The potential of Continuing Care e-Health was brought to life through a demonstration that simulated the “Enabling One Person One Record” vision, when the audience at the Ontario Long-Term Care Association’s (OLTCA) annual Spring Retreat was presented with a web-based demonstration of an integrated referral system. The demonstration allowed the audience to visualize the steps involved in automating the referral process and creating re-usable, shareable information. It demonstrated one possible method of how the Common Assessment and e-Referrals & Access Tracking projects could join together and provide benefits to long-term care homes. The demonstration showed how an electronic referral from a CCAC could move to a long-term care home, as well as the steps involved in automating the process and creating re-usable information.

The demonstration allowed the audience to imagine the possibilities of a future with e-Health. According to Aasif Khakoo, Director of Financial Policy and Planning at OLTCA, “The demo was quite informative and exciting for our members who finally had a chance to witness something tangible.” According to Aasif, “The demo not only established the connections between the different components of the e-Health strategy, it also demonstrated the concrete benefits of e-Health in everyday operations. While our members understood the demonstration was not the end product, they felt more comfortable in their understanding of what the future will bring.”

The demonstration was also recently presented to the Continuing Care e-Health Council and allowed members to see what the future could look like for a client moving through our sector. Members saw processes that currently take hours or days to complete, completed in a matter of seconds. While the demonstration was only a concept, Council members were excited by what they saw. Judy Chalmers, Executive Director, Grey-Bruce CCAC remarked, “When is it coming!” Council agreed to support further efforts to expand the demonstration for the entire Continuing Care sector.
PointClickCare  
MAKING THE CASE FOR CHANGE

The only constant in life is change. That’s a good thing, right?

Health care is no exception. e-Health is changing the landscape and Continuing Care is in the midst of it. For example, PointClickCare is the latest extreme makeover for CCACs. For those of you unfamiliar with PointClickCare, it is new software used with the Resident Assessment Instrument – Home Care (RAI-HC) to assess CCAC adult long stay clients.

Of 42 CCACs, 33 are already using PointClickCare, including 21 that have fully converted to the new software. The fact so many CCACs were able to start using the new software before the target date of June 30 is a testament to the hard work of RAI CARE and other CCAC staff who helped implement locally.

Designed with the needs of case managers in mind, more than 1,500 of them are now using PointClickCare! While the initial transition to the new software isn’t always easy, the end goal is to make things easier for case managers. Based on the feedback we’re receiving, it’s happening.

“Our case managers love the new tool,” says Jill Moore, RAI CARE at Durham Access to Care. “The new software is user-friendly and navigation is definitely easier.”

“Make plans and jump right in. Move forward. There’s no use waiting.”

While the PointClickCare initiative is moving forward successfully, implementing new tools isn’t a walk in the park. Every implementation has its challenges. Laurie French is the Management Lead at the Access Centre for Hastings and Prince Edward Counties. Her CCAC took part in the PointClickCare pilot process and she saw issues first hand.

“It was challenging in the beginning but we expected it,” says Laurie. “After implementing the RAI-HC, we anticipated a more complex process. The PointClickCare implementation was much less of a challenge.”

She offers valuable advice for everyone. “Make plans and jump right in. Move forward. There’s no use waiting.”

Change can be a good thing...

RAI ROLLOUT RAMPING UP!

We’ve been busy since we released the inaugural edition of Connections! In the last issue, we set the context for the project. Now, we’ll get you up to speed on the project’s progress.

Following a thorough selection process, Phase 1 and Phase 2 early adoption homes were chosen in May. The Kick Off for Phase 1 early adopters was held in mid-June. On the first day, home Administrators, Directors of Care and RAI Co-ordinators gathered to meet the project team, discuss the RAI MDS 2.0 and implementation strategies, and network with their peers. Directors of Care and RAI Co-ordinators stayed for an additional three days for MDS-related training.

We received positive feedback from the session. Everyone was happy to have an opportunity to ask questions and get answers. The interactive nature of the sessions was particularly welcome. Attendees also appreciated the opportunity to speak to their colleagues and share ideas. While the focus was on the benefits of implementing the instrument, everyone realizes there will be hurdles to overcome. Based on the enthusiasm of Kick Off participants, they’ll be up to the challenge.

We also received some great suggestions for future events. Thanks to all for participating and providing feedback. We hope you benefited from the four days as much as we did.

Things are ramping up quickly! All 10 Phase 1 early adopters have now started MDS coding training. It is the first of six modules on which staff from early adoption homes will be trained over the coming months. Project team RAI Educators are providing initial education sessions onsite and RAI Co-ordinators from the homes are taking over from there. So far, so good! Questions from long-term care homes can be directed to the project Support Centre at 1.866.909.5600 or techproject@moh.gov.on.ca.
HOME CARE CLIENT ASSESSMENT PROJECT
CIAT PROVIDES EARLY BENEFITS

As most people tried to find ways to cool off during some of the hottest days on record in June and July, the Home Care Client Assessment Project (HC CAP) Intake Assessment team was busy conducting live testing of the Common Intake Assessment Tool (CIAT). With their testing partners in Durham, Hamilton, North York and York Region CCACs, the team was eager to validate the tool’s ability to meet CCAC business requirements. Together they tested the effectiveness of the tool and whether it met its targeted and detailed assessment capabilities.

For one week at each test site, case managers used the new CIAT to conduct intake assessments at their CCACs and have already begun to see some of the initial benefits such as ensuring that the information collected is complete and accurate.

“The quality of the assessments conducted using the CIAT was excellent,” said Monica Gabriel, Director of Education and Public Relations at York Region CCAC. “The new tool really helped our case managers focus their assessments,” she continued. “The potential that the tool offers, beyond simply conducting assessments, is tremendous. Reducing the number of reassessments and being able to share information across the sector will be very helpful.”

Echoing Monica’s thoughts, Marlene Lardner, Access Case Manager also at the York Region CCAC felt the CIAT offered many benefits. “The tool is comprehensive and thorough,” she said. “For a new client coming on service from the community for general care, it is a very useful tool. Looking ahead, I think the CIAT will be a very useful and efficient method of assessment.”

With testing now complete at each of the four test sites, the team is extremely pleased with the results.

“The overall feedback we’ve received from the test sites has been very positive,” said Maureen Charlebois, HC CAP Intake Assessment Project Manager. “They are pleased with the quality and comprehensiveness of the assessments they conducted using the CIAT to identify the needs of their clients. They are looking forward to using an automated tool.”

While we hope the fall brings a respite from the heat, the project team will continue working feverishly as they spend the next three months reviewing and evaluating the live testing results and begin preparations for the tool’s automation.

If you would like more information on the project, please contact Maureen Charlebois, Maureen.Charlebois@moh.gov.on.ca and (416) 314-4575.

COUNCIL UPDATE

Continuing Care brings many perspectives to the e-Health table, but our greatest strength comes from our ability to act as one voice across the community care continuum.

In response to changing Continuing Care needs and the evolving e-Health landscape, the Continuing Care e-Health Council recently approved a strategic planning process to update our sector’s e-Health vision and strategy.

The strategic planning process began in July with sub-sector SWOT analyses to ensure all sector needs were considered for the future of e-Health. Council will now use this information to identify priorities to establish a client-centred and business focused strategy for the next three years.

Stay tuned for more information after the Continuing Care e-Health Council Retreat on August 31st.