



**Leading Practices in Technology**  
**Improving patient care and safety in the community through eHealth innovations**

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Central CCAC – Outstanding care – every person, every day





**Benefits of our collaborative eHealth innovations**


- Central CCAC's leadership in driving health system collaboration on eHealth innovations has resulted in:
  - Quality, outcome-based care supported by health assessment technology
  - Evidence-based decision-making through databases and software that measure health status and outcomes
  - Improved patient safety and service through consistent, accurate information available to providers and patients
  - System sustainability through efficiencies and value for dollar services




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**Technology: key enabler of Central CCAC's work**

- Home and community care in Ontario's Central region
- Nursing, personal support, care coordination, therapy
- 71,500+ patients annually
- 71% of our patients now have high, very high needs, compared to 56% just four years ago
- Helping patients transition to different care settings and mobilizing health and community support through integrated, individualized care plans and access to the right services
- Technology is key enabler of integrated, coordinated care, better access and better patient outcomes




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**Accurate, paperless referral transmissions between care providers and the CCAC**

- In 2011-12 Central CCAC led implementation of RM&R with all hospitals in Central region: first to automate referrals from ED to CCAC
- Enables seamless patient transitions and better health system patient flow
- Quality approach – build on existing technology, lead new technology, make it the best it can be
  - Cross-jurisdiction and cross-sector referrals (i.e. rehab)

Implementation with Family Health Teams




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**RAI-HC**  
Resident Assessment  
Instrument for Home Care

Standardized health  
assessment tool that supports  
evidence-based care

- Quality care planning through objective patient-centred assessment
- Prioritization by highest needs
- Measuring and validating outcomes for specialized populations
- RAI-HC data informed Central CCAC's Short Stay specialized population model, now adopted provincially



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**CHRIS**  
Client Health Related  
Information System

Sector-wide database, supported  
by mobile technology that enables  
in-home care coordination

- Enables system efficiencies, i.e., Central CCAC's Hospital Transfer Team, which organizes post-hospital care for over 14,000 patients annually
- Consistent, accurate, current patient information
- No duplicate data entry, less telephone follow-up, no paper record
- Immediate access to record by all members of the CCAC care team and ability for external partners to view through secure portal


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### Innovating to improve care

**Using RAI Data to Drive Quality Care and Better Patient Outcomes**  
A new way of thinking about care coordination at Central CCAC

**The challenge**  
How to use RAI data more effectively

**The idea**  
Create an integrated shared representation of patient outcomes

**Who is at greatest risk?**  
Patients with complex needs or multiple transitions





**The story within the dashboard**

**The Central CCAC Advantage**  
Patient centred at a glance

**The dashboard at a glance**

**The result**  
Better care plan, better care



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**MMSS**  
Medication Management  
Support Services

In-home medication management  
backed by mobile technology and  
proprietary web-based software

- Collaborative model that promotes quality care and patient safety, particularly during transitions
- One of the first community-based medication management programs in Canada
- Secure, online MMSS database supports
  - delivery of evidence-based care
  - standardization i.e. BPMH, medication schedule
  - systematic tracking/measurement of patient outcomes
- information sharing among circle of care


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### MMSS - National and International Recognition

- Health Quality Ontario's Quality Compass - 2014
- National Research Corporation's Canadian Innovative Best Practice Award – 2013
- Accreditation Canada Designated Leading Practice - 2012
- ImagineNation Outcomes Challenge Awards - 2012
- Minister's Medal Honour Roll – 2013
- Institute of Public Administration Canada (IPAC)/Deloitte Public Sector Leadership Bronze - 2013




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**MyChart™**  
In partnership with Sunnybrook Hospital

Integrated web-based personal health record that gives patients access to info from their CCAC file

- Cross-jurisdiction partnership with Central's largest out-of-region referral source – we share over 2,500 patients each year
- Allows Sunnybrook patients to view and share a list of their CCAC services
- Empowers patients with access to their health information and control over who in their circle of care can access it




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### MMSS 2013-2014 results 1153 patients

- 260 patients/caregivers surveyed:
  - 58% report decrease in emergency department visits
  - 60% report a decrease in falls
  - 34% report a decrease in pain
  - 99% rated MMSS service as good or excellent
- 95% of discrepancies resolved
- 87% of medication-related problems resolved
- RAI-HC patient outcomes post MMSS consultation:
  - 81% had same or less falls
  - 77% same or better CHES\*

\*Changes in Health and End Stage Disease and Signs and Symptoms




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How does all this technology make Mary's life better?

- ✓ **RM&R** - Makes Mary's transitions safer and more seamless, so her experience is better and she is able to go home faster
- ✓ **RAI-HC** - Ensures Mary's care team has the right information to plan quality care and the supports that would most benefit her
- ✓ **CHRIS** - Cuts Mary's wait time for service by making it easier for CCAC and its providers to efficiently arrange the care she needs
- ✓ **MMSS** - Helps Mary manage her meds, so she makes fewer trips to the emergency department, has fewer falls and less pain
- ✓ **MyChart** - Gives Mary more control over her health information (and who can access it) and more say in her care



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### Moving forward

- Strategic focus on technology that enables collaboration and delivery of integrated care
- Build on existing platforms and leverage new technology
  - InterRAI – new platform to enable update to latest version of tool and integration with the sector
  - CHRIS 2.4 – enhancements, including optional functionality to enable new coordinated care plans
  - eReferral to long-term care – improved efficiency, response times and status updated
  - Integrated Coordinated Care Tool – feedback to the Ministry on provincial Health Links early adopter tool



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### connectingGTA (cGTA)

- Improving care through access to electronic patient information across the continuum
- Ability to view hospital records, discharge notes, consults, lab and x-ray
- Connects all participating hospitals; CCACs will have access to all hospitals that the patient visited
- Central CCAC is working closely with the cGTA steering committee
- Limited production release in summer of 2014 by end of 2014 expect to be in production
- Vision of one electronic health record supports Central CCAC's work to provide timely, safe, quality care



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### Telehomecare

- Exciting new way to use technology to empower patients as active care partners
- Launched April 2014
- 24 patients enrolled in first month
- Electronic equipment in patient's home (i.e. tablets)
- Weekdays and monthly monitoring by Telehomecare nurses
- Working with primary care
- Pilot in one area of Central region – expansion pending funding



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### Discussion and Questions



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