

# North East LHIN eHealth ICT Strategic Plan

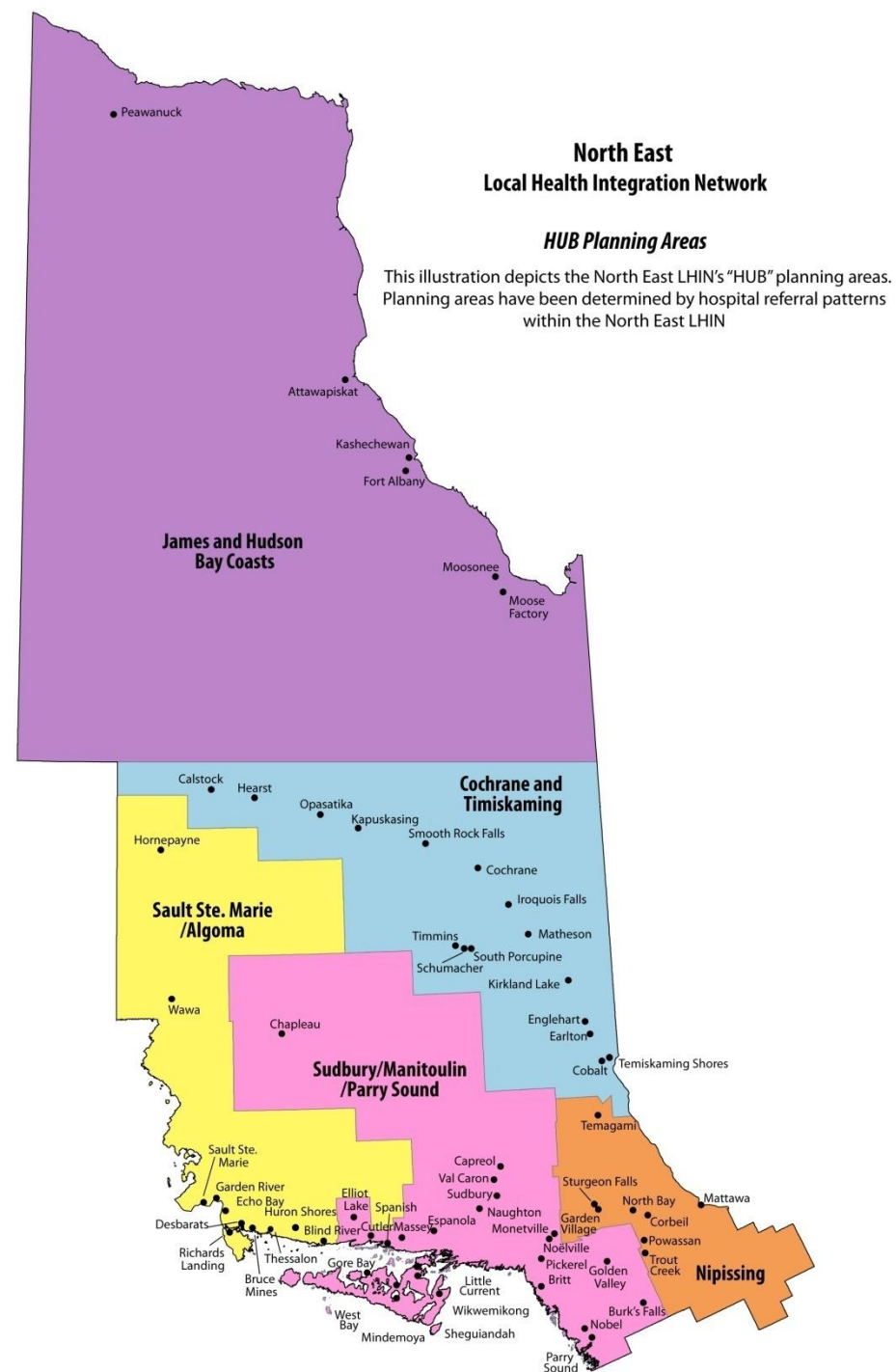
2011/12 – 2015/16

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# NE LHIN Region

- 400 000 square kilometres
- 550,000 people
- 60% Urban; 40% Rural
- 24% Francophone and 10% Aboriginal, First Nation, Métis
- 17% people aged 65+ (13% for Ontario); in 2030, 30% compared to 22%
- High morbidity and mortality rates
- Poor health behaviours
- The NE LHIN has divided the region into five HUB areas based on hospital referral patterns.



# NE LHIN eHealth ICT Vision

**Enabling Access to Quality Healthcare for Northerners  
through Information and Innovation.**

Information and Communication technology supports the processes of quality healthcare provision, access to health information (for all Northern Ontarians from anywhere in Ontario), improvement of consumer outcomes, and the most effective use of available resources across Northern Ontario, through collaboration and sharing information amongst providers and with consumers.

# NE LHIN eHealth ICT Goals

- Improve consumer access to health information to support informed decision making and transactions involving the healthcare system
- Enable information integration and communication among stakeholders and sectors
- Improve care delivery
- Improve care delivery management
- Support information management for evaluation and accountability
- Commit to research, education and knowledge transfer
- Maximize available funding
- Ensure a planned and coordinated approach to eHealth ICT in North East Ontario

# NE LHIN eHealth ICT Guiding Principles

- Consumer-centric system
- Delivery of required electronic record (client/medical) content for each sector
- Ease of use and access to information
- Promotion of effective use of health human resources and quality of working life
- Evolving approach to achievement of strategies
- Standards for information management and data sharing
- Standards for privacy, security and consent
- Enabling mandatory reporting through the collection of data at the point of care
- Alignment with provincial eHealth, and NE IHSP directions
- Commitment to evaluating the effectiveness of eHealth ICT Strategies



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# NE LHIN eHealth Strategic Directions

1. Establish the Electronic Record within individual organizations – shareable across the continuum of care.
2. Extend data in the individual electronic records to other agencies.
3. Govern the development of the regional iEHR effectively.
4. Consumer Health - use technologies to respond to consumer needs.



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# Strategic Direction #1 – Establish the Electronic Record within Individual Organizations

Goals	Opportunities	Benefits
<ul style="list-style-type: none"> <li>❑ Design for ease of use, access and single sign-on to appropriate information.</li> <li>❑ Build the content of the Electronic Record ensuring that the information is shareable with other applications and systems across the sectors and that information can follow the patient/client/community member.</li> </ul>	<ul style="list-style-type: none"> <li>❑ A priority project is the implementation of the MEDITECH pharmacy module at smaller hospital sites.</li> </ul>	<ul style="list-style-type: none"> <li>❑ Implementation of the pharmacy departmental module increases medication safety.</li> </ul>
<ul style="list-style-type: none"> <li>❑ Increase the average NE LHIN and individual organizational EMR-AM score.</li> <li>❑ Support mandatory reporting requirements.</li> </ul>	<ul style="list-style-type: none"> <li>❑ Implement:               <ul style="list-style-type: none"> <li>▪ Advanced clinical applications via EMR Physician Care for MEDITECH sites, e.g. BMV, eMAR, Physician Care Manager or equivalent at non-MEDITECH sites, deployment of MOSAIC for oncology programs.</li> <li>▪ Community pharmacy EMR.</li> <li>▪ Nurse practitioner (NP) EMR – NP led clinics, CCAC NP’s.</li> <li>▪ Continue with community physician office EMR deployment through Ontario MD.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>❑ Automation of all patient information has many benefits:               <ul style="list-style-type: none"> <li>▪ Decreases medication errors and increases patient safety.</li> <li>▪ Increases efficiency of work flow and data quality.</li> <li>▪ Automates secondary use of data.</li> <li>▪ Increases staff satisfaction.</li> <li>▪ Positions for electronic sharing of information with patients.</li> </ul> </li> </ul>

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# Strategic Direction #1 – Establish the Electronic Record within Individual Organizations

Goals	Opportunities	Benefits
<ul style="list-style-type: none"> <li>❑ Leverage current investments in selecting systems.</li> <li>❑ Provide assistance to smaller sites with expired legacy systems.</li> <li>❑ Provide assistance to smaller sites implementing systems of immediate patient care and patient safety value.</li> <li>❑ Commit to interoperability.</li> <li>❑ Advocate for funding to ensure ongoing support for the applications.</li> </ul>	<ul style="list-style-type: none"> <li>❑ Set implementation targets and monitor-setting an annual EMR-AM target for the NE LHIN.</li> </ul>	<ul style="list-style-type: none"> <li>❑ Well-defined, measurable target to measure degree of success in adoption of electronic patient management tools.</li> </ul>
	<ul style="list-style-type: none"> <li>❑ Continue the deployment of CCIM assessment tools and solutions.</li> </ul>	<ul style="list-style-type: none"> <li>❑ Automation of the community support sector.</li> </ul>
	<ul style="list-style-type: none"> <li>❑ Deploy MOSAIC for oncology programs at hub hospitals exploring the opportunity of funding ambulatory implementation through the CHI Ambulatory EMR-HIS Connect Program.</li> </ul>	<ul style="list-style-type: none"> <li>❑ Automation of ambulatory oncology care information and interface with hospital information systems.</li> <li>❑ Mobilizing oncology information sharing for continuity of care, especially with primary care physicians.</li> </ul>
	<ul style="list-style-type: none"> <li>❑ Create a single MEDITECH systems for the NE LHIN hospitals providers, expanding from 20 to 25 hospitals.</li> </ul>	<ul style="list-style-type: none"> <li>❑ Although still massive, the investments required for implementing and maintaining advanced clinical applications will be minimized with this approach.</li> </ul>



## Strategic Direction #2 – Extend Data in the Individual Electronic Health Records to other Agencies.

Goals	Opportunities	Benefits
<ul style="list-style-type: none"> <li>❑ Increase the ability to share information among electronic records to facilitate communication and information integration.</li> <li>❑ Build the collaboration tools for sharing of information.</li> <li>❑ Ensure interoperable systems and standards based information sharing.</li> <li>❑ Develop system-wide decision support capability.</li> <li>❑ Use technologies to promote service provider communication.</li> <li>❑ Continue to integrate community-based physician practice EMR's with other EMR's.</li> <li>❑ Advocate for independent nurse practitioner and midwife practice EMR's.</li> <li>❑ Standardize (e.g. Open Order Sets, electronic sharing of standardized assessment tools).</li> <li>❑ Build on provincial investments.</li> </ul>	<ul style="list-style-type: none"> <li>❑ Exploring the potential to leverage the POI tools for sharing of client profiles among community sector organizations and between the community and hospital sectors.</li> </ul>	<ul style="list-style-type: none"> <li>❑ Translating the success achieved with the POI project into the broader community health sector.</li> <li>❑ Integration of patient information for continuity of care.</li> <li>❑ Reducing duplication of testing.</li> <li>❑ Reducing turnaround time of reports and test results.</li> <li>❑ Increased patient, physician, multi-disciplinary team satisfaction</li> </ul>
	<ul style="list-style-type: none"> <li>❑ Medication Profile: Sharing medication profiles at all points of referral.</li> <li>❑ Exploring the potential for a quick win project for sharing medication profiles with community pharmacies.</li> </ul>	<ul style="list-style-type: none"> <li>❑ Increasing patient safety through sharing of up-to-date information on the medication a patient is taking.</li> </ul>
	<ul style="list-style-type: none"> <li>❑ Roll-out the NE LHIN/OTN TeleQuest strategic plan – expanding use of Telemedicine as planned through multiple projects and guided by the comprehensive strategic plan.</li> </ul>	<ul style="list-style-type: none"> <li>❑ Leveraging telemedicine technologies to increase access to care across North East Ontario.</li> <li>❑ Integration of care delivered through Telemedicine with patient information across the continuum of care.</li> </ul>
	<ul style="list-style-type: none"> <li>❑ Carry-out the surgical optimization project.</li> </ul>	<ul style="list-style-type: none"> <li>❑ Using technologies to support projects that increase access to surgical care.</li> </ul>

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## Strategic Direction #2 – Extend data in the Individual Electronic Health Records to other Agencies.

Goals	Opportunities	Benefits
<ul style="list-style-type: none"> <li>❑ Leverage the NEON gadgets – registries, clinical data repository.</li> <li>❑ Build on NE LHIN integrative projects:                             <ul style="list-style-type: none"> <li>▪ Integrated Discharge Planning (IDP) between CCAC and hospitals;</li> <li>▪ NEON;</li> <li>▪ NEODIN DI-r;</li> <li>▪ MOSAIC implementation in ambulatory care; and</li> <li>▪ OMNYX (Digital Pathology) – between the Timmins hub (Timmins and 13 community hospitals) and UHN.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>❑ Integrate CCAC CHRIS and MEDITECH.</li> </ul>	<ul style="list-style-type: none"> <li>❑ Eliminate duplication of patient information entry.</li> <li>❑ Real-time sharing of patient information.</li> <li>❑ Faster referral time.</li> <li>❑ Reduced delays and denials due to incomplete forms</li> </ul>
	<ul style="list-style-type: none"> <li>❑ Expansion of the use of the Doorways Clinical Portal.</li> </ul>	<ul style="list-style-type: none"> <li>❑ Leveraging a successful project.</li> <li>❑ Expanding for additional services.</li> </ul>
	<ul style="list-style-type: none"> <li>❑ Implement regional Staff Scheduling System.</li> </ul>	<ul style="list-style-type: none"> <li>❑ Promote effective scheduling and management of human resources</li> <li>❑ Ability to identify available human resources – credentials, skills, and capacity.</li> </ul>
	<ul style="list-style-type: none"> <li>❑ Implement regional collaboration tools (e.g. SharePoint).</li> </ul>	<ul style="list-style-type: none"> <li>❑ Can be used for regional knowledge management, sharing of administrative documents such as policies and procedures.</li> </ul>
	<ul style="list-style-type: none"> <li>❑ Implement a regional Decision Support solution.</li> </ul>	<ul style="list-style-type: none"> <li>❑ Ability to automate organizations and regional reporting.</li> </ul>
	<ul style="list-style-type: none"> <li>❑ Integrate information exchange between systems, e.g. MEDITECH and CIMS.</li> </ul>	<ul style="list-style-type: none"> <li>❑ Automate sharing patient information for continuity of care.</li> </ul>

## Strategic Direction #3 – Govern the Development of the Regional interoperable Electronic Health Record (iEHR) Effectively.

Goals	Opportunities	Benefits
<ul style="list-style-type: none"> <li>❑ Develop the technical infrastructure and utilize new technologies to match requirements.</li> <li>❑ Develop the Regional Integration Centre concept.</li> <li>❑ Create project management and delivery capacity, in addition to the current project oversight capacity of the NE LHIN PMO – to enable the delivery of large regional projects (e.g. RM&amp;R, eReferral, and managing surgical wait times).</li> </ul>	<ul style="list-style-type: none"> <li>❑ Develop iEHR governance and accountability framework for the NE LHIN.</li> </ul>	<ul style="list-style-type: none"> <li>❑ Project and enterprise program management accountability.</li> <li>❑ Comprehensive program portfolio view of all regional projects.</li> <li>❑ Create a shared vision, ensuring that all providers are in agreement.</li> </ul>
	<ul style="list-style-type: none"> <li>❑ Develop the Regional Integration Centre relationship.</li> </ul>	<ul style="list-style-type: none"> <li>❑ Alignment of eHealth projects across the Regional Integration Centre – North West, North East, Champlain and South East LHINs.</li> </ul>
	<ul style="list-style-type: none"> <li>❑ Develop project management and delivery.</li> </ul>	<ul style="list-style-type: none"> <li>❑ Increase the regional capacity in project management.</li> <li>❑ Ensure adoption of methodologies is consistent with Project Management Institute evidence-informed practices.</li> <li>❑ Raise skill levels and capacity.</li> <li>❑ Acquire project management software to monitor the portfolio of regional projects.</li> <li>❑ Ongoing identification, prioritization of project in response to mandatory requirements and funding opportunities.</li> </ul>
	<ul style="list-style-type: none"> <li>❑ Develop a NE LHIN eHealth ICT communications plan – accomplishments, clarity about projects, etc.</li> </ul>	<ul style="list-style-type: none"> <li>❑ Ensuring that the North East Ontario accomplishments are recognized by funders and policy makers.</li> </ul>

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## Strategic Direction #3 – Govern the Development of the Regional interoperable Electronic Health Record (iEHR) Effectively.

Goals	Opportunities	Benefits
<ul style="list-style-type: none"> <li>❑ Design and implement eHealth ICT strategic plan accountability, including further development of NEEAC role and accountability.</li> </ul>	<ul style="list-style-type: none"> <li>❑ Shared Service.</li> </ul>	<ul style="list-style-type: none"> <li>❑ Address eHealth ICT sustainability issues as part of the shared service feasibility study.</li> <li>❑ Identify leverageable assets and develop tactical plans on a more pervasive deployment.</li> <li>❑ Ensure leverageable assets are part of the provincial inventory.</li> <li>❑ Leverage NEON and Timmins hub assets to assist the community sector.</li> <li>❑ Address these issues as part of the shared service feasibility study.</li> <li>❑ Leverage NEON and Timmins hub assets to assist all sector in the roll-out of iEHR.</li> </ul>
	<ul style="list-style-type: none"> <li>❑ Improve business case development (e.g. developing the ROI considering all factors, costs, and benefits).</li> </ul>	<ul style="list-style-type: none"> <li>❑ Ensuring that all projects costs, benefits and risks have been identified and documented; and demonstrate to project sponsors and potential funders.</li> </ul>
	<ul style="list-style-type: none"> <li>❑ Make the case for hospitals to increase their operational budget to eHealth ICT to match their peer group average.</li> </ul>	<ul style="list-style-type: none"> <li>❑ Ensuring sustainable funding to support ongoing operational costs of applications.</li> </ul>

## Strategic Direction #4 – Consumer Health

Goals	Opportunities	Benefits
<ul style="list-style-type: none"><li>□ Provide consumers self-service tools to manage their transactions with the healthcare system, e.g. receiving test results, scheduling and medication renewals</li><li>□ Equip consumers with the tools and capacity to participate actively and share in decisions affecting their health.</li><li>□ Ensure that consumers have timely access to information to manage their care, health and relationships with their service providers.</li></ul>	<ul style="list-style-type: none"><li>□ Develop a consumer eHealth strategy for the NE LHIN, including consideration for:<ul style="list-style-type: none"><li>▪ <b>Consumer eHealth</b> – Understanding the patient/client/family view of opportunities presented by electronic collaboration tools and web-based technologies;</li><li>▪ <b>Patient Collaboration Tools</b> – 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</li><li>▪ <b>Patient Portal</b> – Assess existing patient portal projects across other LHINs to leverage opportunities to provide patients access to their own healthcare/service record.</li></ul></li></ul>	<ul style="list-style-type: none"><li>□ Developing strategies for rolling-out patient self-management; better access to healthcare system; and personal health records</li></ul>

# Decision Making Criteria

- Affordability of the project, including availability of ongoing operational funding
- Whether the project is “net new”, “optimization”, “infrastructure”, or a “foundational dependency”;
- Impact (e.g. improve patient care; positively impacting the workflow of a large number of providers; leveraging large institutional assets to support smaller agencies, thus increasing the ROI of existing investments; and helping avoid higher cost levels of care); and
- High priority item of IHSP and other key strategies.



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# eHealth ICT Projects

	Year 1	Year 2	Year 3	Year 4	Year 5 +	Who Benefits.						One-time cost or costing assumption	Ongoing costs <sup>1</sup> or costing assumption	Sponsor and Lead		
						Patients	Hospitals	Community Support Sector	Long-term Care	Community-based Practitioners <sup>2</sup>	Community Pharmacists					
<b>Strategic Direction #1 – Establish the electronic record within individual organization</b>																
1. Set EMR-AM score targets for the NE LHIN for the next five years; support with accountability agreements, vendor strategies, leverage Regional Integration Center assets						✓	✓			✓		Part of PMO costs	Part of PMO costs	NEEAC eHealth Lead		
2. Implement the MEDITECH Pharmacy module at the smaller hospitals (i.e. Englehart, Smooth Rock Falls, Sturgeon Falls and Wawa)						✓	✓			✓	✓	\$200,000	\$40,000	NEON CIO		
3. EMR for community-based practitioners • Complete deployment of community-based physician EMRs						✓						eHealth	eHealth	Regional Physician Lead		
• Seek funding for community pharmacist EMRs						✓						TBD	TBD	NEEAC OPA member		
• Seek funding for Nurse Practitioner EMR						✓		✓		✓				NEEAC NP member		
• Seek funding for Aboriginal EMR												TBD	TBD	NEEAC Abor/FN/Métis Members		
4. Implement advanced clinical applications via EMR Physician Care for MEDITECH sites or equivalent at non-MEDITECH sites, i.e. • ED documentation						✓	✓			✓		\$20,000,000 to \$30,000,000	\$4,000,000 to \$6,000,000	NEON or hub CIO		
• BMV, eMAR																NEON or hub CIO
• CPOE, Physician Care Manager or equivalent at non-MEDITECH sites																NEON or hub CIO

<sup>1</sup> Annual ongoing operating costs estimated at 20% of one-time investment.

<sup>2</sup> Community based primary care physicians, community-based specialists, nurse practitioners, midwives.

# eHealth ICT Projects

	Year 1	Year 2	Year 3	Year 4	Year 5 +	Who Benefits						One-time cost or costing assumption	Ongoing costs <sup>1</sup> or costing assumption	Sponsor and Lead
						Patients	Hospitals	Community Support Sector	Long-term Care	Community-based Practitioners <sup>2</sup>	Community Pharmacists			
<b>Strategic Direction #1 – Establish the electronic record within individual organization</b>														
5. Deploy CCIM common assessment systems and back office systems in the community sector						✓		✓	✓			Costs covered by CCIM and organizations	Costs covered by CCIM and organizations	NEEAC CSS member Business leads from individual organizations
6. Deploy MOSAIC 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						✓	✓			✓		\$300,000	\$60,000	Regional Oncology Program Executive
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 • Explore funding through CHI Innovation (expediting regional CPOE)						✓	✓					TBD <sup>3</sup>	TBD	North Bay CIO
<b>Strategic Direction #2 – Extend data in the individual electronic records to other agencies</b>														
8. Continue Physician Office Integration						✓	✓			✓		eHealth Ontario	eHealth Ontario	SRHRS IT
9. Implement regional HR/Scheduling Management System						✓	✓	✓	✓	✓		\$4,700,800	\$940,160	Timmins hub CIO
10. Develop regional collaboration tools (e.g. SharePoint)						✓	✓	✓	✓	✓		\$1,000,000	\$200,000	LHIN Senior Director, Integration
11. Implement regional Decision Support tool							✓	✓	✓			\$1,000,000	\$200,000	LHIN Senior Director, Accountability

<sup>3</sup> Sault Area Hospital, North Bay and Mattawa are already licensed but require resources and costs for conversion, consulting and staff training costs. Would need to buy licenses for WAHA and West Parry Sound. MEDITECH 6.0 upgrade would not cost anything for the current NEON hospitals. MEDITECH costs would be incurred for the North Bay conversion from Magic to 6.0.



# eHealth ICT Projects

	Year 1	Year 2	Year 3	Year 4	Year 5 +	Who Benefits						One-time cost or costing assumption	Ongoing costs <sup>1</sup> or costing assumption	Sponsor and Lead
						Patients	Hospitals	Community Support Sector	Long-term Care	Community-based Practitioners <sup>2</sup>	Community Pharmacists			
<b>Strategic Direction #2 – Extend data in the individual electronic records to other agencies</b>														
12. Integrate data from CHRIS to MEDITECH • Electronic transfer of key CHRIS data to MEDITECH (or equivalent from non-MEDITECH						✓	✓	✓				\$50,000	\$10,000	NE CCAC CIO
• Electronic transfer of a referral from MEDITECH (or equivalent from non-MEDITECH hospitals) to CHRIS						✓	✓	✓						
13. Leverage POI for sharing of client profiles among community sector organizations and with the hospitals						✓	✓	✓	✓	✓	✓	\$100,000 for planning		NEEAC CTC member
14. ALC RM&R • Provincial Regional Integrations Center approach to implementation						✓	✓	✓	✓			eHealth Ontario	eHealth Ontario	LHIN eHealth Lead
15. Formulate a quick-win project for sharing MedsCheck profiles between community pharmacies and physician office EMRs						✓	✓			✓	✓	\$100,000 for planning		NEEAC OPA member
16. Continue with Doorways							✓	✓		✓		eHealth Ontario	eHealth Ontario	PMO
17. Leveraging local assets, expanding for additional services and increase ability to share information: Doorways, NEON, MEDITECH, HIMP, Registries, NEON CDR, Portal, etc.						✓	✓	✓	✓	✓	✓	TBD	TBD	eHealth Lead
18. Surgical optimization project – eHealth enablers for Surgical Optimization project • NE HKRP						✓	✓			✓		\$40,000	\$8,000	SRHRS IT
• NE Call Schedule						✓	✓	✓	✓	✓	✓	TBD	TBD	eHealth Lead

# eHealth ICT Projects

	Year 1	Year 2	Year 3	Year 4	Year 5 +	Who Benefits					One-time cost or costing assumption	Ongoing costs <sup>1</sup> or costing assumption	Sponsor and Lead	
						Patients	Hospitals	Community Support Sector	Long-term Care	Community-based Practitioners <sup>2</sup>				Community Pharmacists
<b>Strategic Direction #2 – Extend data in the individual electronic records to other agencies</b>														
19. Roll-out of the NE LHIN/OTN TeleQuest strategic plan • Telemedicine Expansion						✓	✓	✓	✓	✓	✓	TBD	TBD	OTN Regional Director
• Telemedicine Roll-out						✓	✓	✓	✓	✓	✓	TBD	TBD	eHealth Lead
20. Continue NEODIN						✓	✓					CHI, eHealth	CHI, eHealth	NEODIN Lead
21. NEODIN – integrating diagnostic images from IHFs into the regional repository for viewing through all EMRs						✓	✓	✓	✓	✓		TBD	TBD	NEODIN Lead
22. Develop Regional Integration Center relationship - cNEO						✓	✓	✓	✓	✓		TBD	TBD	eHealth Lead
<b>Strategic Direction #3 – Govern the Development of the Regional interoperable Electronic Health Record (iEHR) Effectively</b>														
23. eHealth governance and accountability for the NE LHIN • Develop iEHR governance and accountability framework for NE LHIN						✓	✓	✓	✓	✓	✓	Part of PMO		LHIN CIO
24. Enhance NE LHIN project delivery functions • Develop NE LHIN Project Delivery Office for project management and delivery						✓	✓	✓	✓	✓	✓	\$100,000	\$20,000	LHIN PMO
• Continue to carry-out eHealth ICT project identification and planning						✓	✓	✓	✓	✓	✓	Request as part of project funding	Request as part of project funding	LHIN PMO
25. Develop NE eHealth ICT communication plan – accomplishments, clarity about projects, etc.						✓	✓	✓	✓	✓	✓	Part of PMO		LHIN CIO
26. Shared Services						✓	✓	✓	✓	✓	✓	Part of PMO		LHIN CIO

# eHealth ICT Projects

	Year 1	Year 2	Year 3	Year 4	Year 5 +	Who Benefits						One-time cost or costing assumption	Ongoing costs <sup>1</sup> or costing assumption	Sponsor and Lead
						Patients	Hospitals	Community Support Sector	Long-term Care	Community-based Practitioners <sup>2</sup>	Community Pharmacists			
<b>Strategic Direction #3 – Govern the Development of the Regional interoperable Electronic Health Record (iEHR) Effectively</b>														
27. Funding						✓	✓	✓	✓	✓	✓	\$100,000		LHIN CIO
• Improving business case development (e.g. stating the ROI comprehensively)														
• Making the case for hospitals to increase their operational budget for ICT						✓	✓	✓	✓	✓	✓	Part of PMO		NEON CIO
<b>Strategic Direction #4 – Consumer Health</b>														
28. Develop a consumer eHealth strategy for the NE LHIN						✓	✓	✓	✓	✓	✓	\$250,000		LHIN CIO
<b>Total</b>												<b>\$28,100,000 to \$38,100,000</b>	<b>\$5,530,000 to \$7,530,000</b>	

# NE LHIN

## eHealth ICT Governance

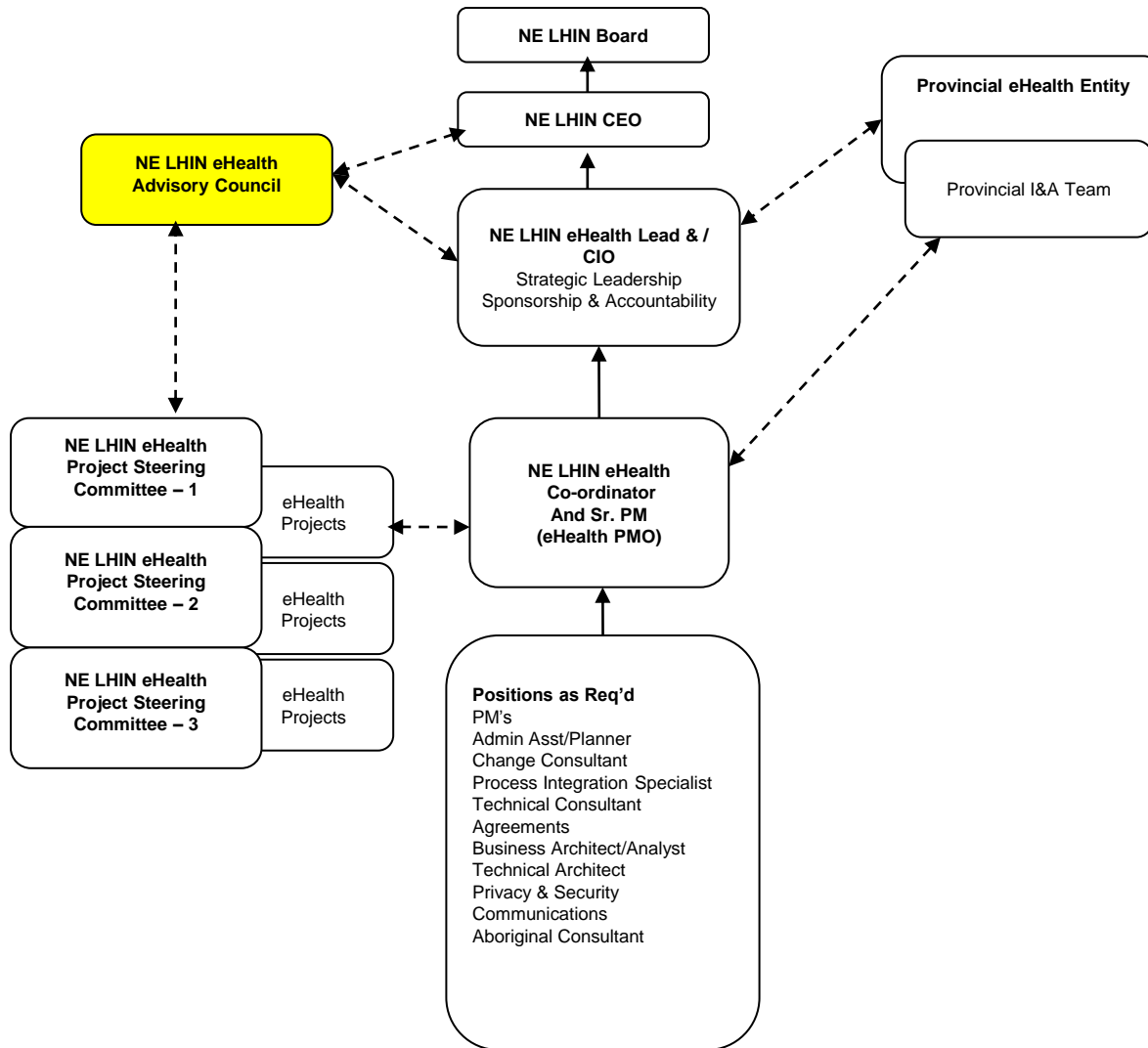


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# NE LHIN eHealth ICT Governance



# North East LHIN eHealth Advisory Committee Membership

The NE LHIN eHealth Advisory Council (NEEAC) provides a system-level perspective on information and community technology (ICT) and eHealth needs, priorities and initiatives within the North East. Member representation maintains the focus on the information of the client/patient holistically (will include LHIN-funded and non-LHIN funded HSPs).

All five hub planning areas within NE LHIN (which include James & Hudson Bay Coasts, Cochrane and Timiskaming, Sault Ste. Marie/Algoma, Sudbury/Manitoulin Parry Sound, and Nipissing) must be represented on the Council, along with Francophone and Aboriginal, First Nation, Métis representation.

The Council is a system-level platform comprised of the various sectors of the health services continuum. Members are not participating on behalf of their own individual organizations. The various centers represented will be:

- Hospital;
- Small Hospital;
- CCAC;
- Long Term Care;
- Community Support Services;
- Mental Health & Addictions;
- Community Health Centre;
- Physician/Family Health Teams;
- Francophone;
- Aboriginal, First Nation, Métis;
- Public Health;
- Independent Health Facility;
- Children's Treatment Centre;
- Pharmacy;
- Nurse Practitioner;
- Ex-Officio

The involvement of agencies and sectors beyond those that comprise the Council membership will occur through the processes that are employed to undertake the Council's work (e.g. surveys, sub-committees).

# NE LHIN eHealth Advisory Council – *Terms of Reference*

## ROLES AND RESPONSIBILITIES:

- Provide eHealth expertise and knowledge to the broader health system.
- Provide leadership and strategic guidance in moving forward with eHealth as aligned with ongoing provincial priority projects, the NE LHIN IHSP and the NE LHIN ICT Blueprint.
- Guide the planning, implementation and management of the NE LHIN ICT Blueprint, including a shared Electronic Health Record (EHR) and Picture Archiving and Communication System (PACS) for health care service providers in the North East.
- Champion eHealth initiatives at North East regional, provincial and national levels.
- Promote linkages, and address communication and coordination issues along the continuum of health services related to information systems, EHR, PACS and other Blueprint initiatives.
- Provide support to other NE LHIN planning initiatives as appropriate and requested (e.g. Chronic Disease Prevention and Management).
- Pursue funding opportunities and leverage existing investments to support the NE LHIN ICT Blueprint vision.
- Provide advice to the NE LHIN on the allocation or reallocation of resources as appropriate to achieve the eHealth Strategy.
- Act as a communication point to share project information within their respective organizations and sectors.

Click to view a copy of the entire [eHealth  
ICT Strategic Plan](#)

For more information, please visit our  
website at [www.nelhin.on.ca](http://www.nelhin.on.ca)

or contact the NE LHIN eHealth PMO  
Office at (705) 840-2872, ext 169.



**Thank you**

**Merci**

**Meegwetch**

**Health and  
Wellness  
for All.**

**Santé et  
mieux-être  
pour tous.**

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**Ontario**

North East Local Health  
Integration Network  
Réseau local d'intégration  
des services de santé  
du Nord-Est