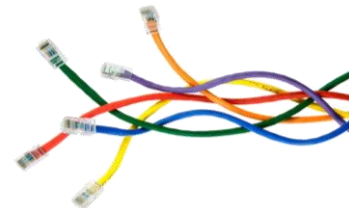
The CE LHIN eHealth Community Consultation Task Group (CCTG) is winding up its 6-month mandate to provide recommendations on eHealth needs of non-hospital community agencies sectors including sectors of Long Term Care (LTC), Community Care Access Centre (CCAC), Community Care, Community Health Centres, and Community Support Services. The objective is to provide better detail to the question: *"How can eHealth support and improve the delivery of care to your clients?"* In April the CCTG will present their findings to the eHealth Steering Committee with recommendations about how to incorporate community provider eHealth needs into the current Provincial eHealth Strategy and the CE LHIN eHealth Strategic Plan; and link them to the CE LHIN IHSP aims of: (1) Reduction of one million hours spent in ERs by 2013, and (2) Reduction of Vascular Disease in CE LHIN by 10% by year 2013. Recommendations will be validated during the CE LHIN Symposium, May 5, 2010.

Engaged Communities.

Healthy Communities.

DCC – Due Diligence

On February 17, the CEOs of hospitals participating in the Data Centre Consolidation Project received a letter of intent which, if they sign it, will continue their DCC project participation and involve them in the Due Diligence Phase.



During the Due Diligence Phase, which will likely run from late February 2010 to March 2010, the two preferred vendors, Perot Systems and HP, will perform a detailed analysis of hospital information technology assets in order to refine their bids and support contract negotiations.

Also during this phase, the Business Cases will be refined and finalized for submission to the partner hospitals for approval. The Project Management Team has met with 20 of the 26 hospitals to review the individual Business Cases and more meetings are planned. In addition, the Project Management Team and CIOs will carry on looking for external funding, and discussions with OntarioBuys will continue.

In preparation for the Implementation Phase, the Project Management Team will begin identifying potential early adopters.

HIS Consolidation Data Standards – Maintenance

To support the Ontario Shores Centre for Mental Health Sciences, MEDITECH 6.0 implementation, and sustain and maintain Standards that were developed for Phase I MEDITECH modules, a formal process was put in place to deal with Standards issues and discrepancies. The Integration Committee, made up of hospital representatives, will resolve matters as they arise or convene with the appropriate Standards Committee to assist with making the required Standards decisions.

eNews

New Chair of eHealth Ontario Confirmed February 2, 2010

The Ontario Government has confirmed that Raymond Hession is the new Chair of eHealth Ontario's board of directors for a three-year term. The appointment, made by Order-In-Council, took effect February 1, 2010.

More at: <http://news.ontario.ca/mohltc/en/2010/02/new-chair-of-ehealth-ontario-confirmed.html>

Nurse Managers and eHealth Initiative

The Registered Nursing Association of Ontario (RNAO) will be hosting five one-hour teleconference consultation sessions with **nurse managers** during the last week of February. The sessions will be about eHealth and its impact on nursing.

If you are a nurse manager and would like to be involved, please email jboyce@rnao.org

More at: <http://www.rnao.org/Page.asp?PageID=924&ContentID=3156>

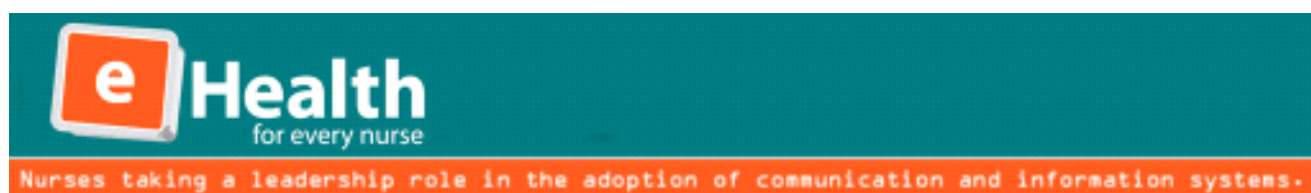
World of Health IT Conference 2010

WoHIT 2010 will for the first time be held in conjunction with the European Union's annual [High Level eHealth Conference](#) on 15-18 March 2010 in Barcelona, Spain. The objective is to create the largest European high level platform for stakeholders sharing the common goal of advancing eHealth in Europe. **March 16-18** will be open to all delegates. More at: <http://www.worldofhealthit.org/>

Upcoming Events

MARCH

March 1,2,5	FUZION Sessions – RM&R Project
Mar 4	Connecting cGTA Information Session for Nurses
Mar 8	eHealth Community Consultation Task Group
Mar 10	eHealth Steering Committee
Mar 10	IM/IT Advisory Committee
Mar 11	eReferrals Technical Standards Working Group
Mar 12	Inter-LHIN RM&R Follow-up Session
Mar 12	CFO/CIO Group
Mar 22	Clinical Advisory Group (CAG)
Mar 24	Senior Nursing Leader eHealth Exchange Workshop



Topic: Connecting GTA, a LHIN eHealth Project information session for nursing

Date: March 4, 2010 **Time:** 1200hrs- 1300 hrs

Location: Video-conference and web-conference

Project Details: Connecting GTA Project is a GTA LHIN eHealth initiative. It will provide nurses and healthcare professionals with access to multiple sources of data (discharge summaries, lab results, ED reports, CCAC reports) at the point of care through a single portal.

Purpose: Learn about the project, its benefits to nursing and to solicit input from the nursing community and participants for a working group

Register at: <http://www.surveymonkey.com/s/LZCP7LW>

Video-conference: Forward link to Telehealth Coordinator

- <https://schedule.otn.ca/tsm/portal/nonclinical/details.do?request.requestId=10476900>

Web-conference: Go to link and sign in as a guest + you must call in to hear presentation:
<http://breeze.ehealthinnovation.org/gta/>

Audio Dial in:

- Join the conference call:
- Local Dial-in: 416-406-5763
- Toll-free Dial-in: 1-866-596-5280
- Conference ID: 1049334



Engaged Communities.
Healthy Communities.