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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.centraleastlin.on.ca/Page.aspx?id=11808>

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

keskedjian@tsh.to

eHealth Community Consultation Task Group

Based on the need to build eHealth connections between CE LHIN providers and community agencies, the eHealth Office has facilitated the formation of an eHealth Community Consultation Task Group (ECCTG). Representing a wide range of sectors and community-based agencies, Task Group members are working to identify eHealth needs and opportunities that exist within the community care sectors.

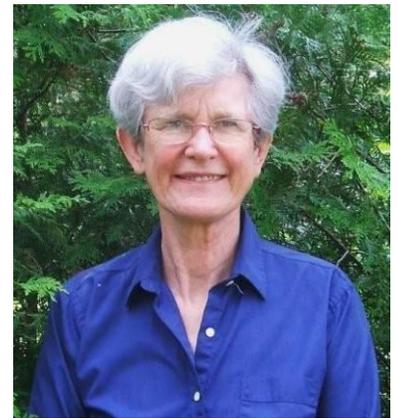
"We wanted to get this conversation started," explained Susan Donaldson, ECCTG member. "There was a definite need for a forum where we could get together and identify shared eHealth issues and see where we can leverage CE LHIN initiatives and achieve economies of scale. This group hasn't really spoken together on eHealth before."

The group, which has a six-month mandate, is tasked with identifying the eHealth needs of community agencies and evaluating where and how they fit within the current CE LHIN eHealth strategy. The Task Group will also prioritize new initiatives that they would like to see undertaken, create an action plan to move community eHealth forward, and provide membership recommendations for a Community eHealth Advisory Group. At the end of their term, in April, the ECCTG will report back to the eHealth Steering Committee and the CE LHIN Board.

"eHealth can help us with the challenges of communicating with one another and sharing patient health information," said Ms. Donaldson. "We need systems in place that will allow everyone throughout the continuum of care to interact and share information. eHealth can help us improve the care and safety of the individual in the community. By working collaboratively, our Task Group and the CE LHIN will achieve a better working environment and better care for clients."

The Task Group, which is a mix of physicians, a pharmacist, and individuals representing long term care, chronic disease management, mental health and addictions, community care, and seniors' care, began meeting this month. They represent their individual organizations and are accountable for reporting back to and representing their sector.

"Our group is multi-sectoral. It brings together silos, groups that may have had little interaction in the past," reported Ms. Donaldson. "We are looking for ways to jointly harness the power of eHealth and see where we can be part of what the LHIN is already doing. Recently the LHIN was able to negotiate lower fees for Microsoft licenses. On our own, community agencies couldn't accomplish that, but working in partnership with the LHIN, we can have success. If we save \$100 dollars on a license, that is \$100 more that we can put into care. And that's what it's all about, using eHealth to improve patient care."



Susan Donaldson, eHealth Community Consultation Task Group

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EMR Adoption Program – Physicians Moving Forward

OntarioMD works with and on behalf of physicians to leverage information technology and support growing practices and patient needs. The organization, which is owned by the Ontario Medical Association (OMA), manages the electronic medical record (EMR) Adoption Program funding provided by eHealth Ontario.

Dr. Christopher Jyu, Co-Chair of the CE LHIN Primary Care Working Group and a board member of OntarioMD and the OMA, noted "The EMR, which is a computer system physicians use to record their patients' health information, improves patient safety, enhances practice efficiency, and helps us reduce waste, save money and improve the quality of patient care."

Currently 30% of Ontario's family physicians are using EMRs funded by the government, but eHealth Ontario's goal is to increase this percentage to 65% by 2012. In the CE LHIN region, almost 1,300 family practice physicians and specialists are eligible for the New Adopter EMR funding.

"I'm quite excited about the EMR funding," said Dr. Jyu. "The overall intent of the Ontario and CE LHIN eHealth strategies is to enable health care professionals to share patient health information as a means of improving patient care. The EMR can help us reduce mistakes; improve tracking of chronic conditions and preventative care; eliminate redundant tests; integrate with lab and hospital records; and enhance collaborative care by sharing health information with other health care providers. The EMR is a first big step in the right direction."

Brian Forster, CEO of OntarioMD, added that "EMRs will have interfaces to eHealth applications and the provincial electronic health record as they evolve. The latest version of certified EMRs is able to upload patient data to the Diabetes Registry once it becomes available."

At the physician's office, immediate benefits of the EMR include helping physicians streamline their practices. Patient information can be stored and shared more efficiently among the various health team members; preventative care support is enhanced through automated reminders and alerts; and potential mistakes due to human error are reduced. "There are less transcription mistakes when medical doctors use EMRs," explained Dr. Jyu. "Prescriptions are printed off from the EMR and are signed by the physician. This means pharmacies don't need to interpret physician handwriting or waste time verifying information."

Mr. Forster agrees and has statistics from a survey of 1,200 physicians in which 65% percent of physicians reported patient safety increased with EMR adoption. Mr. Foster noted "A significant reason for this is that most physicians are using EMRs to write and renew prescriptions. The EMR checks for adverse drug reactions and creates computer printed prescriptions."

The electronic medical record is also contributing to the CE LHIN eHealth strategy by enabling integration with other electronic tools. The Timely Discharge Information System (TDIS) initiative, which will be implemented at the CE LHIN in early 2010, creates an electronic discharge summary from hospitals. In the past, physicians would often receive discharged patients in their offices long before the patient's discharge information arrived. With TDIS and the EMR able to integrate, physicians will get discharge information in advance and be able to better prepare post hospital care for their patients.

Looking to the future, Dr. Jyu commented "The EMR is an important part of the eHealth foundation. It is helping us expand our ability to share a patient's health information with hospitals and allied health providers. And eventually, it will help us realize our ultimate goal which is to further empower patients to do better self care. We'll accomplish this by giving them access to their own electronic health information. The EMR is like a tipping point. It will really move eHealth forward."



Dr. Jyu, Co-Chair, Primary Care Working Group

Measuring Nurse Impact on Care

Health Outcomes for Better Information and Care (HOBIC), formerly known as the Nursing and Health Outcomes Project (NHOP), is a program of the provincial government that facilitates the collection of standardized health outcome data across the province. By next year, all CE LHIN hospitals will have implemented HOBIC.

"There has been great uptake in the Central East LHIN, because the organization understands the value of the program," explained Patti Tracey, HOBIC's Regional Coordinator. Ms. Tracey (who was working as a Nurse Manager at Peterborough Regional Health Centre when she was seconded by HOBIC) added "The CE LHIN has a strong eHealth focus and HOBIC supports that plan."



Presently, HOBIC is focusing on the professional practice of nursing and tracks measures across four sectors: acute care, long-term care, complex continuing care and community care (home care). In the future, the program will expand to include a variety of health care professions working in a number of areas including rehabilitation, primary health care, mental health, and public health.

Currently, the type of data that is being collected -- which is called HOBIC measures -- assists nurses to evaluate the effectiveness of their work. When tracked over time, the HOBIC measures provide valuable insight into the progression of a patient's health status, risk of falls and pressure ulcers, and readiness for discharge. The data also supports administrative decision making about resource use and is assisting researchers to better understand the impact of nursing on patient care and health outcomes.

Ms. Tracey explained "HOBIC measures are things that nurses have always assessed and monitored in their practice. It is data that pertains to a patient's activities of daily living; their functional abilities such as bladder continence; four symptoms: pain, fatigue, nausea and dyspnea; the incidence of falls, and the severity of pressure ulcers. The data is collected within 24 hours of a patient's admission, and again within 24 hours before the patient is discharged. Because data is collected at two points of time, it helps us understand the impact nursing has on a patient's health, and it helps nurses plan care and evaluate treatment and intervention effectiveness. The data is having an impact at the point of care and is assisting hospitals, single departments and individual programs track trends over time."

HOBIC measures are being integrated with the electronic clinical documentation systems and assessment tools that already existed at the CE LHIN hospitals. At hospitals that were using paper assessment tools, data is now being collected using a web-based application.

"As a result of HOBIC, nurses in different CE LHIN hospitals are using the same standardized language to talk about clinical outcomes. This helps information to flow efficiently between the different sectors and eventually it will improve the flow of information between different types of health care providers."

HOBIC is not mandated; it is a voluntary initiative. The CE LHIN saw the value of the initiative and embraced the opportunity. The HOBIC program goals are to keep expanding across sectors and disciplines, and it is even being rolled out at post secondary institutions. Trent University and Fleming College are early adopters, which means their nurse graduates will come into CE LHIN jobs understanding the value of measuring outcomes, and the standardized language.

The HOBIC program will be implemented in over 200 sites across Ontario by March 31, 2010.

Health Information System (HIS) Standards - Phase I

That's a Wrap!

On November 13, the HIS Phase 1 Standards Teams along with the Integration and Advisory Teams took time out to celebrate their success. At the Ontario Shores Conference Centre, teams heard a welcome from Marlene Ross, the eHealth Senior Project Manager and HIS Project Lead, and congratulatory words from Ontario Shores Centre for Mental Health Sciences (Ontario Shores) Chief Executive Officer, Glenna Raymond. Ms. Raymond thanked the teams for achieving the unprecedented work of collaboratively creating a single set of standards for all nine hospitals and providing the foundation standards for Ontario Shores to implement the first MEDITECH 6.0 system in Canada. She also pointed out that the work will have an impact on many areas and will strengthen the drive toward best practices.

Before wrapping up the formal part of the program, Master of Ceremonies, John Chen introduced the CE LHIN's Chief Information Officer, Lewis Hooper. Mr. Hooper recognized approximately 100 staff for their hard work in what he described as "breaking new ground together in building eHealth and setting the stage for future HIS Consolidation initiatives."



John Chen, Master of Ceremonies

To wrap up the celebration, teams participated in a game loosely based on the popular TV show, Family Feud. Questions were taken from common phrases used during Standards Teams' meetings. Four lucky people won door prizes donated by Phase I Consulting partner, Perot Systems. Team members were given a small token of appreciation for the numerous hours they spent collaborating on developing the standards. The afternoon finished off with lunch and great conversation among the team members who have made new valuable connections with their colleagues across the CE LHIN.

HIS Standards - Phase II - Site Visits

To support the implementation of MEDITECH 6.0 Phase II Clinical Modules at Ontario Shores, Perot Systems, the Phase II project management team, has been conducting hospital sites visits to gather information and input. At each site, Perot spent between one and three days touring the facilities and meeting with physicians, nurses, allied health care professionals, management and administration.

During these sessions, Perot worked with clinicians to determine the processes hospital health care professionals use in their work and the type of documentation they gather. Now that the site visit process is complete the project is being finalized and, the information that was gathered will be used to create a draft Standards Development Model for Phase II.

This model will also incorporate best practices standards from organizations such as the Registered Nurses Association of Ontario, the Canadian Council on Health Services Accreditation and two successful standardization projects: North East Ontario Network (NEON) and the Regional Shared Health Information Program (RSHIP). The draft Standards Development Model will be presented for review in December 2009.

Update - In the Sandbox

The Sandbox, which was developed and used in Phase I of the HIS Consolidation Standards Project, is an environment where MEDITECH 6.0 modules can be reviewed and confirmed. Since the CE LHIN is the first organization in Canada to implement MEDITECH 6.0, which is drastically differently from former MEDITECH versions, the Sandbox is an important tool. Team members can obtain access to the Sandbox and "get a feel" for how modules work and integrate.

The Sandbox now houses the six Phase II MEDITECH 6.0 Clinical Modules:

- ITS Imaging and Therapeutic Services
- PCS Patient Care Service
- BMV Bedside Medication Verification
- OM Order Management
- EMR Electronic Medical Record
- PCM Physician Care Management

Update -Data Centre Consolidation (DCC)

In September, the DCC Project Team issued a vendor request for proposal (RFP) which closed October 30 2009. Initial scoring of the proposals was completed by November 6 and followed up by RFP Evaluation Team meetings to discuss variances and reach consensus in areas where evaluation discrepancies were noted.

In the week of November 23, the RFP Evaluation Team will continue assessing vendors when they attend the vendor oral presentations. The RFP evaluation process, which will finish up with final scoring and include an evaluation of vendor pricing, is scheduled for completion by November 30. Look for details about the successful bidder in the next *e-Update*.

Bits and Bytes

CE LHIN eHealth Website

Getting information about CE LHIN eHealth initiatives is easy. Simply go to the CE LHIN's homepage and click on the "eHealth Taking Care Everywhere" box on the bottom left of the page.

In the eHealth section of the CE LHIN website you can find:

- The CE LHIN eHealth Strategic Plan
- Who is involved in eHealth work
- Committee information and membership lists
- Regular project updates
- Past presentations and information from events
- Back issues of *e-Update*; and
- A way to contact the CE LHIN eHealth Team for more information or to provide feedback

Check out the CE LHIN Website homepage and click on the "eHealth Taking Care Everywhere box".



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Resource Matching and Referrals (RM&R)

The CE LHIN eHealth Team has received LHIN Board approval to collaborate with six other LHINs in a province-wide referrals project that will receive approximately \$11 million in provincial funding. This three-year Resource Matching and Referral initiative will focus on developing an automated system to place patients discharged from acute care to long term care, rehabilitation or community care programs and services.

At the CE LHIN, RM&R project work will be carried out by an RM&R Working Group which is made up of stakeholders that are currently involved in referral work. The Working Group membership includes representation from the Assisted Living Committee (ALC); physicians; nurses; social workers; and discharge, acute care, long term care, and rehabilitation staff.

CE LHIN Resource Matching and Referrals Working Group		
Member	Sector	Organization
Barb Cawley	Rehabilitation	COTA Health, VP – Rehabilitation Services
Tilda Hui	Long Term Care	Yee Hong
Craig McCleary	Community Care	Canadian Red Cross – Community Health Services
Margaret Sweetman	Community Care Access Centre	CE CCAC, Whitby Branch
Paul Scobie	CCAC	CECCAC, Peterborough
Candace Chartier	Nursing	Omni Way HealthCare
Rhonda Seidman-Carlson	Hospital	Scarborough Hospital
Carol Anderson	Hospital	Lakeridge Health Centre
Glyn Boatswain	Hospital	Rouge Valley Health Centre
Shailesh Nadkarni	Hospital	Peterborough Regional Health Centre
Jodi Dunn	Hospital	Ross Memorial Hospital
Dianne Laroche	Hospital	Campbellford Hospital
Brenda Weir	Hospital	Northumberland Hills
Salvaterra, Elizabeth	CE LHIN ALC Lead	CE LHIN
Karol Eskedjian	RM&R LHIN Lead	CE LHIN

In the first phase of the RM&R initiative, ending March 2010, the CE LHIN RM&R Working Group will review the referral processes that are currently in place and document referral process workflow and referral volumes for each core referral pathway: Acute Care to Rehabilitation; Acute Care to Community Care; Acute Care to Long Term Care; and Acute Care to Community Care Access Centre. This information will be used to create a model upon which the new RM&R system will be based.

At the RM&R kick off meeting, which will be held on Dec 9, the seven LHIN Project Teams, which includes the CE LHIN RM&R Working Group, will be provided with an overview of the project and a four-month action plan. For further information, or if you would like to participate, you may contact Karol Eskedjian, Sr. Planning Manager, CE LHIN eHealth at: keskedjian@tsh.to

Upcoming Events

Nov 24 – 26	DCC – Vendor Oral Presentations
Nov 25	DCC – Governance Working Group Meeting
Nov 26	DCC – Steering Committee Meeting
Nov 30	DCC – Human Resources Working Group Meeting
Dec 2	Diabetes Indicator Working Group Meeting
Dec 3	DCC – Governance Working Group Meeting
Dec 7	Clinical Informatics Advisory Group Meeting
Dec 8	DCC – Finance Working Group Meeting
Dec 10	DCC – Steering Committee Meeting
Dec 14	eHealth Community Consultation Meeting

