



Toronto
Community Care
Access Centre
Centre d'accès aux
soins communautaires
de Toronto



NORTH YORK
COMMUNITY CARE ACCESS CENTRE
CENTRE D'ACCÈS AUX SOINS
COMMUNAUTAIRES DE NORTH YORK



St. John's Rehab
HOSPITAL
Rebuilding people's lives



University Health Network

Toronto General Hospital Toronto Western Hospital Princess Margaret Hospital

Integrating Healthcare from the Bottom-up

Matthew Anderson

January 10th, 2004

The 5 things on my mind

**How does this all fit together
for the consumer?**

**New Business
Models with
Private
Sector**

**Investment
in Healthcare
IM**

**Smart
Systems for
Health
Agency**

**Transformation
Agenda**

**Business
Models
among
providers**

Information Management Partnership

- **An integrated Chief Information Officer**
- **Full integration of IM services and to SIMS as one integrated group:**

Management

Strategic planning

Application Development

Decision Support

IT Infrastructure Support

Implementation Activity

- **Activities will be planned and implemented as in information management strategic plans of the respective partnership organizations.**



Information Management Partnership

For Clients

- Health record that spans acute care, rehabilitation, primary care and community care
- Improved coordination of referrals, resulting in one integrated schedule of activities
- Seamless movement, information is seen as “following the patient”
- Enhanced safety through a comprehensive chart and the development of clinical alerts throughout the system, based on the entire continuum of service
- Reduced waiting time through a coordinated system that allows for optimization

For Clinicians

- Timely, convenient access to comprehensive information
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- A new standard for care model that is comparable to the models of regionalization

For the Health System

- Opportunity to learn from a working model of integration
- Support for Public Health and Provincial eHealth strategies through a single node for multi-access
- Improved wait times
- Enhanced patient safety
- Utilization of regional infrastructure
- Support for the vision of local health networks

What makes the partnership unique?

- **Multi Sector**
- **Multi-LHIN**
- **Demonstrates Model of Regionalization**
- **Addresses Local-level needs**
- **Aligned with provincial, federal initiatives**



Aligning with the LHIN Transformation

Patient Care Integration Opportunity

Integration of mental health and addictions across the full care continuum

Planning for integrated services for seniors

Bridging health care delivery from hospitals to community care and support services

Community support services in an integrated system

Administrative/Support Services Integration Opportunity

Common health record and electronic exchange of information

Governance ensuring accountability to community

Maximizing human resources potential through innovation and integration

Aligning with the LHIN Transformation

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Patient Safety Initiatives

Position Statement



PATIENT SAFETY

Canada's health care system is thought to be among the safest in the world. However, as large studies in several countries have shown,¹ health care systems are prone to error and failure, and the risk of adverse events² is signif-

“Hospital errors kill thousands in Canada, study estimates” The Globe and Mail: May 24, 2004

Figure 1.

QUESTION 7: HEALTHCARE FACILITIES
Does Your Organization Routinely Collect Data of Adverse Events in the Following Areas?

Patient falls / injuries	96	4
Adverse drug events	78	21
Nosocomial infections	77	9 14
Readmission rates	62	12 14
Timeliness of care / waiting times	62	24 18 6
Patient returns to emergency	52	28 18

Patient Safety and Healthcare Error in the Canadian Healthcare System

A Systematic Review and Analysis of Leading Practices in Canada with Reference to Key Initiatives Elsewhere

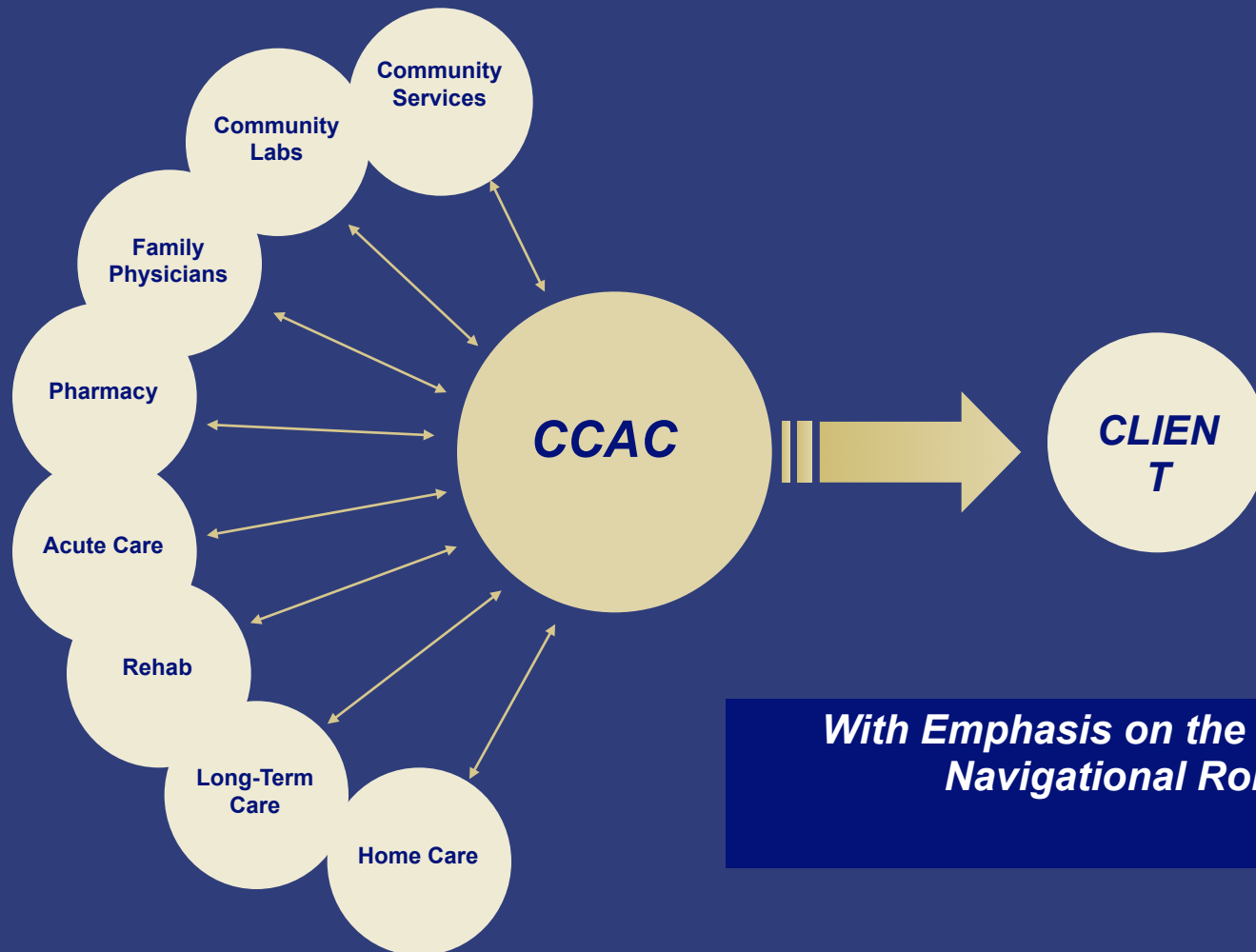
A Report to Health Canada
By
G. Ross Baker & Peter Norton



Depth & Breadth Apex of Knowledge

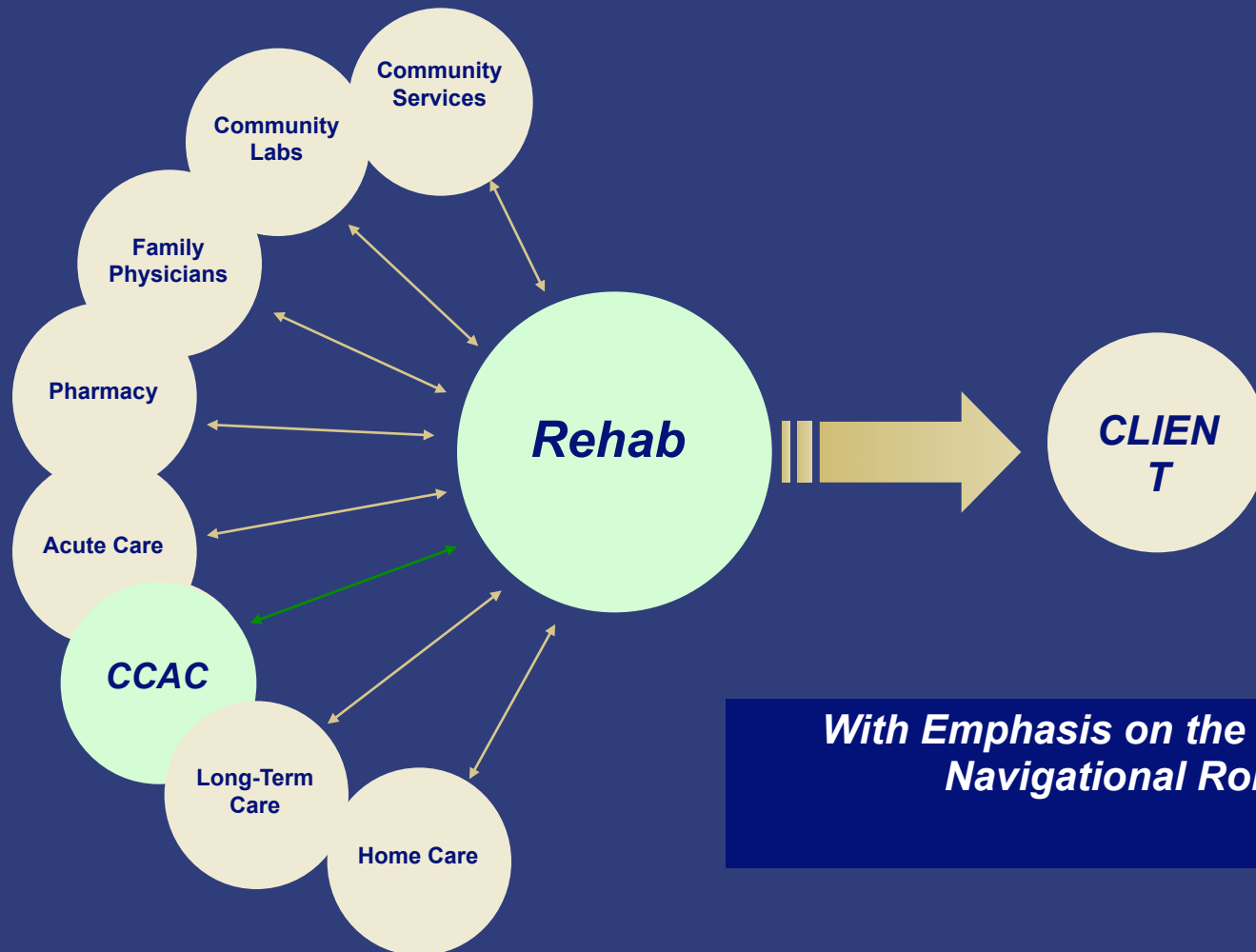


Vision for 2009



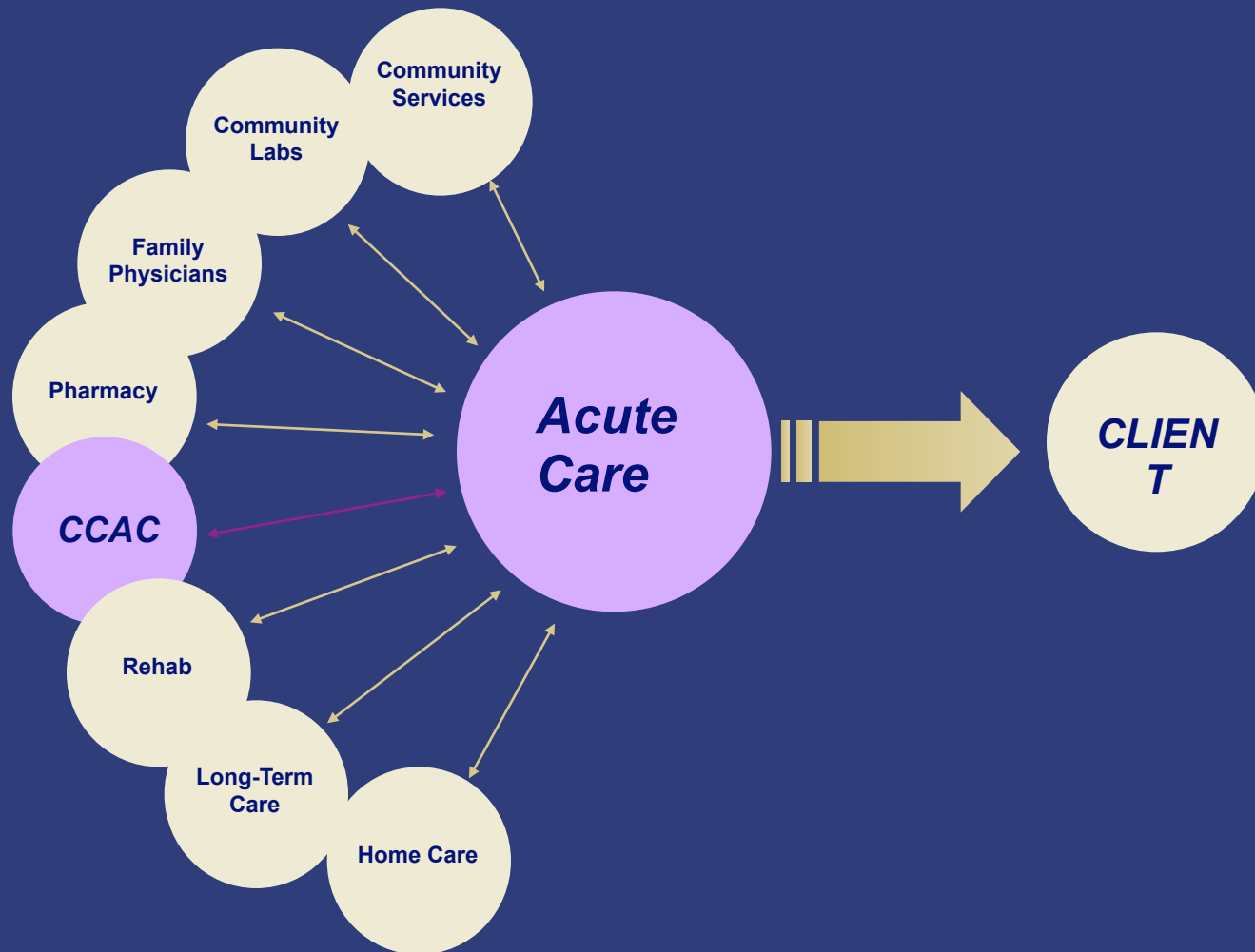
*With Emphasis on the CCAC's
Navigational Role*

Vision for 2009

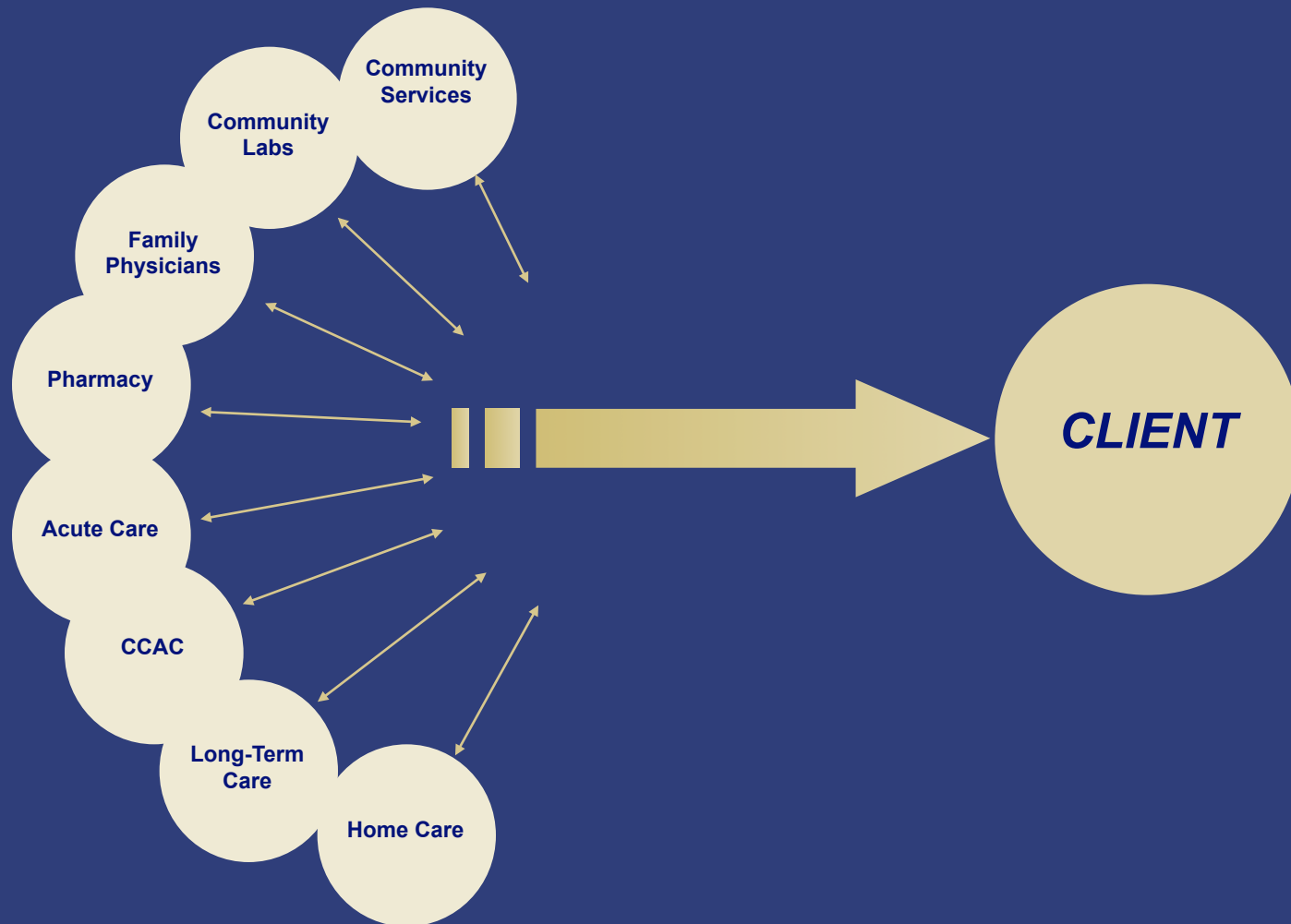


With Emphasis on the CCAC's Navigational Role

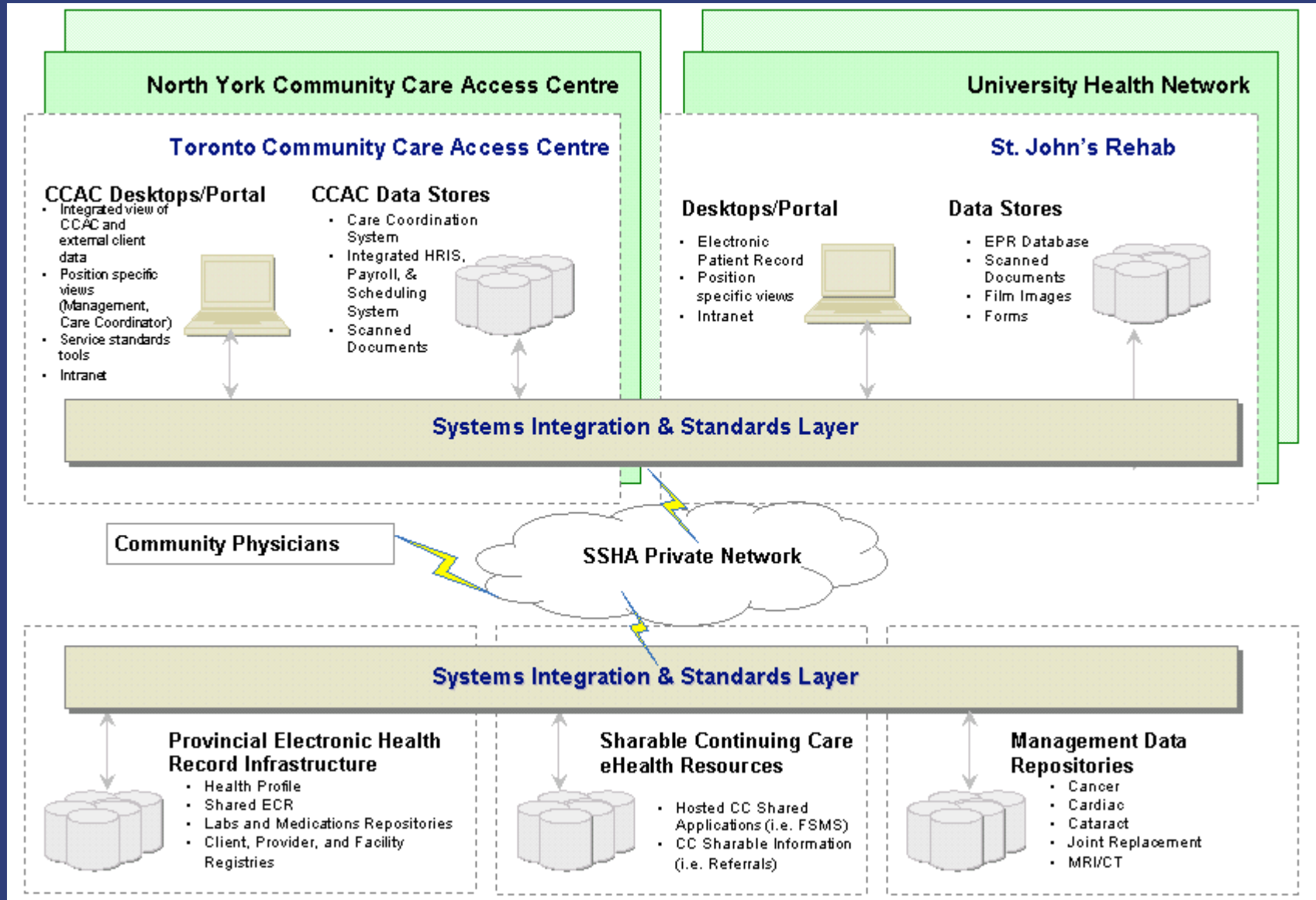
Vision for 2009



Vision for 2009



Scalable Technical Architecture



Scalable Technical Architecture: PRO

http://www.longwoods.com/events/breakfast/BC04Baker/Patient_Safety_Raising.pdf - Microsoft Internet Explorer

Misys CPR - University Health Network Development System

Duck, Donald Cautions Number 7000135 Visit Number 231001955 Location ES13 409 1 Gender Male Age 39Y Birthdate 13-Aug-65 Physici Phys M

Patient Results Online

Confirm Patient Identity

The patient you searched for has results available for the following sites:

Location	View	Name	OHIP	Date of birth	Gender	MRN
MDS Laboratories	<input checked="" type="checkbox"/>	Duck, Donald	4492428091	13-Aug-1965	M	N/A
Mount Sinai Hospital	<input type="checkbox"/>	Duck, Donald	4492428091	13-Aug-1965	M	802358614
University Health Network	<input type="checkbox"/>	Duck, Donald	4492428091	13-Aug-1965	M	7000135

Confirm Consent

Unless otherwise notified by your patient, you have implied consent to access patient results for his/her care and treatment purposes only.

I have implied or expressed consent to access this patient's results

Audits will be run to monitor appropriate access.

Next >>

PR0 - 2.2 - Dev University Health Network

Scalable Technical Architecture: PRO

Misys CPR - University Health Network Development System

Duck, Donald Cautions Number 7000135 Visit Number 231001955 Location ES13 409 1 Gender Male Age 39Y Birthdate 13-Aug-65 Physician Acetaminophen Moe T...

Patient Results Online

PR Patient Results Online Confirm Patient >> Results for Duck, Donald

Duck, Donald MRN: N/A (MDS) OHIP: 4492428091

Patient Information

Matching current criteria: MDS : 96 results found

Print	Date	Report Title	Category	Status	Location
View	From: 05-Jan-2003 To: Today		Displaying All Categories	Displaying All Statuses	Displaying All Locations
<input type="checkbox"/>	15-Apr-2004, 12:00 AM	MICRO-STOOL C&S	Microbiology	Complete	MDS Laboratories
<input type="checkbox"/>	15-Apr-2004, 12:00 AM	MICRO-STOOL C&S	Microbiology	Complete	MDS Laboratories
<input type="checkbox"/>	13-Apr-2004, 12:00 AM	COMPLETE BLOOD COUNT	Hematology and Biochemistry	Complete	MDS Laboratories
<input type="checkbox"/>	13-Apr-2004, 12:00 AM	PTT	Hematology and Biochemistry	Complete	MDS Laboratories
<input type="checkbox"/>	13-Apr-2004, 12:00 AM	COMPLETE BLOOD COUNT	Hematology and Biochemistry	Complete	MDS Laboratories
<input type="checkbox"/>	13-Apr-2004, 12:00 AM	PTT	Hematology and Biochemistry	Complete	MDS Laboratories
<input type="checkbox"/>	13-Apr-2004, 12:00 AM	PROTHROMBIN TIME AND INR (A)	Hematology and Biochemistry	Complete	MDS Laboratories
<input type="checkbox"/>	13-Apr-2004, 12:00 AM	COMPLETE BLOOD COUNT	Hematology and Biochemistry	Complete	MDS Laboratories
<input type="checkbox"/>	08-Apr-2004, 12:00 AM	COMPLETE BLOOD COUNT	Hematology and Biochemistry	Complete	MDS Laboratories
<input type="checkbox"/>	07-Apr-2004, 12:00 AM	COMPLETE BLOOD COUNT	Hematology and Biochemistry	In progress	MDS Laboratories

Displaying: First | <<Prev | 1-10 | 11-20 | 21-30 | 31-40 | 41-50 | 51-60 | 61-70 | 71-80 | 81-90 | 91-96 | Next>> | Last | [Display All](#)

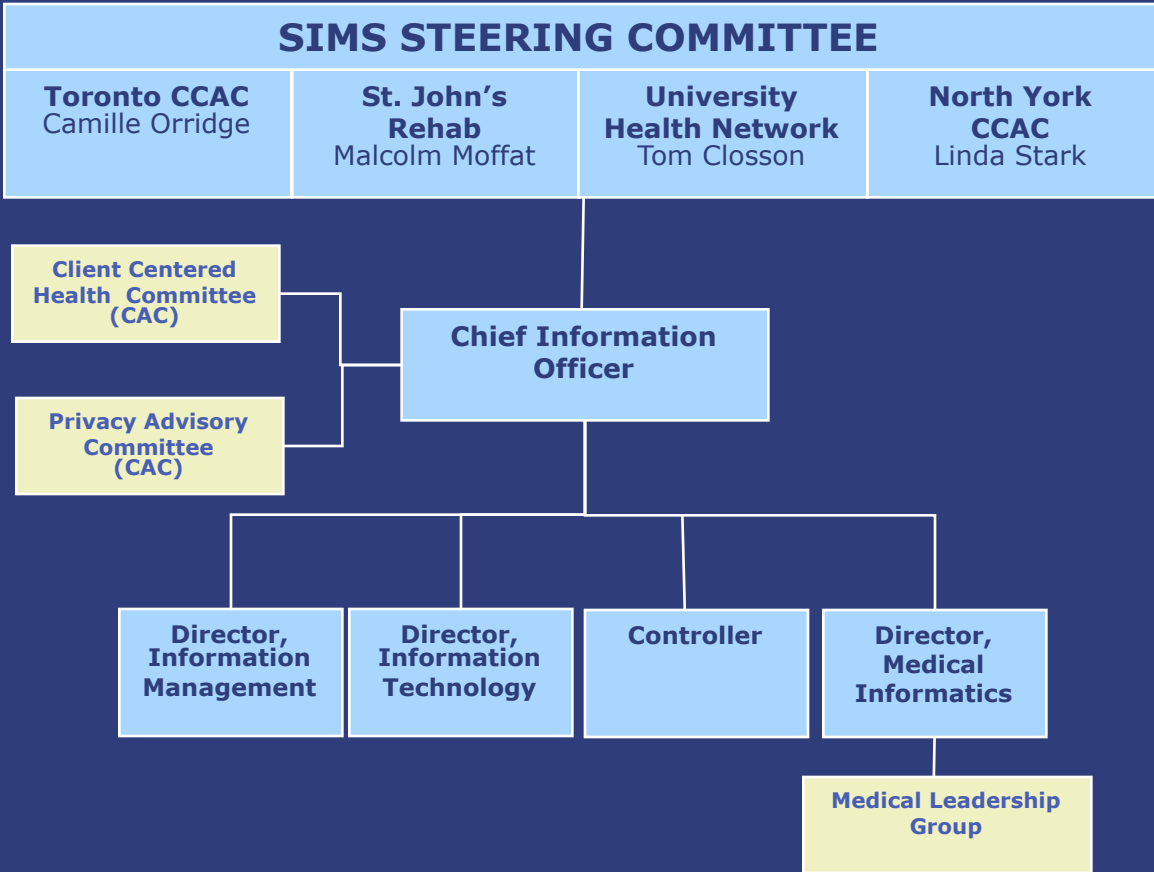
PRO - 2.2 - Dev University Health Network

MISYS / Generic,Physician M... / January 5, 2005 13:34

Benefits Realized

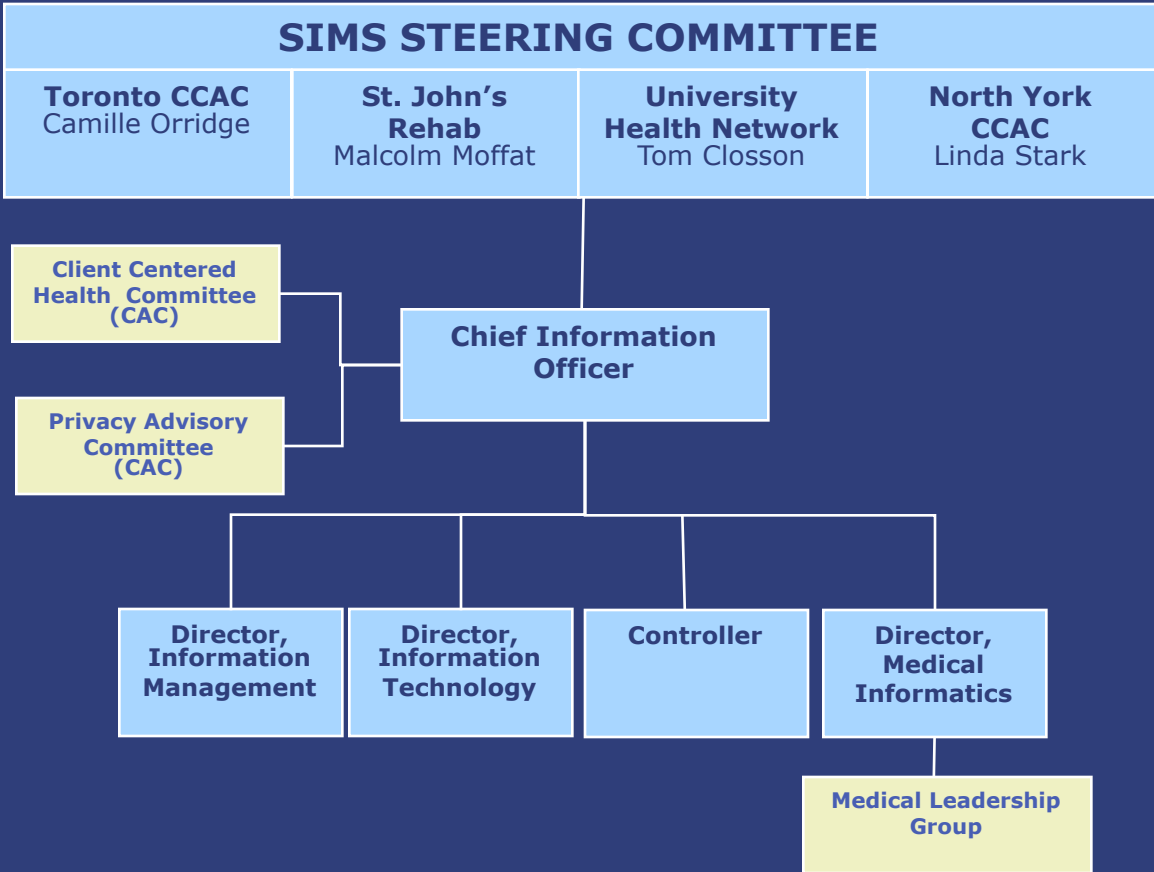
UHN	Toronto CCAC	St. Johns
Staffing Transplant Partnership	Operational improvements (ITIL, Sr. IT Management) Vision and direction (IM Strategy) Project Management Expertise	Strategic direction Leverage with vendors Transplant Partnership
Political Benefits: SSHA Continuing Care Provincial eHealth Councils eReferral project		

Benefits Realized - Partnership Organization



- Cross sectoral leaders - common IM vision
- Rationalization and development of expertise
- Shareable resources and architecture
- Local IM investment on value-add activities

Benefits Realized - Partnership Organization



Advisory Committees

- Client Centered Health (Disease Mgmt)
- Medical Leadership Group
- Privacy Advisory
- Community Providers Advisory and Steering groups

5 Things on My Mind

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What is Needed:

- **Agile, robust organization**
- **All infrastructure, including data centres**
- **Provincial level integration and security services**

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What is Needed:

- **Meaningful access to human resources and intellectual capital**
- **New business models to allow smaller players access to tier one services and applications**

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What is Needed:

- **Success of Family Health Teams**
- **Embrace LHINS**
- **Leverage waitlist emphasis**
- **Support performance management**

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What is Needed:

- **MoHLTC incentives for local investment**
- **Exclude IM from funding formulas**
- **Incentives for standardization/integration**

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What is Needed:

- **Government Support**
- **Policies**
- **Funding**
- **Trust**

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