



# CONNECTIONS

Continuing Care e-Health Program Newsletter



WINTER 2008

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## CONTINUING CARE E-HEALTH PROGRAM: *A Year in Review*

As fiscal 2007-08 draws to a close, the Continuing Care e-Health (CCeH) Program took the opportunity to celebrate the many accomplishments achieved this past year. Approximately 200 program members gathered together to hear John McKinley, Assistant Deputy Minister, Health System Information Management and Investment and Co-Chair of the CCeH Council speak to the major accomplishments achieved by each project within the program. The event, held at the Delta Chelsea in Toronto, featured four guest speakers representing different projects and sectors. Each speaker gave members a taste of what it was like to be on the 'front-line' as a pilot in one of the program projects, and were able to report first-hand on the benefits produced by these initiatives.



*FSMS team members celebrate a successful 2007 at the CCeH Program reception on February 4, 2008.*

As Stephanie Carter, project lead, Long-Term Care Home Common Assessment Project said, "I really enjoyed having the opportunity to hear from all of the other projects. Not only were we brought up-to-date on the teams achievements, but we were able to hear first hand from participating organizations about the ways they are dealing with their own business process changes when new solutions are launched. It really gave me a feeling of how large the program is, and the positive changes we are making to our health care system."

The program members in attendance were able to take in the significant milestones achieved by the projects and hear about the difference this is making to the sector as a whole.

### KEY MILESTONES

#### Solutions Group

- Received Tier 3 recommendation from OHISC for our CCeH Standards.
- Built comprehensive security and privacy framework to support our program
- Enhanced delivery using new release, change management, project gating and testing processes allows for continuous improvement
- The Application Maintenance & Support (AMS) team successfully transitioned, CIAT, the Secure Span Gateway and the FSMS financial application

*Continued >*

### CONTACT US

If you have any questions or comments we'd love to hear from you! Please contact us at

[CCeHealthCommunications@ontario.ca](mailto:CCeHealthCommunications@ontario.ca)

# A Year in Review CONTINUED



## Program Support Centre

- Support Centre now aids the clients of five projects (three continuing care sectors) and has grown by 400% in order to support not just the LTCH CAP, but also CMH CAP, CMH&A MIS, CSS MIS and CIS!

## Human Resources and Communications

- Our Human Resources team recruited 120 new staff and managed over 475 staff renewals in 2007
- Communications developed and implemented numerous strategic and tactical initiatives to build awareness for the CCeH Program. These initiatives ranged from newsletters, project collateral, web site content, conference participation, staff presentations and support to CCeH Council members in communicating to their stakeholders



## e-Referrals & Access Tracking

- Rolled out e-Referrals in all wards at The Scarborough Hospital in Central East LHIN
- Launched a pilot sending referrals between a CCAC and a Community Support Services agency in Central LHIN
- Implemented a pilot project for mental health services in the Central East LHIN

## Home Care Client Assessment

- 10 CCACs have adopted the Common Intake Assessment Tool
- 3 CCACs integrated the legacy system with CIAT, increasing data accuracy and reducing data entry duplication
- With more than 30,000 completed CIAT assessments, data analysis is supporting decision making and service planning by intake case managers



## Community Mental Health Common Assessment

- The Camberwell (CAN-C) was selected as the core tool for the common assessment process
- Over 300 Community Mental Health agencies were consulted to help make the tool truly comprehensive
- 16 organizations launched new assessment that included extra questions exploring areas like risk, legal and gambling

## Long-Term Care Home Common Assessment

- 35% of homes in Ontario are implementing or have implemented the RAI-MDS 2.0 assessment tool
- A streamlining initiative was designed to help homes align policy and standards changes and to reduce workload
- A mentoring program was created so homes already in the project can share first-hand experiences with newly joined homes

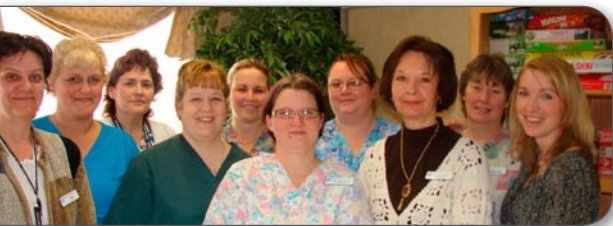
## Financial and Statistical Management System

- All CCACs are MIS/OHRS compliant and have also implemented the Human Resources Information System
- Web-based (Intranet) applications were rolled out to all CCACs making financial and HR processes more efficient
- The FSMS financial application has transitioned from the project team to ongoing operations supported by the Application Maintenance & Support team

## Community Mental Health and Addictions MIS

- High quarterly submission rates for CMH&A agencies reporting their MIS/OHRS Trial Balance
- With MIS data, we have a better understanding of how resources are used and how many clients are being served as well as being able to answer key questions around the CMH&A sector services, capacity and costs
- A financial and statistical management software solution for the CMH&A sector has been selected

## RESIDENTS THE BIGGEST WINNERS WITH COMMON ASSESSMENT INSTRUMENT



### The Saugeen Valley Care Team

*From left to right: Therapeutic Program Aid Carla Bonnema, Personal Support Worker (PSW) Lea-Ann Neulitz, PSW Paula Murray, PSW Peggy O'Neil, PSW Kim Nickel, RAI Coordinator Kim McCarthy, PSW Kathy Bryant, Nurse Clerk Laurie Mahar, PSW Donna Morris and Administrator Andrea Parsons*

# the Biggest Winners



Nestled in the small rural town of Mount Forest, Ontario, Saugeen Valley Nursing Center houses 87 beds and provides 24-hour nursing care as well as short-term respite care.

The home's management team has always welcomed opportunities to improve the quality of resident care, which is why Administrator Andrea Parsons was thrilled at the opportunity to have Saugeen Valley join the Long-Term Care Homes Common Assessment Project (LTCH CAP) and become one of the first homes to adopt the Resident Assessment Instrument Minimum Data Set (RAI-MDS 2.0).

Saugeen Valley's RAI Coordinator, Kim McCarthy, remembers when a new resident arrived from a nearby hospital. They were not eating or sleeping well, and exhibited unhappiness with home staff on a daily basis. They were equally as negative when family visited, and even attempted to elope from the home.

However, coding within the RAI-MDS 2.0 revealed that this resident was suffering from depression, delirium and dementia. The care team acted promptly to treat these conditions and provided the

appropriate medications. They also discovered that the resident was a passionate piano player, and missed not being able to play. Management contacted the family about moving the piano into the home. The results were dramatic with improvements to scores in the resident's Cognitive Performance Scale (CPS) and Depression Rating Scale (DRS). Within 30

days, the resident became much more independent, and was freely socializing with other residents, something they had never done before. Their quality of life had sharply improved. Kim believes the RAI-MDS has been instrumental in benefiting many other residents in the same way.

**“The RAI-MDS process . . . makes a huge impact on long-term care and the main person that benefits is the resident, which is the way it should be.”**

“The RAI-MDS brings issues to your attention much faster, and allows you to act earlier. In the past, the data

gathering for such a resident could have taken much more time,” says Kim, who has been an RN and RPN in long-term care for nearly 20 years. The RAI-MDS also prompted Saugeen Valley's care team to meet regularly and share information on specific residents. These brainstorming sessions would often include a clinical resource nurse, dietary advisor, thera-

peutic program aid, frontline support workers as well as other disciplines.

“The RAI-MDS process encourages communications between the different disciplines,” says Kim. “It also gives nurses the opportunity to think critically and take a leadership role. It makes a huge impact on long-term care and the main person who benefits is the resident, which is the way it should be.”

# CMH&A and CSS MIS Projects Join Together to Pilot New Software Solution

The Community Mental Health and Addictions Management Information Systems (CMH&A MIS) Phase 3 and Community Support Services Management Information Systems (CSS MIS) Project Teams joined forces to pilot the newly selected financial and statistical management software solution in their sectors. By December 2007, both project teams, in collaboration with Evaluation Committees and their respective Steering Committees, completed intensive selection processes to determine a software solution that meets the MIS/Ontario Healthcare Reporting Standards requirements. We were pleased to announce Microsoft Dynamics GP as the software solution, and that the selection of pilot organizations for both CMH&A and CSS sectors has been finalized.

We kicked off 2008 with pilot sessions in Toronto from January 7th to the 10th. The purpose of the pilot is to refine the training

process and materials as well as the technology environment before its full rollout to all CMH&A and CSS organizations choosing to adopt the software. The remaining training for the pilot group will be completed by the end of February. After training, the pilot group will be able to setup the software in their organizations, using the web-accessible application, and provide our project teams with feedback on the training and implementation processes. We look forward to working with both sectors on the rollout of the software solution.

*“It’s nice to be involved at this stage, at the start of the process, so that we can see what is coming ahead and be in a position to provide feedback right at the beginning.”*

*—Pilot participant*

## TRAINING IN ACTION



*First row from left: Jahleen Turnbull and Robert Eves from Community Outreach Programs in Addictions (COPA)*

*Second row from left: Karen Craig and Greg Howse from Simcoe Outreach Services, Barrie*



*Apolone Gentles (left) and Emma Yap, COTA Health*



*From left: Scott Lavoie, Trainer and Charmaine McKenzie from Bellwood Centre for Community Living*

*“The class size was great so that we can feel comfortable enough to share our feedback on the training and the software.”*

*—Pilot participant*

*(24 CMH&A agencies, and 8 CSS Health Service Providers are part of the pilot)*

## Phase 1 Success for CSS MIS

The Community Support Services Management Information Systems (CSS MIS) Project together with providers and community stakeholders were successful in the Phase 1 implementation of Ontario Healthcare Reporting Standards (OHRS) for over 200 CSS Health Service Providers (HSPs). The CSS sector reached a major milestone with 94% of Phase 1 HSPs submitting their MIS/OHRS Trial Balance for Quarter 3.

We are really excited to begin Phase 2 to implement the standards in additional CSS HSPs starting April 1st, 2008. All CSS HSPs interested in volunteering for Phase 2, please send an email to the CSS MIS Project team at [OHRSCSS.moh@ontario.ca](mailto:OHRSCSS.moh@ontario.ca). We look forward to hearing from you!

## CMH CAP: The Trainer Becomes the Trainee

The first of a series of Community Mental Health Common Assessment (CMHCA) training sessions took place on January 10th.

Pilot Coordinators from 16 organizations converged on a downtown hotel to participate in the CMHCA Trainer forum. This was the first time coordinators worked together since the Pilots kicked off in early December.

The goal of the day was to prepare coordinators for the upcoming workshops that they will be leading in their own organizations. The CMHCA Education team, led by Bob Wales, project education lead, covered sessions on adult learning principles as well as timelines and deliverables for the pilot.

The Trainer forum was an opportunity for coordinators to share their questions and ideas about piloting the CMHCA and to get a sense of how other organizations are preparing for their implementations. By the end of the day, forum participants acknowledged how much the day had

helped. Many noted the benefits of being able to leverage the collective experience of the group. Indeed, some of the coordinators have more than 30 years of experience working in mental health. One participant summed up the day in saying, "These group sessions are very good and a regularly planned meeting at key intervals would be very effective for our continued success as a group."

Meanwhile, each organization is finalizing plans for their local kick offs as well as sessions on assessment skills, vendor software and CMHCA training. All of these sessions will be taking place prior to the individual Go-Live dates scheduled to occur through the months of February and March 2008. The new CMHCA is being piloted across Ontario over the next 3 months. Once the results are analyzed, the Project Steering Committee will review recommendations for the rollout of the common assessment in this sector. More news will follow in the next edition.

## FSM-GPM Transition to Operations

On December 21, 2007, the Financial & Statistical Management System (FSMS) project's Great Plains Momentum financial application (FSM-GPM) successfully transitioned its technical and application support function to the Solutions Group's Application Maintenance & Support (AMS) team. This transition marked the application's readiness to move from the project

team, who have been providing technical support thus far, to a dedicated team at the Continuing Care e-Health (CCeH) Program.

The transition was seamless to the end-users. They were not aware of any

changes to the first-rate support they have been receiving and will continue to receive from the CCeH Program. The FSM-GPM transition was the third application used by Community Care Access Centres (CCACs) to be transitioned to the AMS team. The Long Stay Assessment

Software (LSAS) and the Common Intake Assessment Tool (CIAT) were the other applications that have been smoothly transitioned to ongoing operations supported by the AMS team.

The delivery of the FSM-GPM financial application provides CCACs with a standardized and integrated business system that makes reporting using Management Information System (MIS) standards more accurate, consistent and timely. This enhanced reporting capability results in better decision making and use of health care resources.

The next application whose technical support will be transitioned to the AMS team is the Human Resources Information System-Quadrant Human Resources (HRIS-QHR). This application provides the CCACs with automated human resources capabilities. CCAC staff can view their personal work schedules, pay statements, vacation information and much more online.

The business aspects of both applications still remain to be transitioned and this process has begun. The FSM-GPM and HRIS-QHR business transitions will be completed by March 31, 2008. *Connections* will continue to keep you informed about the status of these and other application support transitions undertaken by the CCeH Program.

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# E-REFERRALS & ACCESS TRACKING Making Great Strides

## Community Mental Health Electronic Referrals are Here

A loud cheer could be heard when the first electronic client referral for mental health services was sent from the Short Term Case Management team at The Scarborough Hospital to Canadian Mental Health Association Toronto. The e-Referrals & Access Tracking solution went live in January and the first referral was received on January 21st. Both teams believe e-Referrals will help clients know their program options much sooner and may also lead to earlier treatment or help.

In the near future, we will be looking to partner with addictions agencies for a new pilot project.

## Community Support Services Seeing a Difference

In the three months since we connected Central CCAC and CHATS (Community Home Assistance to Seniors) over 110 client e-Referrals have been sent.

Deborah Compton, operations director of CHATS, is already seeing benefits from the e-Referrals solution, “Staff have told me that clients actually sigh with relief that they don’t have to make another call . . . to get the service they need. Clients have told us that they were surprised to hear from us so quickly after being referred by the CCAC...”

“There is still a long way to go to fully realize the benefits of e-Referrals, but I consider this pilot project a success based on the feedback from clients and staff, who all say that e-Referrals provides a seamless way of delivering service which was one of the major objectives of this initiative.”

## Access Tracking—Business Intelligence to Help Make Decisions

Organizations connected to the e-Referrals solution will soon enjoy automated, pre-defined reports. A working group with representatives from all stakeholders is exploring the types of reports required to analyze, plan and improve the referral process. Information would not be organization or client-specific and would include referral volume—and time-based data. Initial reaction to mock-up reports by sector representatives has been enthusiastic.

## Connecting more organizations

The project team has learned a lot from the pilot studies this past year and more organizations would like to get on board. More pilots will be underway soon, while we take all the learnings into planning for implementations LHIN-wide.

e-Referrals & Access Tracking is now ‘business as usual’ in all 30 in-patient and out-patient units at The Scarborough Hospital. More than 4,100 e-Referrals have been made. Plans are in the making for Phase 2, which will bring the emergency department on board.

All Northern CCAC offices in Central LHIN are now able to ‘e-Refer’ to a growing number of CSS organizations. Another next step is the roll-out of e-Referrals to all hospitals in the Central East LHIN and a pilot involving family health teams and other primary care referrals.



*Evelyn Chaves, administrative assistant/service coordinator, CHATS receives the electronic referral from Central CCAC.*



*Go-Live Day at CMHA Toronto*

## EDUCATION DAY SHOWS THE TRUE POWER OF *algorithms*

“The algorithms do not make the decisions—they support the decisions made by case managers by ensuring the right information is collected at the right time to determine the right decision and service based on client need”

—Karen

On January 29, representatives from 5 CCACs attended the RAI CARE Education day. The event was facilitated by Home Care Client Assessment Project’s (HC CAP), project manager Monica Gabriel and subject matter expert Jennifer Reguindin, as well as representatives from the Ontario Association of Community Care Access Centres (OACCAC).

RAI CAREs (RAI Client Assessment Resource Educators) and Client Service Managers were brought together to understand the Common Intake Assessment Tool’s (CIAT) outcomes and the valuable information they provide. The day also allowed the participants to understand how to use these outcomes to support service planning decisions.

Generated by coding within the assessments, CIAT algorithms provide logical and consecutive steps that enable Case Managers to be able to translate research and evidence into functional interventions. Algorithms also allow CCACs to form a standardized process when dealing with problematic cases.

“The materials presented emphasized the importance of correctly inputting the data,” explains Karen Lacelle, RAI CARE for the North East CCAC in Sudbury.

Management Lead for the North East CCAC, Mary Snow specifically found that the case studies cited in the presentations allowed CCACs to achieve consensus on coding practices.

“The case studies let us compare different coding practices and decide how they can be standardized,” explains Mary. “The CIAT outcomes will also help community case managers understand the urgency and need for face-to-face visits with clients and assist them with service planning.” The input and involvement of the OACCAC helped the RAI



*HC CAP Management Lead Mary Snow (left), and RAI CARE Karen Lacelle (right)*

CAREs make important connections between the CIAT and the RAI-HC.

The event also provided educational strategies that helped clarify the role of the CIAT data as a guide for evidence-based decision making.

“The algorithms do not make the decisions—they support the decisions made by case managers by ensuring the right information is collected at the right time to determine the right decision and service based on client need,” explains Karen, who has worked as a case manager for CCACs since 1988.

The attendees took away valuable knowledge and strategies that will extend well beyond the end of the project and into the future.

# Strategic Information Services Team



This quarter, we continue our introduction of the different core competency areas of the Solutions Group with an introduction to the Strategic Information Services (SIS) team. The SIS team provides important services to ensure that the Continuing Care e-Health (CCeH) projects deliver integrated solutions to the Continuing Care sector's end-users.

Each CCeH project engages with the Strategic Information Services team to benefit from their expertise in architecture and integration, standards and quality assurance. The project teams and members of the SIS team collaborate closely to develop applications that function as per the practical requirements outlined by the CCeH business specialists who know what Continuing Care organizations need to improve their business processes and provide client care more efficiently. The SIS team also ensures that CCeH applications align with the Ontario e-Health Program's and Canada Health Infoway's blueprints.

The Strategic Information Services team is organized into three streams: Architecture & Integration, Standards, and Quality Assurance & Release Management.

Architecture & Integration is responsible for ensuring that our CCeH solutions are built with a common architecture and internationally recognized Health Level 7 (HL7) Standards for easy integration with any new and existing health care applications. The team communicates the architecture to all the teams to ensure alignment across the projects.

The Standards team has been featured in previous issues of *Connections* for their outstanding work in developing informatics standards specifically for CCeH which have been recommended by the Ontario Health Informatics Standards Council (OHISC) and which have been leveraged by other areas of e-Health such as OntarioMD.

Quality Assurance & Release Management ensures that applications are put through processes and controls to verify their quality and confirm their ability to exchange information securely. The team has developed release, change management, project gating and testing processes for this purpose and are continually refining them.

The work of the SIS teams has ensured that CCeH applications such as the Common Intake Assessment Tool (CIAT) have been able to integrate with CCACs' legacy systems. This achievement is only one of the most recent that has demonstrated the value of their services to the adoption and success of the CCeH Program.



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## CONTACT US

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