



Sharing is Caring

A Tale of
Two Organizations
and
One EMR

Faculty/Presenter Disclosures

- Faculty: Dr. Russell Goldman and Jennifer Boucher
- Relationship with Commercial Interests: None
- Potential for Conflict of Interest: None
- Mitigating Potential Bias: N/A

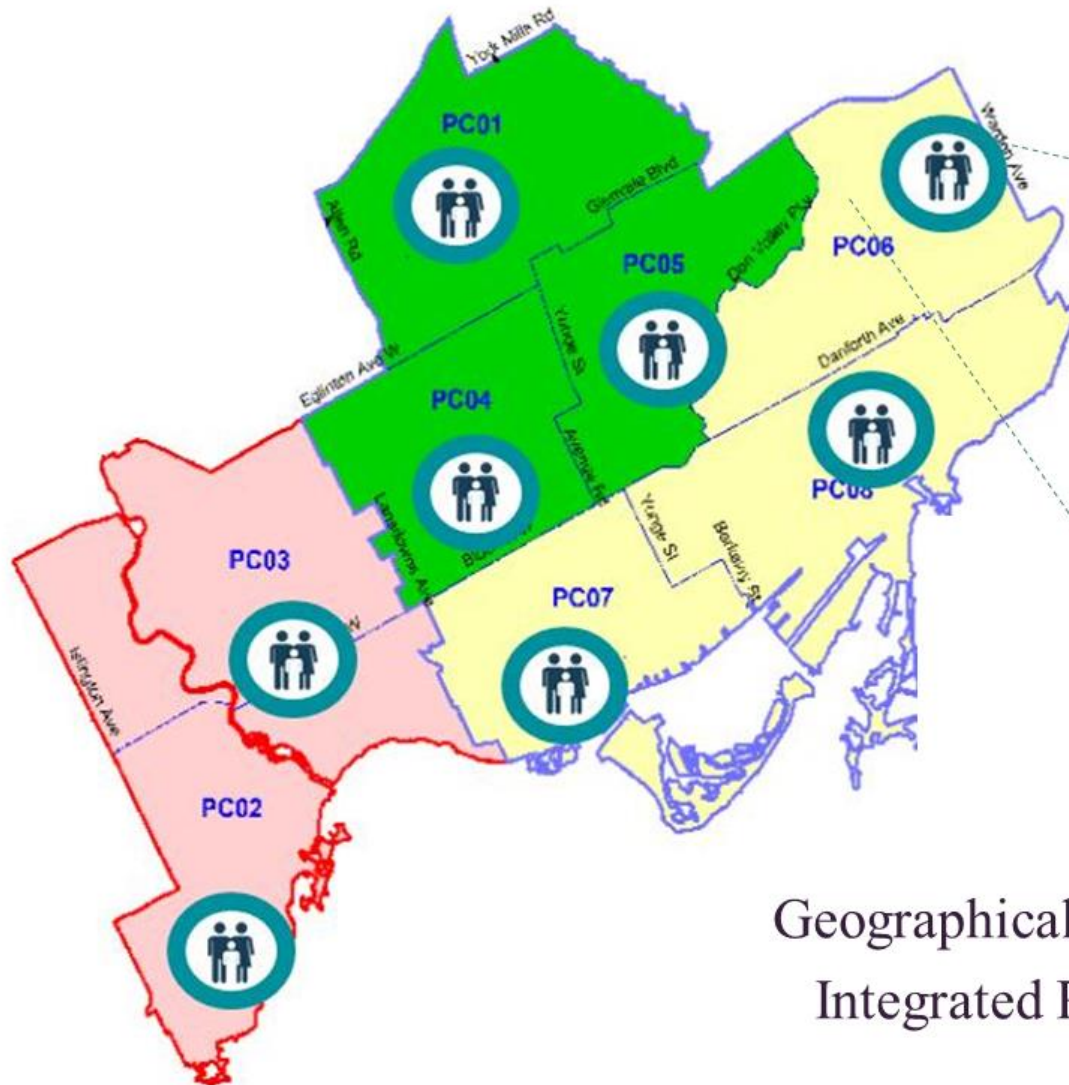


Toronto Central Integrated Palliative Care Program

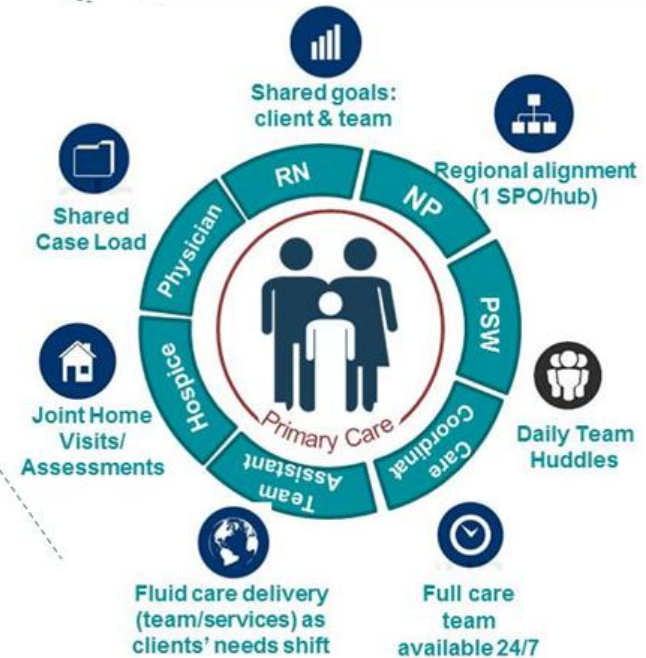


Our Approach...
Established, Dedicated & Integrated Care Team Members

Integrated Palliative Care in Toronto Central



Geographically- Based, Dedicated
Integrated Palliative Care Teams



Challenges

- **Record of Care in the client's home used for nursing provider documentation**
 - Difficult to share clinical information with nursing providers
 - Not a good fit with workflow in the home
- **Team members fax documentation back and forth**
 - Inefficient workflow and delays decision making
- **Team members document clinical notes and process client records in multiple applications**
 - Team member on call may not have access to most recent information
 - TC LHIN systems support case management, not clinical documentation





Shared EMR

Expand access to central EMR system
for clinical documentation between multiple organizations



TEMMY LATNER
PHYSICIAN



SERVICE PROVIDER
NURSE



LHIN
CARE COORDINATOR



LHIN
NURSE PRACTITIONER

**Client-Centred
Approach**

Release Time to Care

**Support Virtual
Team**



SHARED EMR SCOPE

1

Determine what information is useful to share within the care team

2

Develop new workflows and business practices to support the sharing of information

3

Customize the EMR to meet the business needs of different providers

4

Implement a privacy framework that supports the sharing of information between organizations



Shared EMR Approach

Integration areas

1. Workflow mapping to identify opportunities
2. Review documentation standards (organizational and college regulations)
3. Assess capabilities of the EMR
4. Customize EMR templates and settings

Privacy

1. Privacy Impact Assessment
2. Privacy Framework
3. Operations Guide for shared EMR
4. Align operational privacy policies and practices between the organizations

Integration areas

Intake Process

Enabling a standardized intake referral process

Joint Assessment

Providing a single shared template for joint visits

Joint Care Plan

Shared care plan and shared updates



Lessons learned

(or, Stating the Obvious)

1

EMRs are highly tailored to physician workflow

2

Data sharing and privacy approaches are designed for organizations with similar scale and maturity

3

Small and mid-size physician groups do not have significant privacy and security infrastructure

4

Not everything has to be shared!

Benefits of shared EMR

Updated medical history and notes

On call updates

Facilitates submission of PCU applications

Faster ordering of labs and medication for NPs

Reduced duplications in documentation

Better communication amongst team (shared HV letter)

Timely updates in change of status (HH, PCU admission, etc.)

= RELEASED TIME TO CARE FOR CLIENTS



Feedback: Positive impact

Based on 13 responses from physicians, nurse practitioners, care coordinators and administrative staff

Percentage who rated the EMR implementation as positive on a 7 point scale (5, 6 or 7) (%)

Amount of info	92.3
Quality of info	92.3
When you receive info	83.3
When able to share info	100
Effort sharing info	92.3
Team-based decisions	84.6
Refer to teammates documentation	91.67
Improving overall care	92.3
Contribution to team integration	100

Comments from the Team

Helps to avoid duplication and to have discussions with patients based on the latest information

Providers who know that we share an EMR are excited that they don't have to send out information to 2 places

They have voiced "I wish we could do something like that"

Greatly reduces the time it takes for me to do activities, such as order medications and do lab requisitions

I have not made visits that I thought I needed to make when I saw notes from the NP or Coordinator in the chart

The shared EMR has greatly improved the team dynamics and working together as one "provider" for care

A world without a Shared EMR

THAT WOULD SUCK!

Not happy regarding changes to patients, particularly changes are

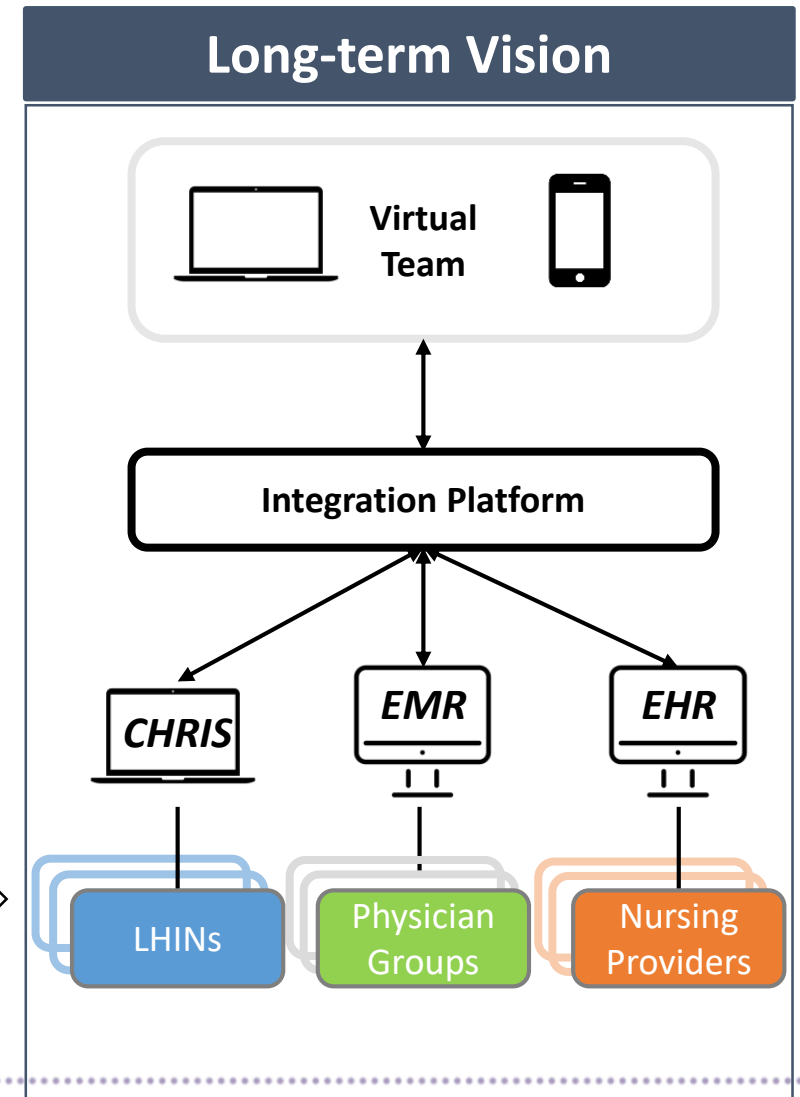
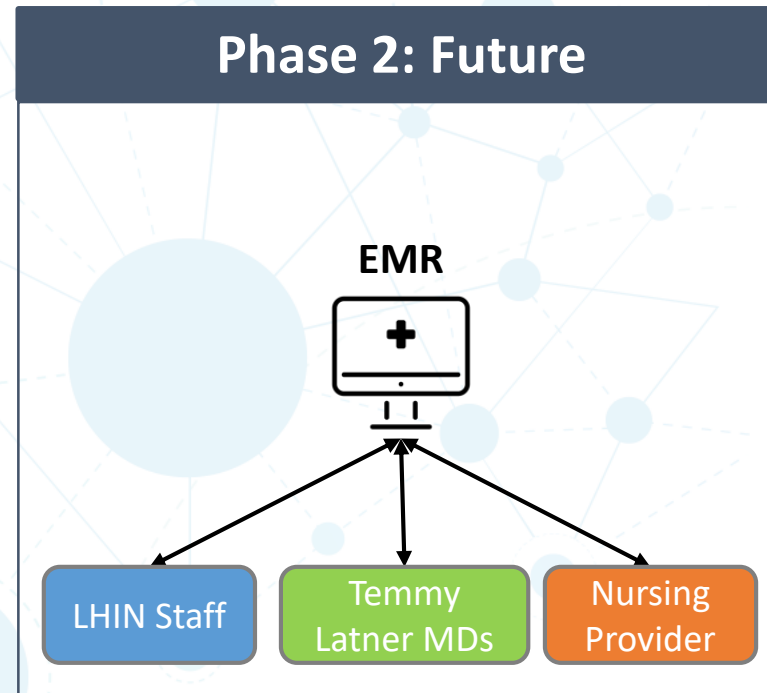
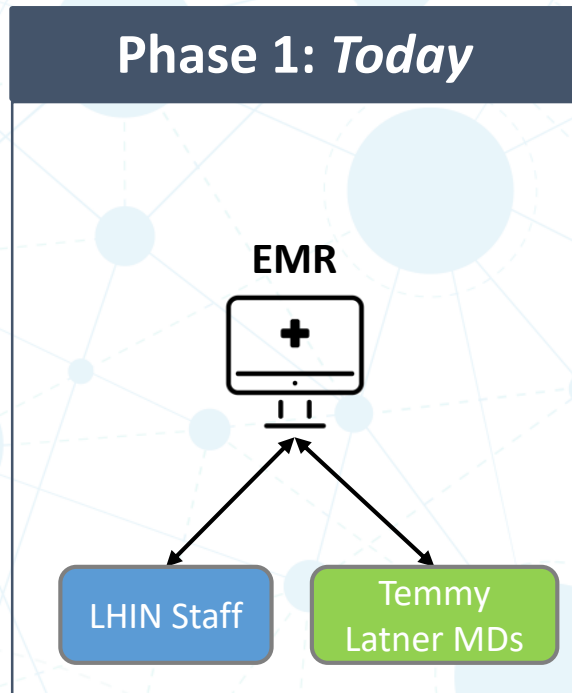
I would feel

Overall been a huge success, allowing for great team communication which has led to increased patient and family care and support.

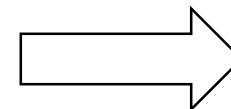
I would not look a single step backwards if we lost the shared EMR!



Future Vision



- Confirm expanded regional model
- Identify preferred privacy model (shared record or HINP)





Questions, Comments, Discussion

