

NE LHIN eHealth ICT Strategic Plan (2011-2016 revised) – PROGRESS REPORT – May 2015

	Priority (Strategic Value-V, Funding-F, Stakeholder Engagement-S)	Current Status (Initiation, Planning, Execution, Closure)	Comments	Sponsor & Lead
Strategic Direction #1 – Establish the electronic record within individual organizations				
1. Set EMR-AM score targets for the NE LHIN for the next five years; support with accountability agreements, vendor strategies, leverage cluster assets. Raising of EMRAM for hospitals & all HSP's – emphasis on quality of data / information. DESC: Well-defined, measurable target to measure degree of success in adoption of electronic patient management tools.	V- ✓ F- ✓ S- ✓	Execution	Have established target score of 3 for NE hospitals. Completed plan to attain the 3 for NEON group of hospitals. Working with OHA/HIMSS to better understand the EMRAM scores.	NEEAC eHealth Lead NEON
2. Implement the MEDITECH Pharmacy module at the smaller hospitals (i.e. Englehart, Smooth Rock Falls, Sturgeon Falls, and Wawa) DESC: Implementation of the pharmacy department module at smaller hospitals which increases medication safety.	V- ✓ F- ✓ S- ✓	Closure		NEON CIO
3. EMR for community-based practitioners DESC: Automation of all patient information within the provider practice, Works toward decreases in medication errors, increases in patient safety, increases data quality, automates secondary use of data and positions for electronic sharing of information with patients.	V- ✓ F- S-		Request has been forwarded to eHO.	Regional Physician Lead
<ul style="list-style-type: none"> Complete deployment of community-based physician EMRs Seek funding for community pharmacist EMRs 	V- ✓ F- S-		Request has been forward to eHO.	NEEAC OPA member
<ul style="list-style-type: none"> Seek funding for Nurse Practitioner EMR 	V- ✓ F- ✓ S- ✓	Closure		NEEAC NP member
<ul style="list-style-type: none"> Seek funding for Aboriginal EMR Help define roles between provincial & federal governments 	V- ✓ F- ✓ S- ✓	Closure		NEEAC Abor/FN/Metis Members
4. Implement advanced clinical applications via EMR Physician Care for MEDITECH sites or equivalent at non-MEDITECH sites, i.e. DESC: Automation of all patient information within the provider practice, Works toward decreases in medication errors, increases in patient safety, increases data quality, automates secondary use of data and positions for electronic sharing of information with patients.	V- ✓ F- S-		Plan complete for ACS implementation for NEON partners. Working on a plan for the non-NEON hospitals.	NEON or hub CIO
<ul style="list-style-type: none"> ED documentation / Emergency Department documentation BMV, eMAR, closed loop DESC: BMV = Bedside Medication Verification; eMAR = Electronic Medication Administration Record 	V- ✓ F- S-			NEON or hub CIO
<ul style="list-style-type: none"> CPOE, Physician Care Manager or equivalent at non-MEDITECH sites DECS: CPOE = Computerized Physician Order Entry 	V- ✓ F- S-			NEON or hub CIO
5. Deploy CCIM common assessment systems and back office systems in the community sector	V- ✓	Execution	Continue working with CCIM and NE HSP's to increase	NEEACC CSS

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Expand to primary care, CHC. Work with organizations that were 'not in scope' DESC: Automation of the community support sector – specifically Mental Health and Addictions, Long Term Care, Community Support Services, and Hospital Assessment data. Increases efficiency of work flow and data quality, seamless transition of patient data through the continuum, increases patient care and safety. Automate sharing patient information for continuity of care	F- ✓ S- ✓		adoption	member Business leads from individual organizations
6. Deploy MOSAIQ for oncology programs at hub hospitals (North Bay, West Parry Sound, Sault Ste. Marie, Sudbury, Timmins) - exploring the opportunity of funding ambulatory implementation through the CHI Ambulatory EMR-HIS Connect Program DESC: Automation of ambulatory oncology care information and interface with hospital information systems. Mobilizing oncology information sharing for continuity of care, especially with primary care physicians, which has been shown to be effective in sustaining positive treatment outcomes	V- ✓ F- ✓ S- ✓	Closure		Regional Oncology Program Executive CIO – Sudbury Regional
7. Single instance of MEDITECH for NE LHIN hospitals (at time of MEDITECH 6.0 upgrade for the NE LHIN) for the Magic and Client Server platforms – Acute system consolidation DESC: Exploring the effort/resources required/timing to move the 3 non-Meditech/NEON hospitals to the Meditech/NEON system. Although massive, the investments required for implementing and maintaining advanced clinical applications will be minimized with this approach. Automates the sharing of patient information for continuity of care. NEON – Northern Ontario Eastern Network is a partnership of 19 hospital corporations in North Eastern Ontario sharing financial and clinical information systems for over ten years <ul style="list-style-type: none"> Explore funding through CHI Innovation (expediting regional CPOE) 	V- ✓ F- S- ✓	Initiation	Discussion are ongoing with NB, SAH and NEON. Currently working on due diligence with regard to data conversion and business case.	North Bay CIO
7.(B) Three additional hospital corporations are implementing NEON. WAHA (Weeneebayko Area Health Authority), West Nippising and Mattawa	V- ✓ F- ✓ S- ✓	Closure		HSN IT
As part of Project 7(B) above, Meditech portal will be expanded to additional community partners including pharmacists	V- ✓ F- ✓ S- ✓	Closure		HSN IT
8. Discharge Summaries DESC: Standardization of discharge summaries between hospitals (eHealth Ontario standard for discharge summary), standard approach across the region.	V- F- S-	Exploratory discussions		NE LHIN PMO
9. Order Sets DESC: Standardization of order sets, RM&R tied to order sets, promote standard approach across the region. Patient order sets – develop this further regionally and for primary care. Integrated coordinated care plan. Consider physician decision support – integrated with patient order sets.	V- ✓ F- ✓ S- ✓	Closure	Working with the regional Clinical Services Review towards standardized regional QBP order sets. NE Health Links are working towards integrated coordinated car e-plans.	NE LHIN PMO
10. Security of Data – Cyber Risk DESC: Scope to be defined.	V- F- S-			NE LHIN PMO
11. Single Sign on	V-		Discussion are currently	NE LHIN PMO

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DESC: Scope to be defined.	F- S-		underway with CHI that would help define this project.	
12. Option for a provider portal that overlays Meditech, other – eg Patient Keeper DESC: May be a long term solution and will save on change management each time Meditech changes.	V- F- S-			NB CIO, NEON
Strategic Direction #2 – Extend data in the individual electronic records to other agencies				
13. Physician Office Integration (POI) DESC: POI is a regional approach to providing physician EMR's with electronic hospital (MEDITECH) reports. Integration of patient information for continuity of care, reducing duplication of testing, reducing turnaround time of reports and test results. Increased patient, physician, multi-disciplinary team satisfaction	V- ✓ F- ✓ S- ✓	Closure		HSN IT
14. Implement regional HR/Scheduling Management System HRIS – drive to go regional. DESC: Automated human resources information system and staff scheduling system. Implement regional staff scheduling system. Promote effective scheduling and management of human resources. Ability to identify available human resources – credentials, skills and capacity	V- ✓ F- ✓ S- ✓	Execution	NB and Timmins executed RFP, single vendor, implementation 2013 – Allowed for addition of other hospitals. NE LHIN hospitals are invited to be part of the initiative	Timmins hub CIO
15. Develop regional collaboration tools, e.g. SharePoint DESC: Implement regional collaboration tools that can be used for regional knowledge management, sharing of administrative documents such as policies and procedures	V- ✓ F- S-	Initiation	LHIN PMO will create NE LHIN BI strategic plan along with NE stakeholders.	LHIN Senior Director, Integration
16. Implement regional Decision Support tool Specifically Admin Decision Support – Business Intelligence Tools DESC: Implement a regional Decision Support solution. Provide ability to automate organizational and regional reporting – Business Case development and tactical plan Business Intelligence (specific to HSP/Hosp and for the region cross sector)	V- ✓ F- ✓ S- ✓	Execution	Will be implementing the HHS IDS solution as the regional solution for the NE LHIN	LHIN Senior Director, Accountability
17. Integrate data from CHRIS to MEDITECH DESC: Integrate data from the CCAC (Community Care Access Centre) CHRIS system to the Meditech hospital system. Eliminate duplication of patient information entry, real-time sharing of patient information, faster referral time, reduced delays and denials due to incomplete forms. Automate the sharing of patient information for continuity of care <ul style="list-style-type: none"> Electronic transfer of key CHRIS data to MEDITECH (or equivalent from non-MEDITECH hospitals) eNotification Project rollout throughout NE Region <p>Roll out of HPG (CHRIS Health Partner Gateway) to community partners throughout NE Region.</p>	V- ✓ F- ✓ S- ✓	Closure		NE CCAC CIO
<ul style="list-style-type: none"> Electronic transfer of a referral from MEDITECH (or equivalent from non-MEDITECH hospitals) to CHRIS 	V- ✓ F- S- ✓		Currently only being done with Sudbury hospital	NE CCAC CIO
18. Leverage POI for sharing of client profiles among community sector organizations and with the hospitals	V- ✓	Execution	Continues on the expansion of the current POI solution.	HSN IT

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DESC: Continue with POI and start translating the project into the broader community health sector, would include non-Meditech hospitals, NP clinics, CHCs (Community Health Centre), CCAC reports, Telephone Health Advisory Service, Hospital notifications on admit/discharge, OTN specialist notes, OTN Telehomecare notes, POI expansion – specialists.	F- ✓ S- ✓		Produces plan for integration to HRM.	
19. Access to information DESC: Data / Reporting assisting Health Links / Standards (e.g. terminology) – data management This scope would also include the elimination of the duplicate entry that many HSP's experience with data reporting to multiple sites.	V- F- S-	PMO is engaged with NE HL's on eHealth initiatives	Continue working with HLs on eHealth requirements Our LHIN is moving forward with ministry CCT initiative	NE LHIN CIO
20. ALC RM&R Provincial cluster approach to implementation a Resource Matching and Referral system. This project involves 4 LHIN's (NE, NW, Champlain and SE) working towards a clustered implementation approach that will then align with provincial implementation. This project has seven stages and we are currently working on stage 4. RM&R solution will automatically match patient to resources/care. - Long Term Care - Homecare - Complex Care and Rehab	V- ✓ F- ✓ S- ✓	Execution	Working with NEO cluster for ALC RM&R Business Transformation Activities – LHIN/Cluster/Provincial standards. 3 projects defined.	LHIN eHealth Lead NE CCAC CIO
- CSS sector DESC: Automation of the community support sector – review of current state, requirements gathering for desired state. Looking at increases to efficiency of work flow and data quality, e-referral, seamless transition of patient data through the continuum, increases patient care and safety. Automate sharing patient information for continuity of care. - CMH & A sector DESC: Looking at increases to efficiency of work flow and data quality, e-referral, seamless transition of patient data through the continuum, increases patient care and safety. Automate sharing patient information for continuity of care.	V- ✓ F- ✓ S- ✓ V- ✓ F- ✓ S- ✓	Execution	This project is being led by the NE PMO in conjunction with the NE CSS system navigators. This project has now been extended to the CMH&A sector	NE LHIN PMO
21. Formulate a quick-win project for sharing MedsCheck profiles between community pharmacies and physician office EMRs DESC: Increasing patient safety through sharing of up-to-date information on the medication a patient is taking	V- ✓ F- S-		Proposal submitted to eHO.	NEEAC OPA member
22. Medication DESC: Expansion of DPV, Medication Management Reconciliation	V- F- S-		Initial discussions with eHO	NE LHIN PMO
23. Doorways project DESC: Four LHINs worked together with Ontario's Community Care Information Management (CCIM) leads to establish a provider portal to securely share and access accurate health information electronically. The pilot integrated mental health and addiction data within a portal yielding clinical benefits and lessons learned through a system to system integration.	V- ✓ F- ✓ S- ✓	Completed		PMO
24. Leveraging local assets, expanding for additional services and increase ability to share information: NEON, Meditech, HINP (Health Information Network Provider), IAR, Registries, NEON CDR (Clinical Document Repository), Portal, ONEMail, etc.	V- ✓ F- ✓ S- ✓	Planning	Currently HL's are working with on the provincial CCT (Care Coordination Tool) leveraged on the IAR.	eHealth Lead NE LHIN HL's

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DESC: Leverage local assets to expand on any automation of sharing patient information for continuity of care				
25. Surgical optimization project – eHealth enablers for Surgical Optimization project <ul style="list-style-type: none"> NE HKRP DESC: NE LHIN Hip and Knee Replacement Program (HKRP). Implementing technologies to support projects that increase access to surgical care 	V- ✓ F- ✓ S- ✓	Completed		HSN IT
<ul style="list-style-type: none"> NE Call Schedule DESC: Implementing technologies to support projects that increase access to surgical care 	V- ✓ F- ✓ S- ✓	Closed	Data collection has started.	eHealth Lead
26. Roll-out of the NE LHIN / OTN Telequest strategic plan DESC: Roll-out the North East LHIN / OTN TeleQuest strategic plan – expanding use of Telemedicine as planned through multiple projects and guided by the comprehensive strategic plan. <ul style="list-style-type: none"> eConsult Guestlink, PCVC 	V- ✓ F- ✓ S- ✓	Execution	Rollout of eConsult pilot for the NE LHIN	OTN Regional Director NE PMO
<ul style="list-style-type: none"> Telemedicine Expansion Integration of care delivered through Telemedicine with patient information across the continuum of care - additional Telemedicine coordinators were funded and resources throughout NE LHIN 	V- ✓ F- ✓ S- ✓	Closure		NE PMO
<ul style="list-style-type: none"> Telehomecare Roll Out for Diabetes DESC: Implementation of the Telehomecare Program throughout the LHIN. Telehomecare links patients with health care professionals to help them better manage their chronic disease in the comfort of their own home 	V- ✓ F- ✓ S- ✓	Execution	Project is ongoing. Sustainability planning.	eHealth Lead
27. Continue NEODIN DESC: The Pan Northern Ontario PACS (Picture Archiving and Communication System) project provides an archive that will support more than 40 hospitals, primary care sites, and many first nation sites. Supported by Canada Health Inforway (CHI) and the Ministry of Health, the project includes all hospitals in LHIN 13 and LHIN 14 plus and IHFs that are interested in participating. This project has now extended to include the Champlain LHIN and the project is now called NEODIN, Northern and Eastern Ontario	V- ✓ F- ✓ S- ✓	Completed		NEODIN Lead
28. NEODIN – integrating diagnostic images from IHFs into the regional repository for viewing through all EMRs DESC: IHF = Independent Health Facility	V- ✓ F- ✓ S- ✓	Completed		NEODIN Lead
29. NEODIN Viewer DESC: Expand NEODIN viewer to e.g. primary care and within hospitals	V- ✓ F- ✓ S- ✓			NEODIN
30. PACS – Diagnostic Common Service	V- ✓ F- ✓ S- ✓			NEODIN
31. Immunization DESC: Explore option to share immunizations – portal for immunization	V- ✓ F- ✓			PH

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<p>32. cNEO DESC: Connecting Northern and Eastern Ontario (4 LHIN) Cluster project. Project is planning for a provider portal, clinical document repository and integration system for the four LHINs. We will continue our alignment of eHealth projects across the cluster – North West, North East, Champlain and South East LHINs</p>	V- ✓ F- ✓ S- ✓	Execution	cNEO Integration Services Initiative – HIAL, Portal, CDR Ottawa Hospital is TPA. In process of setting up regional Service Delivery Partners for cNEO implementation within a LHIN.	eHealth Lead
<p>33. OLIS – rollout LHIN wide DESC: Ontario Lab Information System (OLIS) is a cornerstone information system that connects hospitals, community laboratories, public health laboratories and practitioners to facilitate the secure electronic exchange of laboratory test orders and results. NEON group doing Phase 2 – OLIS implementation Non NEON groups doing Phase 1 – OLIS planning Community HSPs -</p>	V- ✓ F- ✓ S- ✓	Execution	NEON & WPS completed eHO now working with NB/SAH for non-NEON hospitals integration to OLIS.	HSN CIO
Strategic Direction #3 – Govern the Development of the Regional interoperable Electronic Health Record (iEHR) Effectively				
<p>34. eHealth governance and accountability for the NE LHIN</p> <ul style="list-style-type: none"> Develop iEHR governance and accountability framework for NE LHIN <p>DESC: Set up project and enterprise program management accountability, provide a comprehensive program portfolio view of all regional projects and create a shared vision, ensuring that all providers are in agreement</p>	V- ✓ F- ✓ S- ✓	Planning	This is part of the NE LHIN Integration and Alignment Council	LHIN CIO
<p>35. Enhance NE LHIN PMO functions</p> <ul style="list-style-type: none"> Develop NE LHIN PMO for project management and delivery Possibly LEAN training <p>DESC: Increase the regional capacity in project management, ensure adoption of methodologies is consistent with Project Management Institute evidence-informed practices, raise skills levels and capacity</p>	V- ✓ F- S-			LHIN PMO
<ul style="list-style-type: none"> Continue to carry out eHealth ICT (Information & Communication Technology) project identification and planning <p>DESC: Acquire project management software to monitor the portfolio of regional projects. Ongoing identification, prioritization of project in response to mandatory requirements and funding opportunities</p>	V- ✓ F- S-			LHIN PMO
<p>36. Develop NE eHealth ICT communication plan – accomplishments, clarity about projects, etc. DESC: Ensuring that the North East Ontario accomplishments are recognized by funders and policy makers</p>	V- ✓ F- ✓ S- ✓	Ongoing	These are part of ongoing PMO activities	LHIN CIO
<p>37. Shared Services DESC: Address eHealth ICT sustainability issues as part of the shared service feasibility study. Identify leverageable assets and develop tactical plans on a more pervasive deployment. Ensure leverageable assets are part of the provincial inventory. Leverage NEON and Timmins hub assets to assist the community sector. Address these issues as part of the shared service feasibility study. Leverage NEON and Timmins hub assets to assist all sectors in the roll-out of iEHR. Sharing of services, regional and facilitation regional procurement (IT) (e.g. thin clients hardware), province wide procurement.</p>	V- ✓ F- ✓ S- ✓	Ongoing	This is part of the NE LHIN Integration and Alignment Council NON hospital partners have expressed interest to be included on shared purchases.	LHIN CIO

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38. Shared Services DESC: Communications, mini-apps (custom development), Sharing research of tools/resources – confirm what's good	V- F- S-			NE LHIN PMO
39. Funding <ul style="list-style-type: none"> Improving business case development, e.g. stating the ROI comprehensively DESC: Improve business case development (e.g. developing the ROI considering all factors, costs, and benefits). Ensuring that all project costs, benefits and risks have been identified and documented; and demonstrate to project sponsors and potential funders 	V- F- S-			LHIN CIO
<ul style="list-style-type: none"> Making the case for hospitals to increase their operational budget for ICT DESC: Make the case for hospitals to increase their operational budget for eHealth ICT to match their peer group average. Need to ensure sustainable funding to support ongoing operational costs of applications 	V- F- S-			NEON CIO
40. Sustainability DESC: OLIS, NEODIN support costs are an issue, cNEO sustainability Establishment of a Benefits Evaluation Program. Toolkit to be developed that would be used for each NE LHIN eHealth project.	V- ✓ F- ✓ S- ✓	Execution	As part of the RM&R and eNotification projects, working with eHO on Benefits Evaluation Program	NE LHIN PMO
41. Refresh – cost of refresh shared, investigate options	V- F- S-			NE LHIN PMO
Strategic Direction #4 – Consumer Health				
42. Develop a consumer eHealth strategy for the NE LHIN DESC: Develop strategies for rolling-out patient self management; better access to healthcare system; and personal health records. Would include consideration for: Consumer eHealth – understanding the patient / client / family view of opportunities presenting by electronic collaboration tools and web-based technologies. Patient Collaboration Tools – Assessment of solutions that support patient / client / community member engagement in self-care, including leveraging provincial projects (e.g. Diabetes Registry), Telehomecare and local projects (e.g. Directory of Services – 310 CCAC); and Patient Portal – Assess existing patient portal projects across other LHINs to leverage opportunities to provide patients access to their own healthcare / service record	V- ✓ F- S-			LHIN CIO
43. Self Registration DESC: Rehab & Onc sites only – can this be expanded and even with devices (instead of kiosks)	V- F- S-			LHIN CIO
44. Patient Reminder Systems DESC: Sharing information to expedite patient's priority needs – scheduling , access to test results, prescription renewal (leverage work of Timmins and Sudbury)	V- F- S-			LHIN CIO

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