



Deploying Information Systems throughout the Community Care Sector of the Champlain Region

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Paul Boissonneault, P.Eng, M.Eng
Dir.-Information Systems and CIO
Champlain CCAC

Nathalie Lafrenière,
Home and Community Support
Program Manager
Eastern Ottawa Resource Centre

Introduction

Objective

- Describe information systems initiatives improving the coordination of and supporting safe patient transitions in the community care sector of the Champlain region of Ontario

Key initiatives

- **Expanding an electronic referral infrastructure throughout the community sector**
 - Community support services
 - Long Term Care Homes
 - Hospices
- **Community IS/IT Shared Services Operations**
 - Client Information /Community Assessment system



Background

The Champlain Region

The Community Support Services sector (CSS)

The Community Care Access Centre (CCAC)



The Champlain Region



- 1.2 Million residents; currently 14% seniors (25% by 2036)
 - 20% Francophone, 3% aboriginal
- 56 CSS Agencies; 20 Hospitals; 1 CCAC;

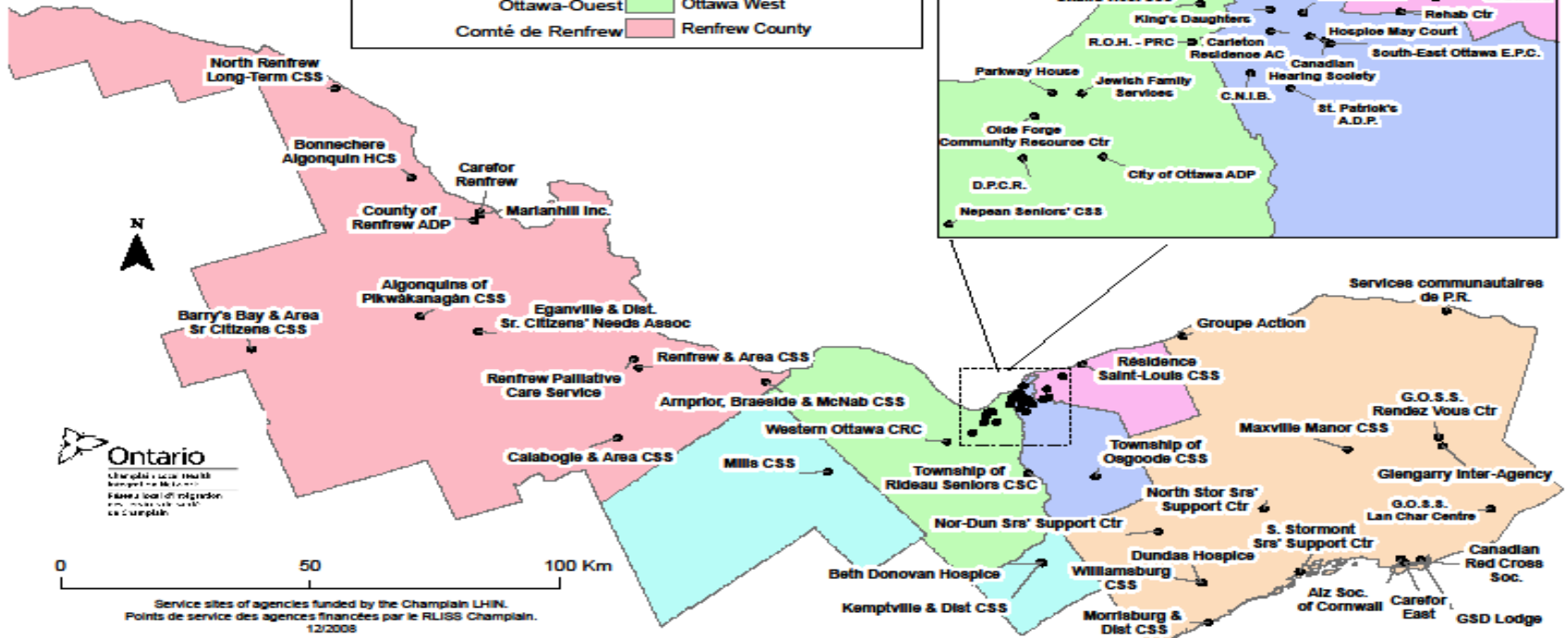


Community Support Services Sector in Champlain

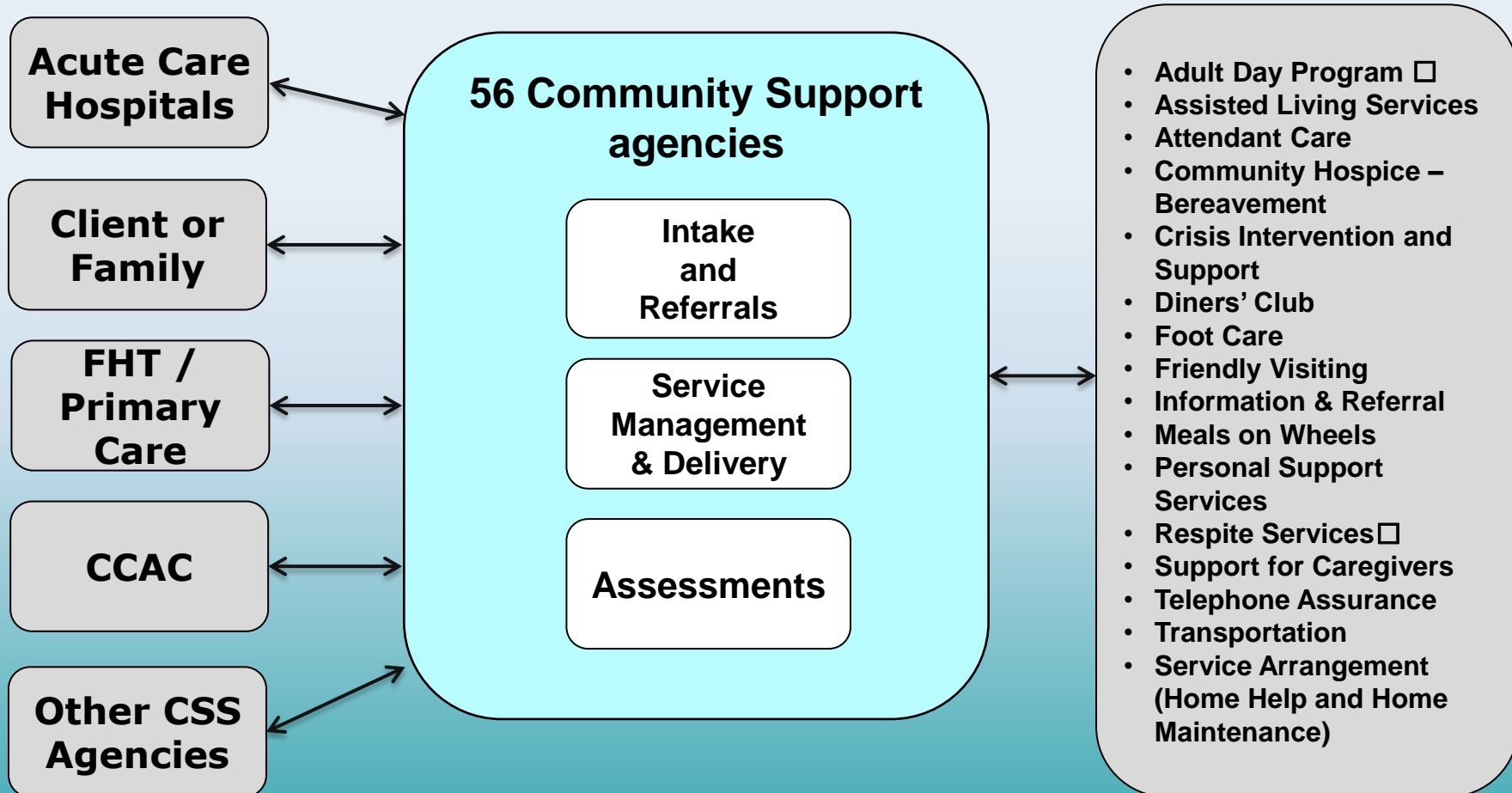
Champlain LHIN
RLISS de Champlain

Services de soutien communautaire
Community Support Services

Comtés de l'est	Eastern Counties
Lanark-Nord & Grenville-Nord	North Lanark / North Grenville
Ottawa-Centre	Ottawa Centre
Ottawa-Est	Ottawa East
Ottawa-Ouest	Ottawa West
Comté de Renfrew	Renfrew County



Setting Context – The CSS Role



- Assess client needs
- Provide services in house or refer to other CSS agencies

Eastern Ottawa Resource Centre

- Non-profit, bilingual multi-disciplinary organization established in 1979



- Wide range of programs & services

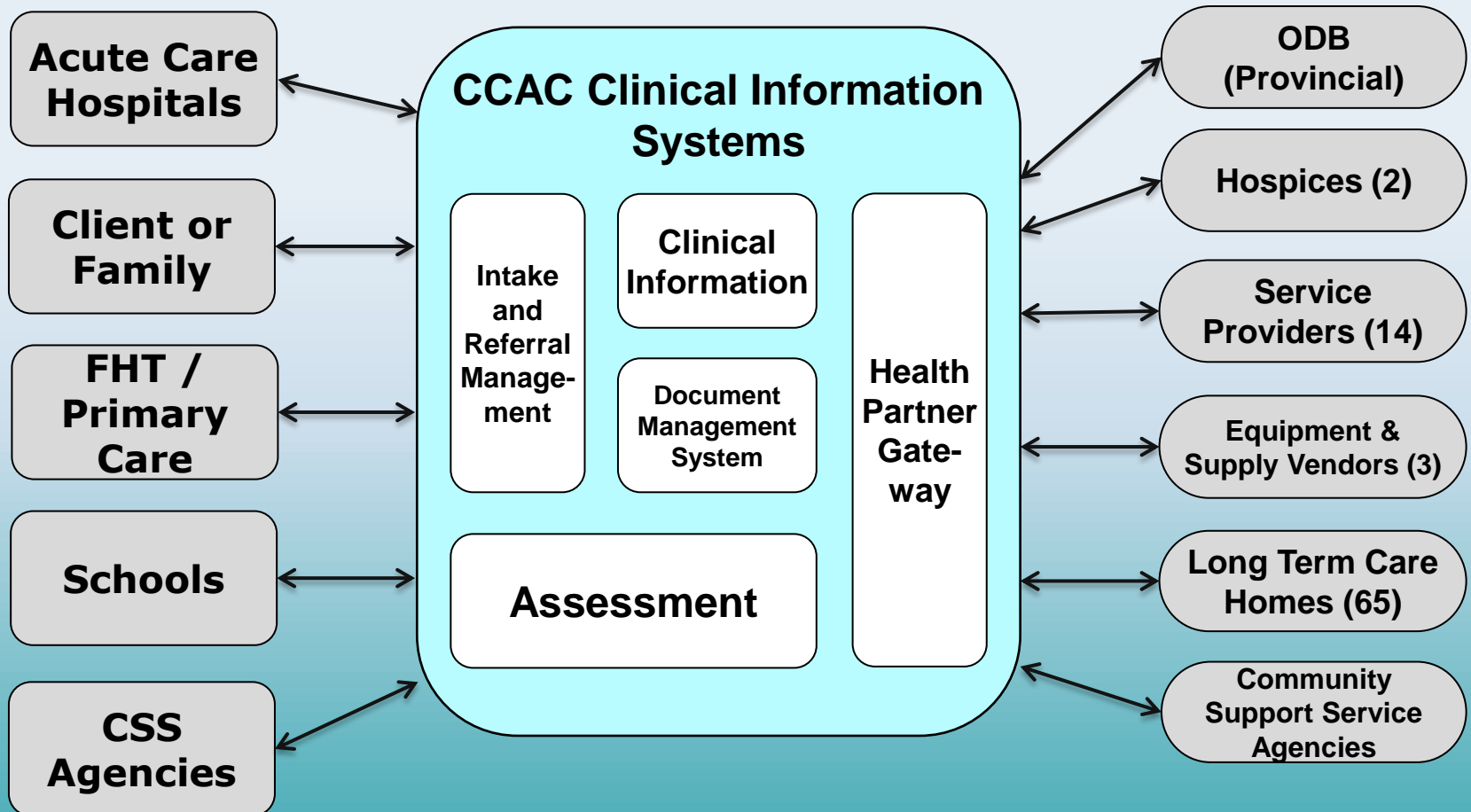
- Community Intake and referrals
- Early years
- Children and youth counselling and drop ins
- Community Development
- Violence against women and children programs (provincial crisis lines and counselling)
- Community support services

- Interesting numbers for FY2013-14

- 9000 walk -ins
- 16357 Meals on Wheels delivered
- 3217 clients served in VAW



Setting Context – The CCAC Role



- Assess client needs, develop service plans, order services
- Outsourced in-home services business model
- Central point of management for applications and admissions to LTCH

Patient Transitions Handled by the CCAC in FY2013-14

From:	To:	Home Care	LTCH Placement	School Svcs	Other	Sub-total	Percent
Hospital		23,956	1032	-	1278	26266	49.1%
Community-Physician		6235	75	41	81	6432	12.0%
Self/Family		4376	2781	14	1495	8666	16.2%
School		-	-	2620	-	2620	4.9%
Community-Other		7909	383	501	768	9561	17.9%
Total		42,476	4271	3176	3622	53,545	

- Plus over 93,000 Equipment and supply orders sent electronically to Vendors annually



Business Analysis and Planning

Internal business drivers

- Sector critical needs and opportunities

External business drivers

- Initiatives of the Ontario Ministry of Health and Long Term Care

Community Sector Analysis - CARESS Project -



- CARESS - Common Assessment and Referrals for Enhanced Support Services
- 2009 - Joint venture between Community Support Services (CSS) , Community Health and Resource Centres (CRC/CHC) and Community Care Access Centre (CCAC)
- Project objectives and deliverables:
 - Common assessment tools
 - Value Stream Mapping (VSM) exercise
 - Survey of information systems and communications technology capacity
 - Common referral and communications protocols

CARESS Planning Results

– Clients –

- Roughly 50% of community health care client base within the region are shared by at least two organizations
- About 35% of the Champlain CCAC's 55,000 clients served annually are also served by at least one CSS/CRC agency
- Opportunities Identified
 - Significant benefits to clients (reduced risk, improved timeliness) and economic value to be gained through increased systems integration
 - Include
 - electronic referrals between organizations
 - common and shared health assessments
 - common access/sharing of client demographic and active community services information

CARESS Planning Results

– IS/IT Capacity –

- Many small agencies either did not have an electronic client information system, or their systems were outdated
- Also had limited existing staff capacity to implement/update system
- Opportunities identified:
 - Provide a Client Information System to agencies in need
 - Reduced procurement and ongoing operational costs per agency

External Business Driver - Coordinated Access Initiative -

- CCACs in Ontario were asked to take on a coordinated access role for several community services delivered by CSS agencies
 - Assisted Living Services for High Risk Seniors (new service)
 - Adult Day Programs
 - Acquired Brain Injury services (residential and day programs)
- New responsibilities of the CCAC
 - Assess clients
 - Retain waitlists by program (where necessary)
 - Coordinate referrals to CSS agencies

External Business Driver - Standardized Assessments -

- All CSS agencies with complex services required to implement the standardized InterRAI-CHA (Community Health Assessment)
- Other CSS Agencies to implement InterRAI Preliminary Screener
- All assessments to be uploaded to a regional DB, the Integrated Assessment Repository (IAR), for planning and sharing purposes
- Ontario MOHLTC initiative began March 2012, target completion June 2013

CARESS Recommendations

Electronic Referrals

- Implement CCAC to CSS Electronic referrals building on existing CCAC referral infrastructure
- Begin with Coordinated Access services, expand to more traditional community services
- Work with existing Adult Day Program Working Group as an initial application

Fund CSS IS/IT Shared Services Operations

- Commission the CCAC to take on a Community SSO mandate
 - Exploit/build on existing competencies
 - Region-wide geographic scope
- Assess IT service needs, individual agency interest in more detail

Implementation

Coordinated Access - eReferral Expansion

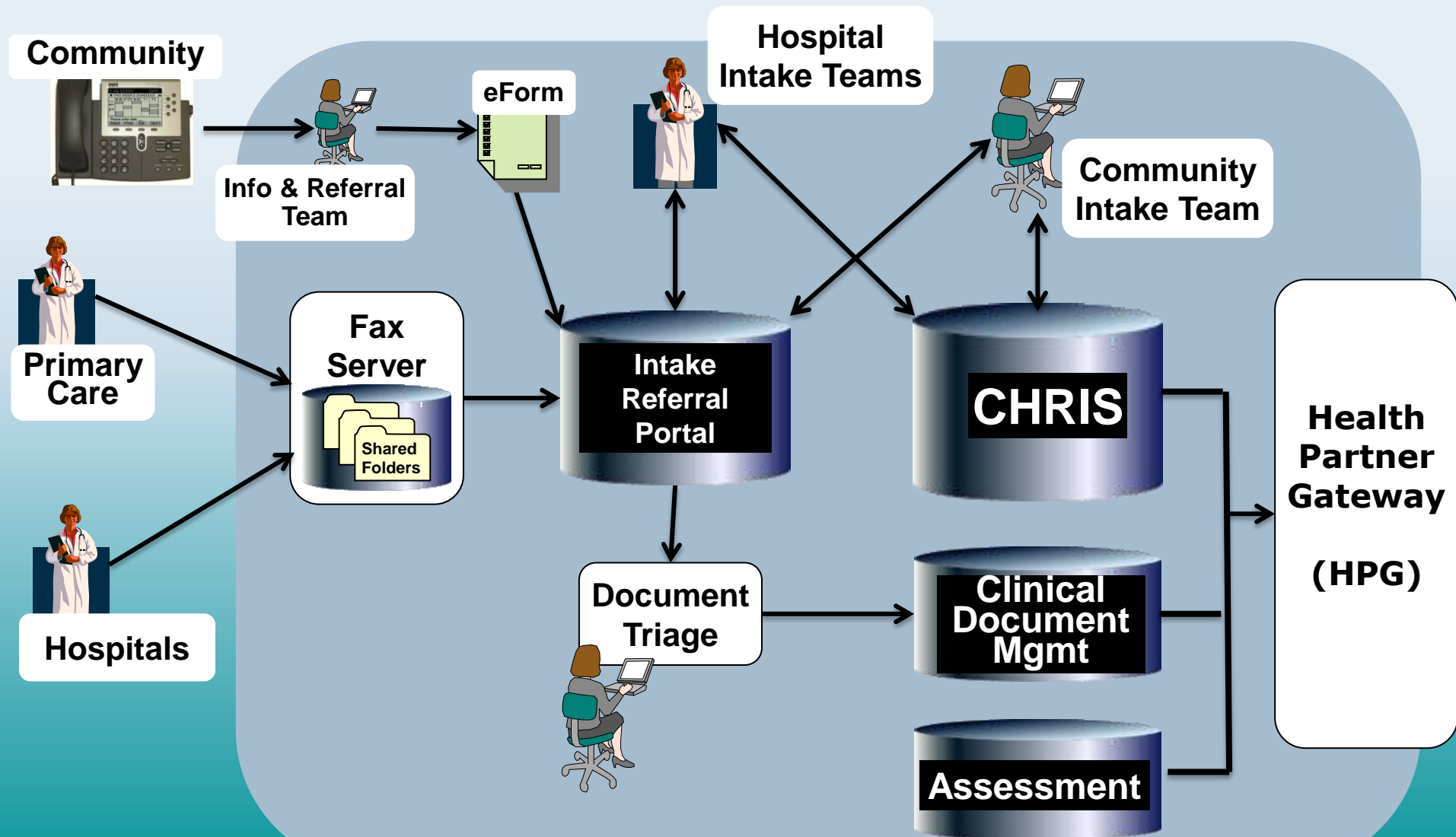
Community IS/IT Shared Services Operations

Implementation

Coordinated Access - eReferral Expansion

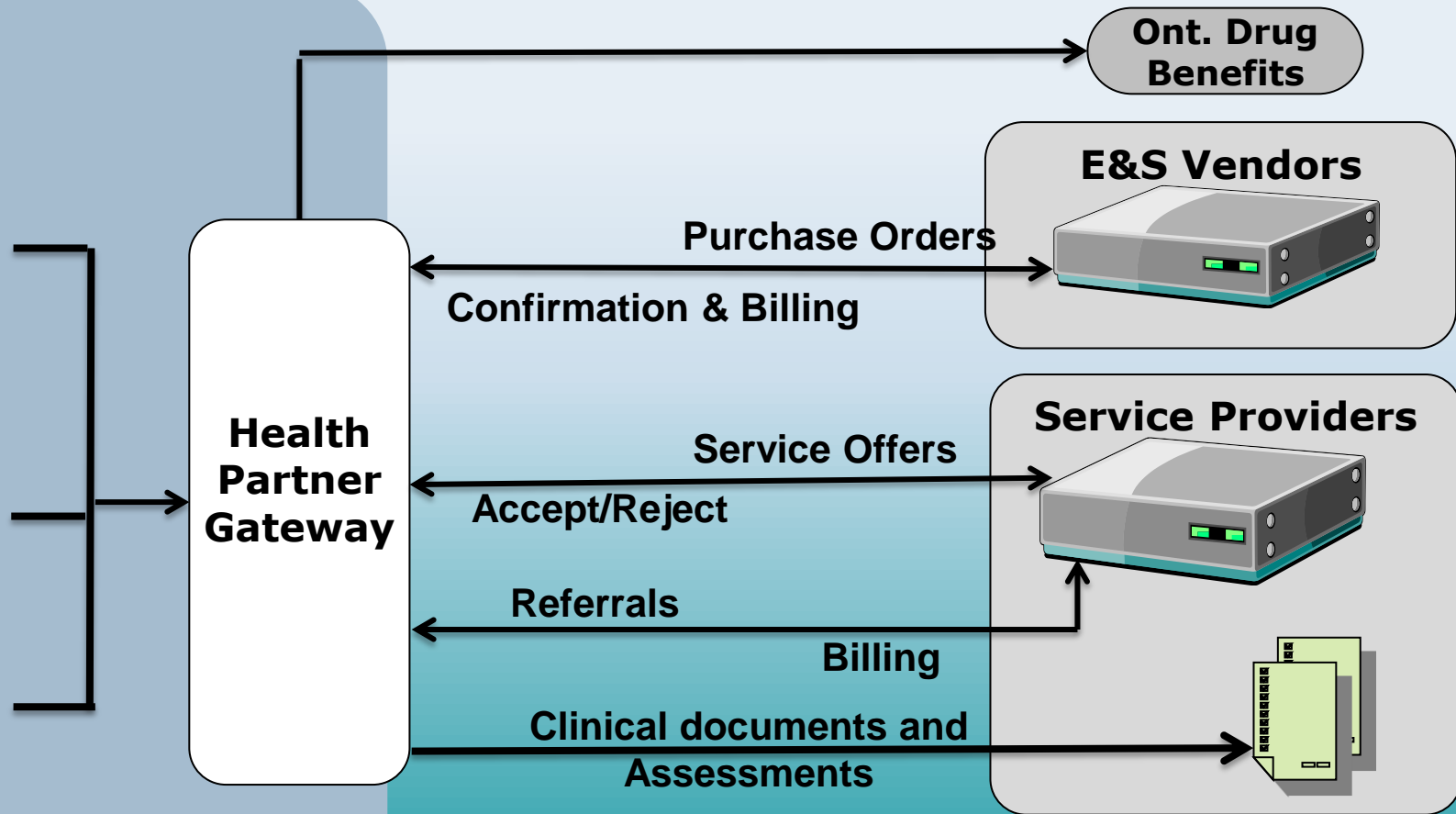
Community IS/IT Shared Services Operations

CCAC Patient Transition Infrastructure - As of 2011 (1 of 2) -



CCAC Patient Transition Infrastructure

- As of 2011 (2 of 2) -



- All Equipment and Supply Vendors receive orders electronically
- The majority of Service Providers receive service Offers and Referrals electronically
- Web services/XML interface

eReferral Expansion - CSS Agencies

Initial Use
Nov.2011

- CSS Agencies offering ADP and ALS-HRS services created as 'Service Providers'
- Launched 'IRIS' (Integrated eReferral Info. System) inbound CSS -> CCAC referrals

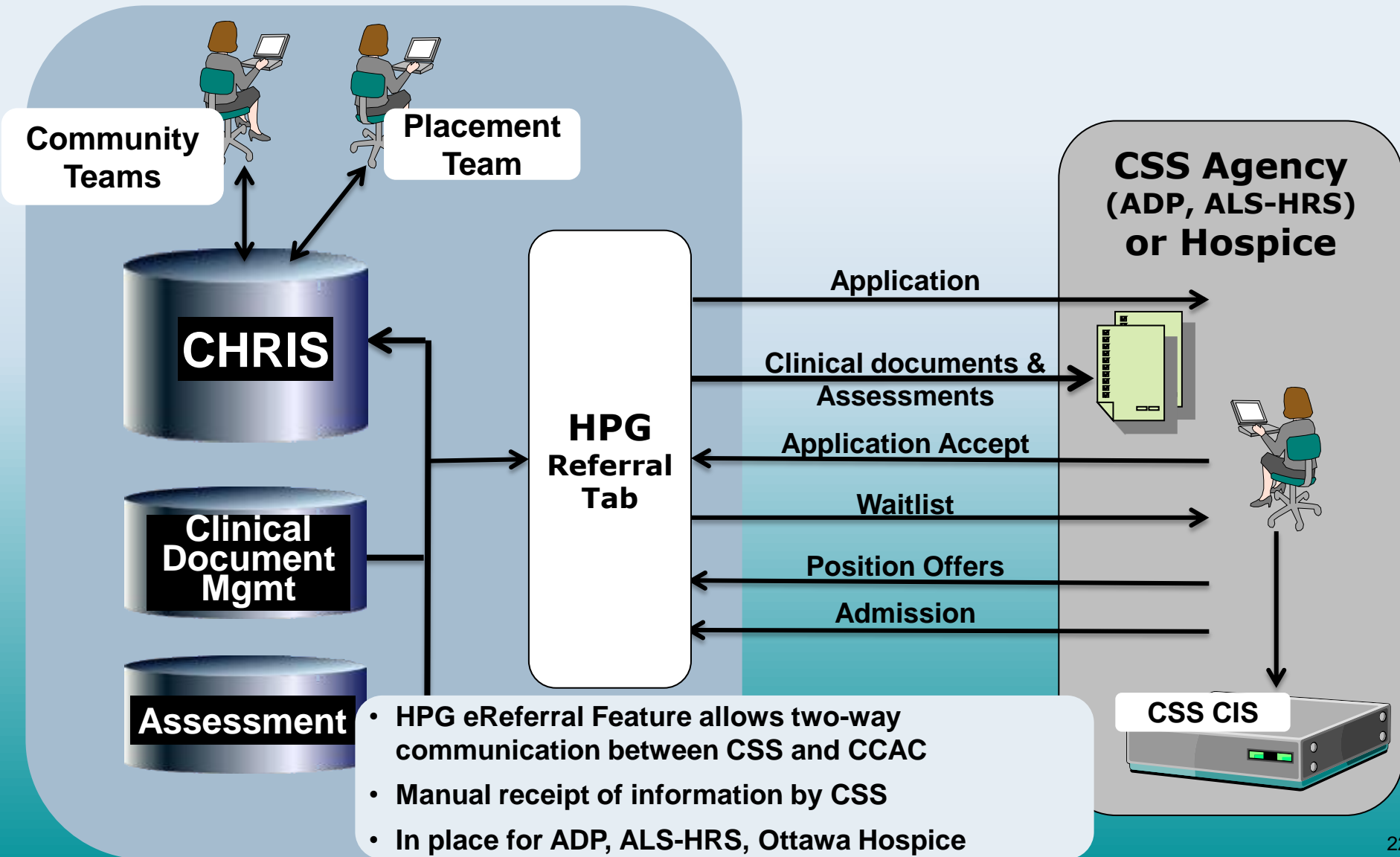
Pilot
Nov.2012 –
Jan.2013

- First release of CHRIS eReferral to CSS functionality
- Two way exchange of information (application, acceptance/refusal)
- Champlain CCAC and five CSS agencies conduct provincial pilot
- Enhancements requested

Deployment
May-Sep
2013

- Implementation complete for 40 CSS Agencies

eReferral Expansion - CSS Agencies



- HPG eReferral Feature allows two-way communication between CSS and CCAC
- Manual receipt of information by CSS
- In place for ADP, ALS-HRS, Ottawa Hospice

Community Referral Management in HPG



User: jeff.te

Version 3.1.0.501

[Logo](#)

[Home](#) [Document Exchange](#) [Referral Management](#) [Offer Management](#) [Client View](#) [Invoice Entry](#) [Administration](#) [Reports](#) [Options](#) [Help](#)

Referral Management

[Referrals](#) [Referral Details](#) [Referral Documents](#)

Organization:

Referring CCAC:

[Referral Search](#) [Waitlist View](#)

Referral ID:

Notification Date From/To:

Service Type: Adult Day Program
([Select All](#) [Clear All](#))
 Assisted Living
 Respite/PSS for Seniors

Status: Admitted
([Select All](#) [Clear All](#))
 Awaiting Response
 Closed
 Waitlisted

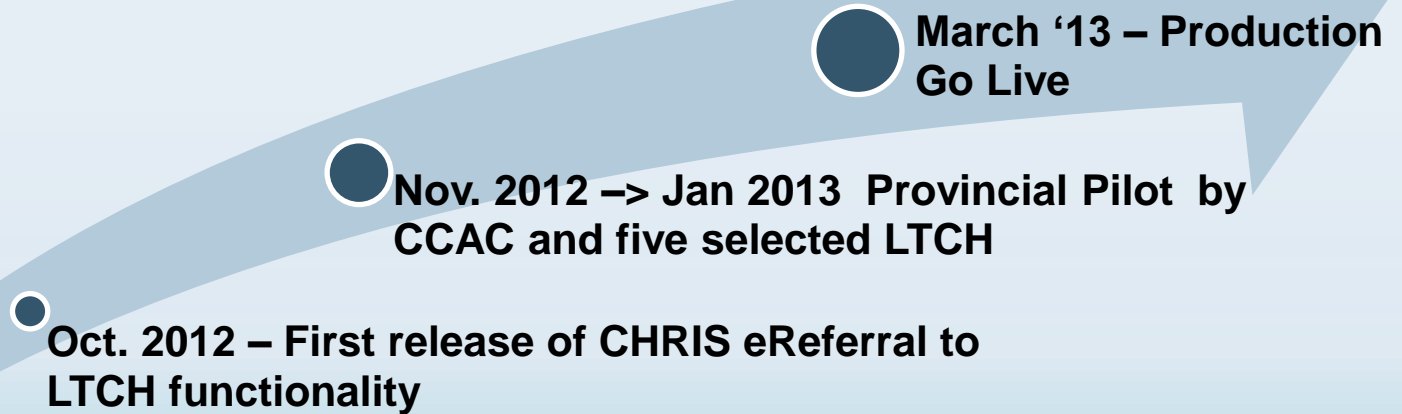
[View Results](#)

[Reset](#)

Search Results

Referral ID	Status	Client Name	Service Type	Notification Date	Decision Expected By
6313183.03.90000902.1111	Awaiting Response (CCAC Sends Update)	Thompson, Jeff	Adult Day Program	2013-09-26 10:26:23 AM	2013-09-09 10:26:41 AM

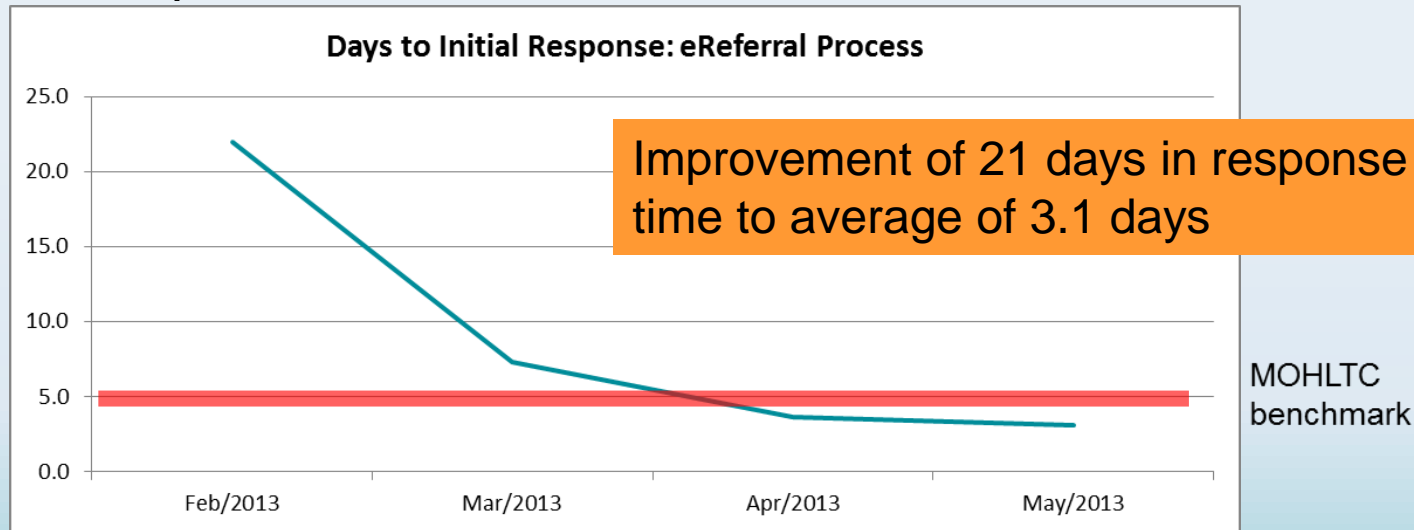
eReferral Expansion - LTCH



- Enhanced functionality for LTCH Placement applications
- Ability to deliver detailed assessment documents electronically
- Two way exchange of information (application, status, waitlist, etc.)
- Detailed tracking of timing of all process dates, status

eReferral Expansion - LTCH Results

➤ Improved response time



➤ Process efficiency -> reduced workload

- To prepare/send applications & bed offers ↓3.2 FTE
- To receive/process response letters ↓0.6 FTE
- **Reduced workload** **= 3.8 FTE**

From "eReferral to Long Term Care", OACCAC Conference, June 2013, Sylvie Lemaire

eReferral Expansion - Hospices

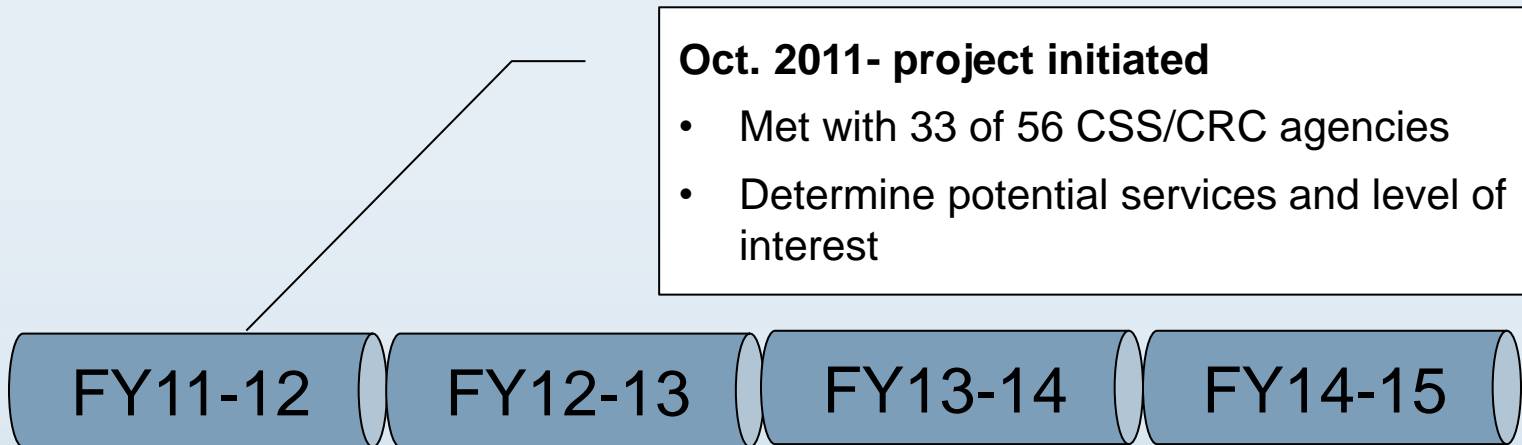
- SMART (System to Manage Access, Referrals and Transfers) project with Bruyere Continuing Care and the Champlain Palliative Care Network
 - To provide centralized intake and triage to Champlain's residential hospice beds
- Features
 - Electronic application submission form (LHINWorks based plus CCAC internal network) or paper form
 - SMART Intake Referral Portal – specialized instance of IRP
 - Use CHRIS/HPG for referral to multiple Hospice organizations (e.g. Hospice Care Ottawa, BCC Palliative Program)
- Broad deployment began Jan. 2014

Implementation

Coordinated Access - eReferral Expansion

Community IS/IT Shared Services Operations

Community IS/IT SSO - Planning Phase -

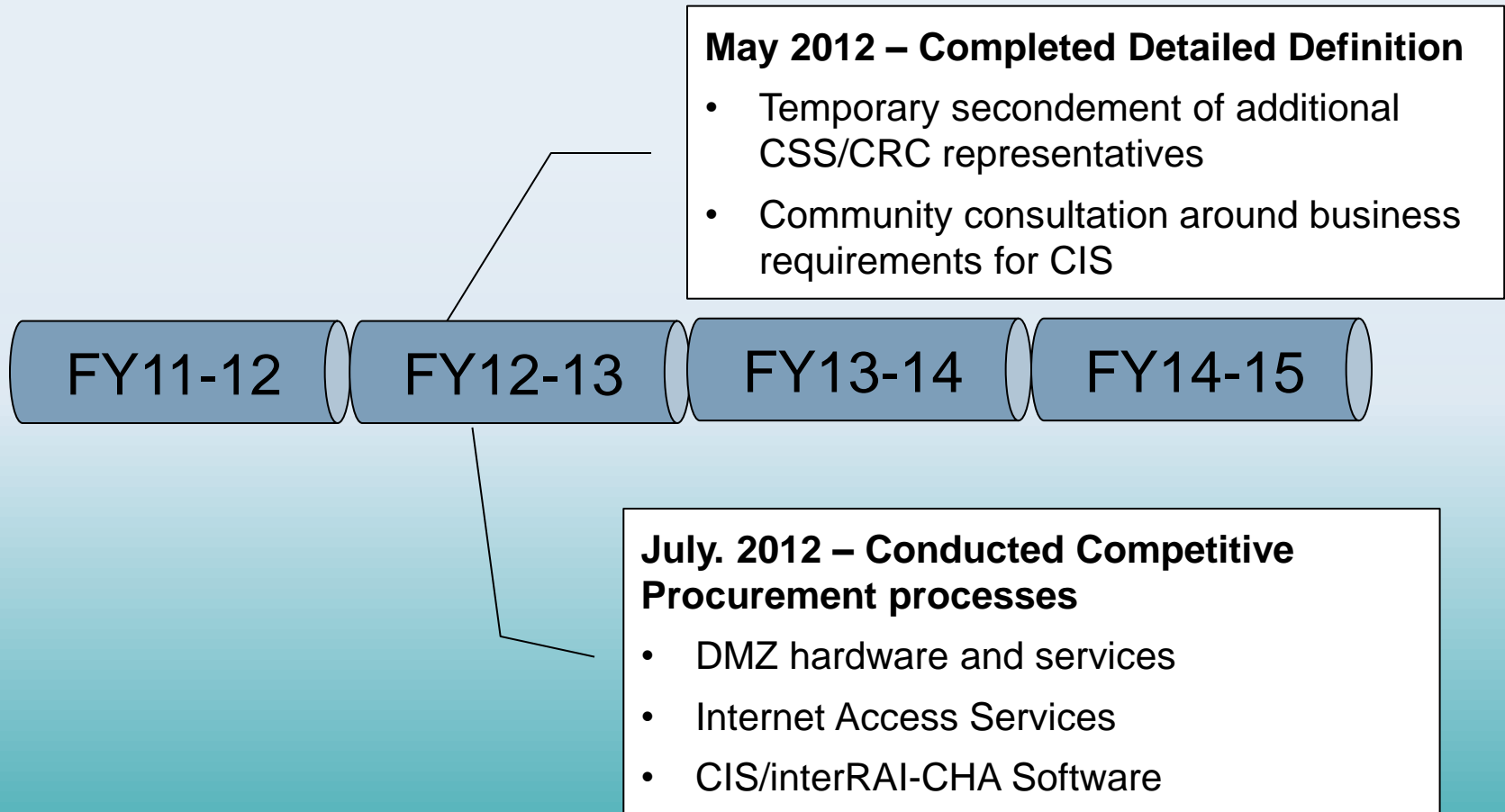


March 2012 – Completed project planning report

- 91% of Agencies contacted indicated interest
- Highest priority – Implement a shared platform CIS/interRAI-CHA Tool
- Second highest need – Desktop/Laptop PC and Server support

Community IS/IT SSO

- Design and Implementation Phase -



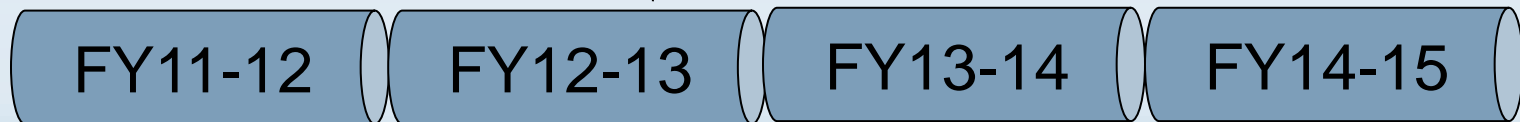
Community IS/IT SSO

- Design and Implementation Phase -

Selected Canesto's CIMS-HR as primary CIS software application

Nov. 2012 – Finalized Service Design

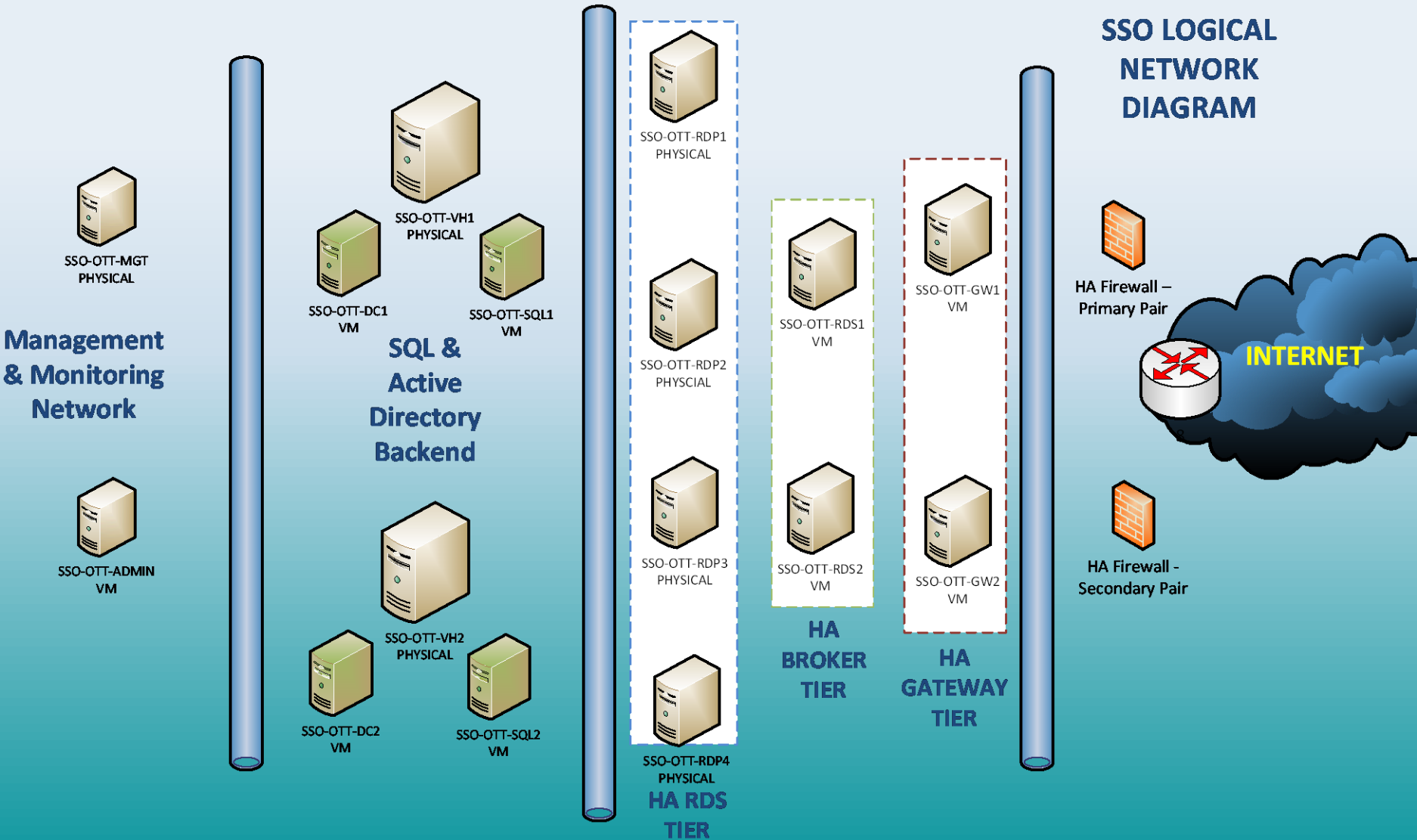
- Governance model
- Operating Agreements
- Support processes



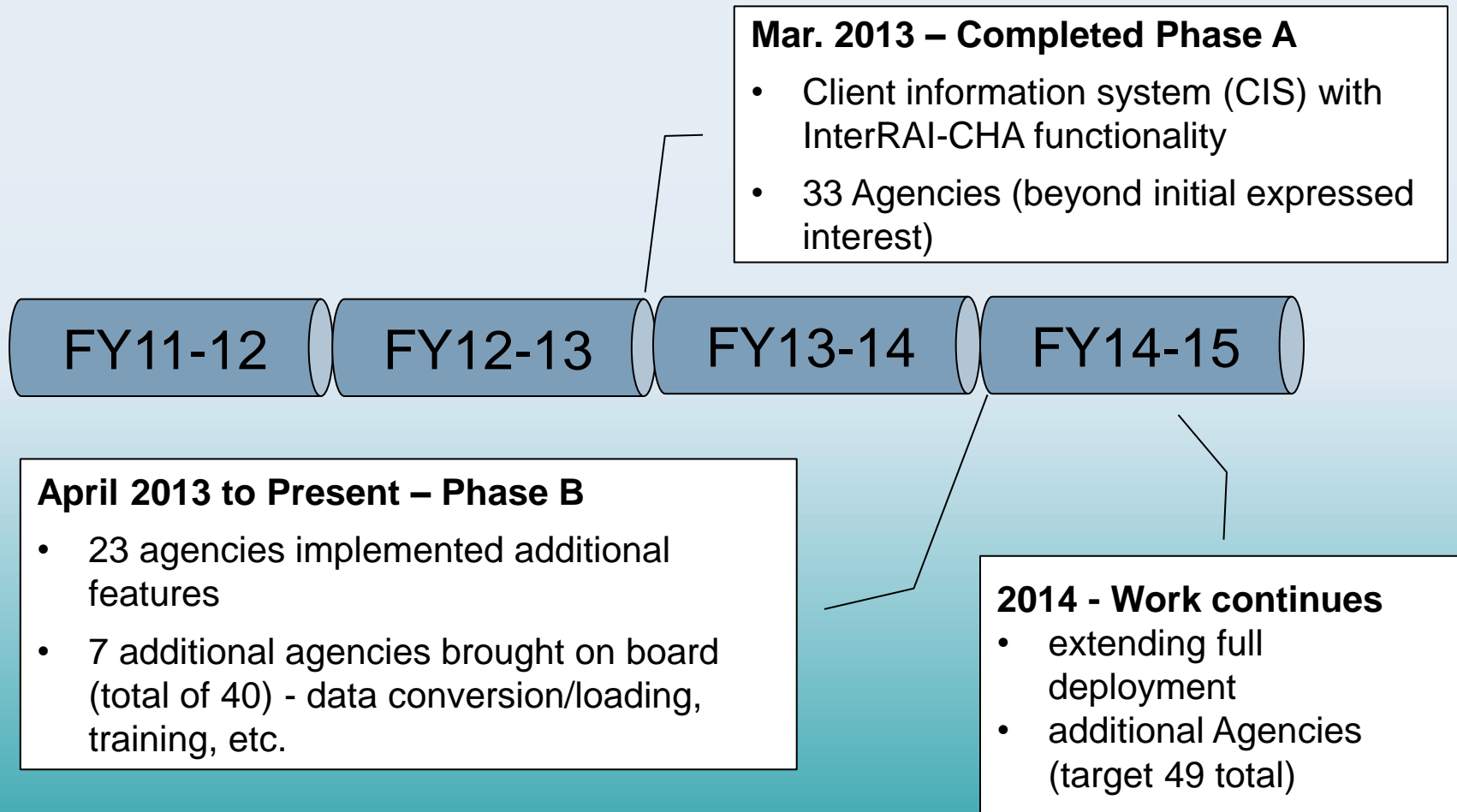
Oct. 2012 – Completed installation and commissioning

- Hardware platform, network, software
- Integration testing of upload to provincial Integrated Assessment Repository (IAR)

Community IS/IT SSO – Infrastructure Design –



Community IS/IT SSO - Deployment Phases -



Community IS/IT SSO - Results -

- Shared Services operations model has enabled:
 - Quicker implementation of CIS and interRAI-CHA assessment tools
 - 33 Agencies (partial deployment) in < 12 months
 - 40 fully deployed in 24 months (including data conversion)
 - Less expensive procurement and implementation
 - Estimated implementation costs ~ \$32K/agency
 - Lower overall and per agency support costs and required sustained funding
 - Estimated operational costs ~ \$6.5K annually/agency
 - Improved services to the SSO Agencies
 - Availability, data back-up, ensure up-to-date software release
 - Full time, dedicated software and business/training specialists

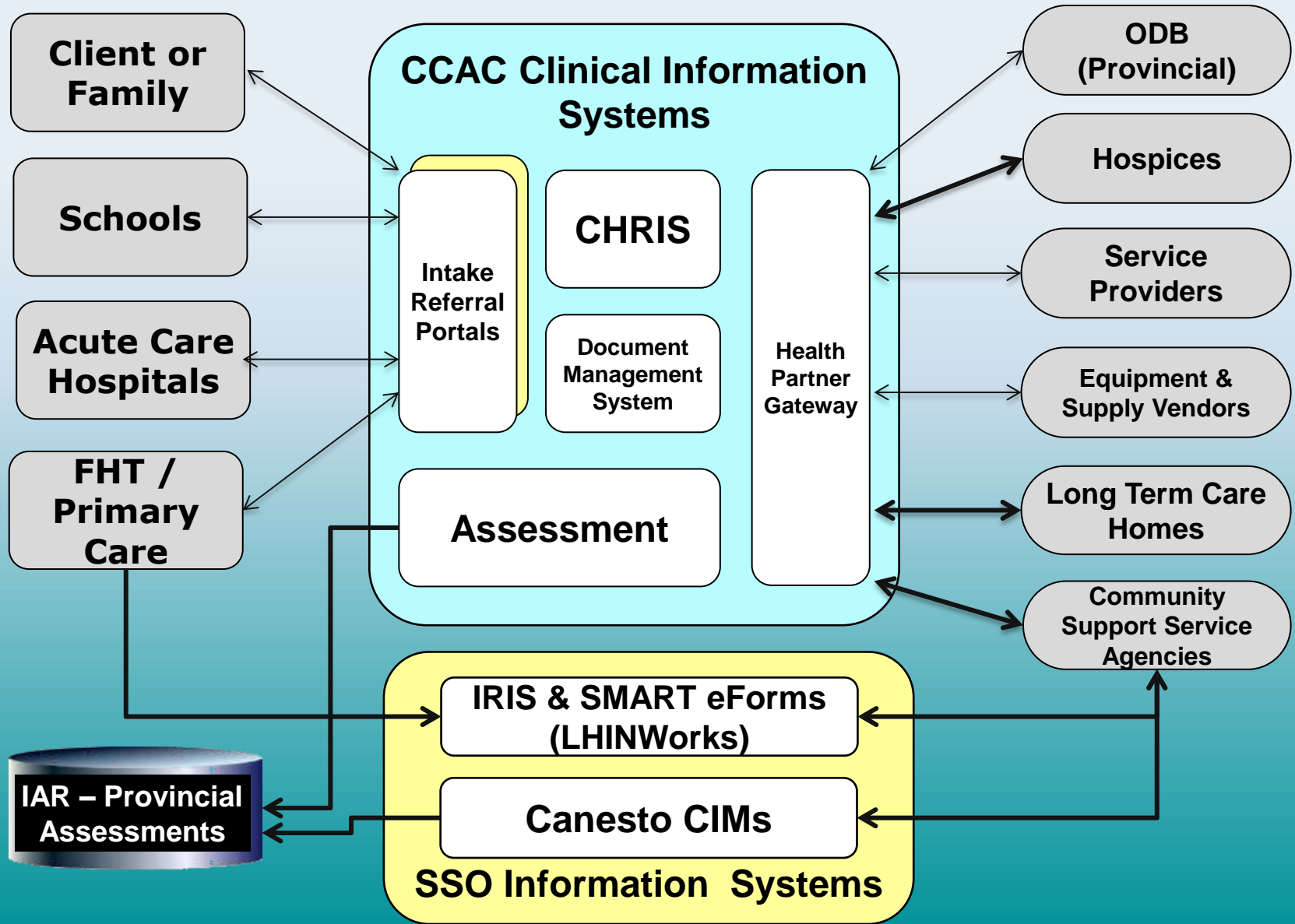
Conclusions and Next Steps

Community Health IS/IT Infrastructure

- Current State – May 2014

Next Steps

Champlain Community HIT Infrastructure Today



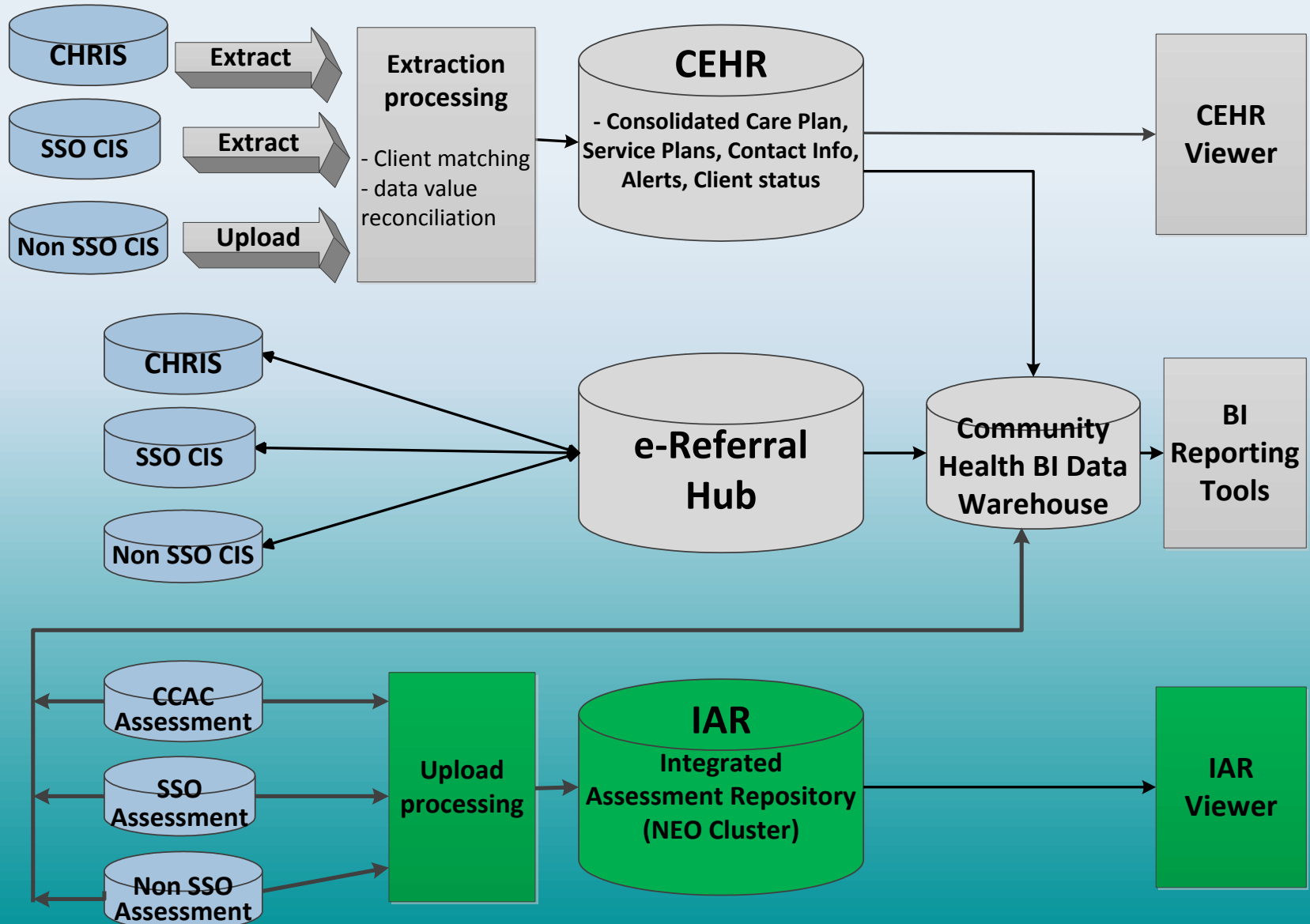
eReferral Expansion - Conclusion

- Champlain Community health service providers have an extensive HIT/electronic referral infrastructure in place
- Areas for quick-win extensions have been identified
 - Adding additional community services (and their delivery agencies) to the available electronic referral pathways
 - Non-Urgent Transportation underway
 - Meals-On-Wheels in planning stages
 - Extend HPG for CSS agency to CSS agency referrals
- Expand Shared Services available to CSS agencies
 - Desktop/server support services – began a year-long pilot on April 1, 2014

The Long Term Roadmap

- Evolution of the community Health Information Technology infrastructure within Champlain is not yet complete
- Build a Community Data Warehouse for business intelligence and planning
- Incremental software development to remove the last human referral interfaces between systems
 - Extend CHRIS/HPG XML interface to eReferral for CSS agencies
 - Modify CIMS home care service referral interface to accept CSS referrals
- Community Electronic Health Record
 - Consolidated view of current client demographics, care plans, active community services, etc.

Proposed Technology Environment for Community HSPs



Acknowledgements

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- Jennifer Marchand
- Chantal Vachon
- Sherry Dewey
- Jim Brophy

Questions?

➤ Paul Boissonneault

- Champlain CCAC
- Paul.boissonneault@champlain.ccac-ont.ca
- 613-745-8124 ext. 5949

➤ Nathalie Lafrenière

- Eastern Ottawa Resource Centre
- nlafreniere@eorc-creo.ca
- 613-741-6025 ext. 330