



PEER LEADER
PROGRAM

ONTARIO

Program Closure Report

July 2012 - December 2014



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1. Executive Summary

In August 2007, OntarioMD entered into a project agreement with Canada Health Infoway (“Infoway”) to develop and manage the OntarioMD Peer Leader Program. This Peer Leader Program began with physicians as Peer Leaders and was a complimentary support service available to all Ontario clinicians. As the provincial adoption of certified electronic medical records (EMRs) grew, a decision was made to expand the program to include Clinic Manager Peer Leaders. In 2012, OntarioMD and the Registered Nurses Association of Ontario (RNAO) entered into a program agreement to expand the program to include Nurse Peer Leaders in order to focus on inter-professional collaboration in the uptake of ehealth initiatives. As of December 31, 2014, the Peer Leader Program consisted of 30 Physician Peer Leaders, 12 Clinic Manager Peer Leaders and 6 Nurse Peer Leaders, making it, by far, the largest Peer Leader Program in Canada.

As the Peer Leader Program evolved, the initial focus on EMR adoption gradually shifted to focus on supporting clinicians with EMR optimization for enhanced clinical decision-making. Peer Leaders provided important input to the development of an EMR maturity framework and the EMR Progress Reporting (EPR) Tool, an online survey designed to help measure the maturity of EMR use by physicians, nurse practitioners (NPs) and, in the future, nurses and allied health professionals. Following the completion of these surveys, Peer Leaders would help clinicians with the development of customized Action Plans at the practice level to support required clinical improvements and support clinicians as they move along the EMR maturity scale.

Peer Leaders supported clinicians in learning the functionality of their EMR, expanding EMR use to support collaborative clinical practice and clinical decision-making, improving their workflows, migrating between EMRs, and performing data migration. Aligned with the program objectives as laid out by Canada Health Infoway, Peer Leaders heavily supported primary care clinicians with their EMR use and in workflow improvements. In addition, Peer Leaders provided clinician input for various ehealth initiatives as well as for the development of self-serve tools and resources. Peer Leaders continued to support their colleagues through one-on-one and group consultation, participation in conferences, as well as through webinars and teleconferences. Peer Leaders also supported various program development activities, including writing newsletters, bylining journal articles and providing input for promotional material for the program.

A total budget of \$1,450,000, assigned to the program by Canada Health Infoway, was successfully managed by OntarioMD and RNAO, delivering approximately 5,000 Peer Leader hours across 2,000 engagements. Throughout the funding period, the program successfully engaged over 8,000 clinicians through Peer Leader activities such as in-person meetings or phone calls with physicians and their staff, conversations or advice given at conferences and other events. Peer Leaders also provided the physician and clinic staff perspectives on ehealth products and services through their participation in working groups, committees and advisory boards. They contributed their time in product and services orientation sessions to enable them to support the implementation of products and services. There were many factors that contributed to this success such as *strong leadership, access to an experienced team of Peer Leaders, support staff from organizations, strong governance, continuous program monitoring and adjustment as needed, and availability of various tools and technology solutions*. The program also encountered some challenges including *‘limited resource capacity’* and *‘engagements concerning issues outside of Peer Leader skillsets or roles’*. These were resolved by adopting strategies that utilized Peer Leaders as cross-functional subject matter experts. Other challenges that were identified and addressed by the program were *‘ad-hoc nature of work’, ‘higher cost of services’, ‘fewer specialists’,* and start-up time required to build a cohort of Nurse Peer Leaders in the program. Some external factors that could not be addressed were also identified and have been documented in this report for future consideration and awareness.

During the course of the program, many lessons were learned: for example, the importance of a feedback mechanism following engagements, and the need for centralized coordination between all parties involved in supporting a practice. These lessons remain as important points to consider when planning a similar program in the future and have been documented in detail in this report along with recommendations.

As more clinicians across Ontario adopt an EMR, there is an increased demand to support them in their efforts to optimize their EMR use and measure the degree of, and impact on, clinical decision-making and interprofessional client-centred care. Peer Leaders therefore need to continue to play an important role not only in supporting primary care practices in their use of an EMR, but also in the deployment and integration of future ehealth initiatives.

Peer Leader knowledge and expertise are already recognized provincially and should be leveraged to have an even greater impact and reach through the development of learning arenas such as Communities of Practice (CoP) to bring like-minded clinicians together for knowledge-sharing.

2. Program Overview

2.1. Background

In August 2007, OntarioMD entered into an Ontario Peer-to-Peer Network project agreement with Canada Health Infoway to develop and manage the OntarioMD Peer Leader Program. The Peer Leader Program was a complimentary support service acting as an important catalyst in the provision of EMR transition support. This initial program only included physicians as Peer Leaders. As the provincial adoption of EMRs grew, so did the Peer Leader Program, and a decision was made to expand the program to also include Clinic Manager Peer Leaders. In order to address the needs of the changing

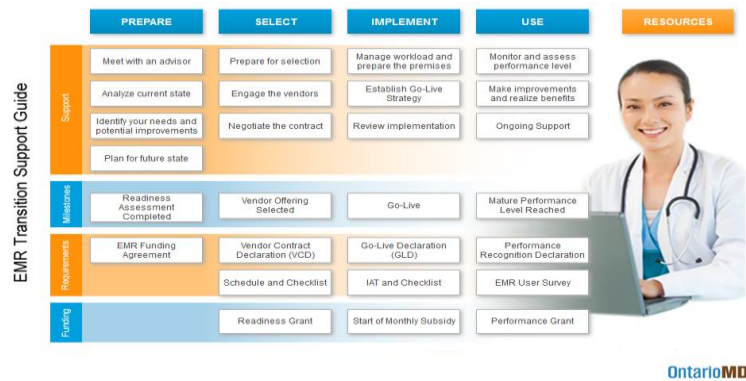


Figure 1: EMR Transition Support Guide

ehealth space, the program became integrated into the change management methodology and supported not only direct engagements, but engaged Peer Leaders as EMR subject matter experts for various projects, committees and the development of change management collateral and processes.

In 2012, at the request of Canada Health Infoway, OntarioMD and the RNAO entered into a program agreement to expand the program to include Nurse Peer Leaders. The goal of this unique partnership was to provide an increasing inter-professional approach to expanding EMR use to incorporate clinical decision support, the overall health of the practice population, and the evaluation of programs and approaches. As of December 31, 2014, the Peer Leader Program consisted of approximately 30 Physician Peer Leaders, 12 Clinic Manager Peer Leaders and 6 Nurse Peer Leaders, making it, by far, the largest Peer Leader Program in Canada.

In the initial years, the program focused on EMR adoption in which the Peer Leaders played an important role in promoting the Ontario EMR Adoption Program among physicians and creating awareness of the benefits of OntarioMD-certified EMRs. The Peer Leaders also worked closely with OntarioMD to develop the **EMR Transition Support Framework**. This framework helped eligible community-based family physicians and specialists understand how to transition from paper to EMRs. OntarioMD staff and the Peer Leaders assisted them in every step of EMR adoption and use. Based on this framework, a guide was developed (Figure 1) that provided a quick overview of the EMR adoption process, from the initial preparation of the practice, to using the EMR system to improve patient care and achieve better health outcomes. The guide also offered a selection of guide books, tools and videos that helped physicians and their staff manage the overall process of the transition to an EMR.

As the number of clinicians using EMRs increased, the program’s focus gradually shifted to optimizing the use of EMRs. To help clinicians realize the full potential and benefits of an EMR, OntarioMD, with support from Peer Leaders, developed two useful change management tools: the **EMR Maturity Model** and the **EMR Progress Reporting tool**. The **EMR Maturity Model (Figure 2)** was designed to measure the clinician’s maturity of EMR use. It represents five levels of EMR maturity across seven functional areas within



Figure 2: EMR Maturity Model

a practice and uses 25 key measures to evaluate a clinician’s level of EMR use. The **EMR Progress Reporting (EPR)** tool is based on the EMR Maturity Model. It allows clinicians to conduct a self-assessment of their current EMR use. Clinicians can use the tool periodically to see how they have improved their knowledge and use over time. They can also access resources and tools to learn how to make further enhancements to their use.

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2.2. Program Goals and Objectives

As laid out in the Project Charter, the goal of the OntarioMD/RNAO Peer Leader Program was to assist Ontario physicians, primary care nurses, nurse practitioners, clinic managers and their office support staff in adopting and optimally utilizing EMRs in their daily practices.

The four main program objectives were:

1. To provide a defined structure and opportunity for Peer Leaders to support OntarioMD’ mandate of supporting approximately 11,300 clinicians with the adoption and utilization of certified EMRs and the RNAO’s mission to foster knowledge-based nursing practice, promote quality work environments and deliver excellence in professional development.
2. To support OntarioMD’s Change Management services and RNAO ehealth adoption tools and resources, and make them available to clinicians who are in the early stages of contemplating the use of EMR, through to post adoption, including providing parameters for continuous improvements in optimizing the use of EMRs.
3. To contribute to an existing EMR knowledge base of best practices and lessons learned, inclusive of EMR Specifications. These resources were shared across the Peer Leader community to support continuous improvements and evaluations of the program.
4. To support existing EMR users by developing concepts around “EMR Communities of Practice” to build local networks and capacity that will provide the opportunity for the Ontario Peer Leader Program to become self-sustainable.

3. Program Enablers & Barriers

There are many factors that contributed to the success of this collaborative Peer Leader Program as well as some that posed challenges to the day-to-day program delivery. Some of these 'Enablers' and 'Barriers' that have been identified are:

3.1. Program Enablers

1. Human resources:	<ul style="list-style-type: none"> Experienced, knowledgeable, passionate and motivated Peer Leaders Access to OntarioMD Practice Advisors Competent and committed leadership Dedicated Senior Peer Leaders
2. Governance:	<ul style="list-style-type: none"> Organization experienced in project work, good policies, procedures and suitable systems Working groups and steering committees that included important stakeholders (OntarioMD, RNAO, Ministry of Health and Long-Term Care, eHealth Ontario, Peer Leaders) to provide direction to the program
3. Access to support services:	<ul style="list-style-type: none"> Legal support Knowledgeable and experienced administrative and change management staff Quality marketing/media and communication support
4. Financial Support:	<ul style="list-style-type: none"> Adequate funding from Infoway Flexible funding approach that acknowledged value of the program and provided a timeline extension Flexibility of the funding model also allowed for revision of funding split between the two partners
5. Material resources:	<ul style="list-style-type: none"> Access to OntarioMD's educational tools on EMRs/resources for clinicians OntarioMD's EMR Transition Support Guide RNAO eHealth Toolkit and other ehealth resources to support practices OntarioMD's EMR Progress Reporting tool Infoway-hosted webinars, seminars, Peer Leader Toolkit, etc. Nurse Peer Leader webinar series
6. Collaborative partnership:	<ul style="list-style-type: none"> OntarioMD and RNAO's collaborative effort on Nurse Peer Leader recruitment and retention Partnership between OntarioMD and RNAO provided an opportunity for the Peer Leader Program to reach out to the specific client base of each of these organizations, improving clinician awareness of the Peer Leader Program, and promoting an inter-professional focus The partnership also provided Peer Leaders with easy access to RNAO's contact lists, ehealth resources, OntarioMD's Client Relationship Management Database of physicians, etc.
7. Continuous program monitoring & control:	<ul style="list-style-type: none"> Monthly and quarterly teleconferences enabled continuous monitoring of the program activities, teambuilding, networking and collaborative problem solving Customer feedback surveys and Peer Leader self-assessment

	<p>surveys assisted in program monitoring</p> <ul style="list-style-type: none"> • Surveys conducted with OntarioMD Practice Advisors as the target audience assisted in monitoring of the Peer Leader work and also in estimating client requirements • Self-reporting and invoicing by Peer Leaders followed by a rigorous verification process helped keep program activities in scope • A detailed Project Charter enabled the program to stay focussed
8. Networking opportunities:	<ul style="list-style-type: none"> • Participation at various ehealth conferences provided opportunities for Peer Leaders to share experiences, address challenges and engage with Peer Leaders from different regions • 'Day at OntarioMD', an orientation program, helped Peer Leaders understand OntarioMD's change management approaches towards EMR adoption and optimization. It also helped Peer Leaders familiarize themselves with the ehealth landscape
9. Technology & tools:	<ul style="list-style-type: none"> • Access to OntarioMD and RNAO websites to host Peer Leader program content • Access to OntarioMD and RNAO's WebEx accounts and teleconferencing lines to host sessions remotely • Access to FIS (Financial Information System) portal to manage finances • Access to RNAO's eHealth Community of Practice provided an online forum for EMR-related networking and discussions
10. Flexible nature of work	<ul style="list-style-type: none"> • Ad hoc nature of work enabled Peer Leaders to help their colleagues without disrupting their full-time jobs • Engagement scheduling at the Peer Leaders' convenience encouraged Peer Leaders to participate • Flexibility allowed for experimentation with different approaches; Example - inter-professional teams of Peer Leaders, use of teleconferences, webinars, in-person interactions or a combination of these approaches

3.2. Barriers and Solutions

1. Ad hoc nature of work:	<ul style="list-style-type: none"> • The ad hoc nature of the work made the role of Peer Leader a challenge for nurses working in busy primary care settings, impacting recruitment.
2. Limited capacity:	<ul style="list-style-type: none"> • With a sudden surge in requests for Peer Leader support after conferences, managing requests was a challenge due to the limited number of Peer Leaders possessing the required skillsets. Cross-functional Peer Leader teams (including a combination of Physician/Clinic Manager/Nurse Peer Leader) and teleconferences were used to address the needs.
3. Higher cost of services and fewer specialists:	<ul style="list-style-type: none"> • Higher costs of services by specialist Peer Leaders, and the fact that there are fewer specialists available, made it difficult for the program to recruit them as Peer Leaders. With the help of referrals from OntarioMD Practice Advisors and non-specialist Peer Leaders, the program did manage to recruit two specialists as Peer Leaders.
4. Non-collaborative clinical culture:	<ul style="list-style-type: none"> • In some practices, clinicians work in silos, without having a collaborative process in place to solve EMR challenges. A targeted

	<p>approach, working with a pre-identified EMR-savvy staff at the practice was adopted with the help of OntarioMD Practice Advisors. This helped to identify core issues, break down resistance to change and gain buy-in from sceptical clinicians. With the help of Practice Advisors, clinicians were encouraged to meet with Peer Leaders as a group rather than individually.</p>
<p>5. Partnership between two organizations:</p>	<ul style="list-style-type: none"> Partnership between OntarioMD and the RNAO Initially resulted in some challenges in managing Peer Leader activities and aligning them with the program goals and objectives. However, as the project went on, the two organizations became better able to address the similarities and differences of the needs of the target groups and how that impacted Peer Leaders. The partnership required additional communication strategies and additional report writing and verification time given the reporting arrangements, as the Nurse Peer Leaders report to the RNAO and the other Peer Leaders report to OntarioMD. These challenges were overcome over the course of the project. For example, RNAO contributed to the quarterly reports that were finalized and submitted by OntarioMD.
<p>6. Engagements concerning issues outside of Peer Leader skillsets:</p>	<ul style="list-style-type: none"> Even though the Peer Leaders brought a wide array of skills and expertise, there were times when the issues to be addressed were beyond a Peer Leader's level of expertise. In such cases, consultation groups were formed with other Peer Leaders, Practice Advisors and other subject matter experts from OntarioMD.
<p>7. Delayed/no response to Peer Leader's email/phone calls from clinician offices:</p>	<ul style="list-style-type: none"> In many cases, excessive delays in responses from clinicians resulted in Peer Leader frustration and delayed delivery of services. This was addressed by Peer Leaders being persistent and doing continuous follow-ups.
<p>8. Unequal market share of certified EMR products:</p>	<ul style="list-style-type: none"> More requests from the users of the dominant EMRs (based on market share) resulted in variable workloads for Peer Leaders. Efforts were made to equalize Peer Leader engagement levels by involving them in various advisory and working groups based on their knowledge levels.
<p>9. Absence of automated reporting & feedback mechanism:</p>	<ul style="list-style-type: none"> Absence of an automated and centralized reporting mechanism made it difficult to track an engagement's status and capture feedback. The Project Coordinator reached out to capture status updates from each individual involved in an engagement (e.g. Peer Leader, Practice Advisor and client). Client feedback was occasionally captured with the help of Practice Advisors and by the Peer Leaders.
<p>10. Lack of awareness amongst nurses about the availability of the Peer Leader Program as a resource</p>	<ul style="list-style-type: none"> Lack of awareness of complimentary Peer Leader support services initially resulted in fewer requests by primary care nurses. Extensive marketing, an outreach campaign, along with presence at conference booths helped in raising awareness and increasing the visibility of the program.
<p>11. Late inclusion of Nurse Peer Leaders in the program:</p>	<ul style="list-style-type: none"> Late inclusion of Nurse Peer Leaders in the program initially posed some challenges with integration. Day at OntarioMD and other frequent meetings with the rest of the Peer Leaders and with the change management team helped overcome this challenge.
<p>12. Travel requirement:</p>	<ul style="list-style-type: none"> Addressing the needs of remotely located clients sometimes posed a challenge for the Peer Leaders with full-time jobs. Webinars, teleconferences and emails were used to address these challenges.

4. Key Activities & Deliverables

For reporting purposes, program activities were classified into three categories:

1. **Mentoring activities** – Individual and group clinical engagements
2. **Educational activities** – Educational seminars, conferences, webinars, vendor workshops, etc.
3. **Program support activities** – Working groups, advisory committees, Peer Leader teleconferences, Peer Leader orientation, annual retreats, etc.

Activities	Avg # of Hours Contributed/Month
Mentoring	62 Hours
Deliverables/Comments	
<ul style="list-style-type: none"> – Thousands of clinicians working in Family Health Groups (FHGs), Family Health Teams (FHTs), Family Health Organizations (FHOs), and solo practices were supported through either one-on-one engagements or group engagements. – Peer Leaders continued to build awareness and assisted clinicians in achieving a state of readiness to enable EMR implementation (pre-implementation) in primary health care settings, including family practice clinics and Nurse Practitioner-Led Clinics (NPLCs). (e.g. awareness of benefits of EMRs, step-by-step guidance on EMR vendor selection process, etc.) – These experienced physicians, family practice nurses, nurse practitioners, and clinic managers accelerated adoption by linking themselves with their colleagues, supporting and mentoring them in the use and integration of EMR into the practice setting, and providing other required change management support (implementation). – Peer Leaders also worked closely with practice settings and OntarioMD Practice Advisors in developing elevation strategies to improve targeted areas of EMR maturity within the practice, including coding, data consistency, chronic disease management, practice management improvements, etc. – Engagements were completed either in-person, via phone or by WebEx. 	
Educational	64 Hours
Deliverables/Comments	
<ul style="list-style-type: none"> – Peer Leaders participated in several conferences and webinars in various capacities, e.g. as presenters, workshop facilitators, and/or subject matter experts (SMEs) at conference booths. – Most conferences had continuing medical education (CME) credits associated with them benefitting both the Peer Leaders and attending clinicians. – Peer Leaders also assisted in gaining CME accreditation for EMR: Every Step Conferences. – Nurse Peer Leaders assisted nursing students from Ontario colleges and universities and supported them with their EMR learning needs. This resulted in engagements pertaining to EMR-related curriculum development. – Examples – Ontario Rheumatology Association’s annual event, Waterloo-Wellington region events, EMR: Every Step Conference and Vendor Showcases, vendor selection workshops, Nurse Peer Leader EMR Webinar Series & RNAO Communities of Practice (Please see Appendix 1), eHealth Conferences, Infoway symposiums, Primary Care Today, Ontario Family Practice Nurse Conference, Ontario Medical Group Management Association (OMGMA) Conference, Association of Family Health Teams of Ontario (AFHTO) Conference, Health Information and Management Systems Society (HIMSS) Conference, Annual Scientific Assembly. 	
Program support	87 Hours
Deliverables/Comments	
Comments	Examples – Hospital Report Manager (HRM) Practice Workflow Task Force, EMR Maturity Model Consultation Group, consultations on Data Migration Guide development,
<i>OntarioMD Working Groups/</i>	Data Quality initiative, Communities of Practice Project, Practice Advisory Group for EPR key measures – collateral development, eConsult Working Group, ONE ID pilot, advice for

Activities	Avg # of Hours Contributed/Month
<i>Consultations</i>	enhanced use support to change management team
<i>External Consultations</i>	Examples – College of Physicians and Surgeons of Ontario (CPSO) Advisor/Assessor Project, health quality indicators work at Health Quality Ontario, cancer screening indicators work at Cancer Care Ontario (CCO), Canada Health Infoway knowledge transfer sessions, Health Links initiative, Assisted Association of Ontario Health Centres (AOHC)
<i>Awareness</i>	<ul style="list-style-type: none"> – Promoted the Peer Leader Program at conferences and webinars by contributing to promotional material and using social media. – Promoted Peer Leader Program and events on OntarioMD’s and RNAO’s websites. – Collaborative working arrangements with AFHTO, Nurse Practitioners’ Association of Ontario (NPAO), Primary Care Nurses Network, RNAO, and RNAO interest groups. – Published articles in e-Newsletters and journals. – Improved awareness amongst internal staff and regional teams by sharing information on Peer Leader roles and providing them with the updated Peer Leader contact matrix contact list. – Provided updates at OntarioMD Town Hall Meetings, Peer Leader annual retreats, Peer Leader Working Group, and Peer Leader Steering Committee meetings.
<i>Peer Leader Empowerment</i>	<ul style="list-style-type: none"> – Created user-friendly invoicing/reporting templates and associated step-by-step guide for easy understanding. – Organized Peer Leader teleconferences and sent regular emails to keep Peer Leaders informed of the developments in the ehealth landscape. – Developed Peer Leader Program and Orientation Guide for easy on-boarding of new Peer Leaders. – Developed a Training Guide and ran a Community of Practice (CoP) training session. – Provided Peer Leaders with information on EMR maturity model, EPR Pilot Program and the provincial launch of EMR Progress Reporting (EPR) tool. – Organized annual Peer Leader retreats for networking and education. – Developed Peer Leader Engagement Request Form for requirements gathering. This was developed to equip Peer Leaders with all relevant information before engagements.
<i>OntarioMD/RNAO Collaboration</i>	<ul style="list-style-type: none"> – Provided RNAO with templates for Peer Leader monthly invoicing, associated guide, Peer Leader Program and Orientation Guide. – Provided RNAO with a report compilation template and also created budget tracking tool for RNAO. – Provided RNAO with Peer Leader roles and responsibilities document to build upon and customize for nurse Peer Leaders. – Drafted/reviewed RNAO portal content for Peer Leader Program. – Jointly conducted a diligent recruitment process for recruiting Peer Leaders. – Defined the ‘triaging’/‘communication’ process for Peer Leader utilization. – Weekly meeting between Senior Nurse Peer Leader and RNAO Project Coordinator to review and plan program activities and prepare updates given to OntarioMD.
<i>Program Sustainability</i>	<ul style="list-style-type: none"> – Conducted working group and steering committee meetings. (Please see Appendix 2 for Terms of Reference) – Managed stakeholders by continuously sharing information and seeking feedback. – Conducted NPLC working group meetings with eHealth Ontario and Nursing Secretariat to track NPLCs’ ‘Post go-live’ statuses. – Requested timeline extension from Infoway to deliver the promised program deliverables. – Suggested revision to ‘Reimbursement Schedule’ to sustain both (OntarioMD and RNAO) portions of program till December 2014. – Continuously monitored program activity, reported any deviations, and evaluated and reported monthly to OntarioMD senior management and Board of Directors.

Activities	Avg # of Hours Contributed/Month
	<ul style="list-style-type: none">- Submitted detailed quarterly and annual reports to Infoway.- Developed Peer Leader feedback and stakeholder satisfaction surveys.- Conducted Peer Leader utilization assessment surveys and presented the analyses for program improvement purposes.- Developed a strategic plan for the nursing component of the program (Please refer to Appendix 3).- Developed a clinician learning needs assessment for webinar development.- Quality improvement activities based on survey results included:<ul style="list-style-type: none">o Revised Nurse Peer Leader role description as role evolved.o Developed process documents.o Improved program awareness.o Improved Nurse Peer Leader morale and passion for the program through empowerment, engagement, regular support, and communication.o Improved nursing involvement in committees and working groups.o Developed for clinicians based on identified learning needs.

5. Program Metrics

5.1 Program Participants

This Peer Leader Program was established to include clinic managers, nurses and physicians as Peer Leaders. The program faced some initial challenges in recruiting Nurse Peer Leaders that gradually improved over time. The following table shows the number of Peer Leaders available in each quarter throughout the duration of the program.

	Jul-Sep 2012	Oct-Dec 2012	Jan-Mar 2013	Apr-Jun 2013	Jul-Sep 2013	Oct-Dec 2013	Jan-Mar 2014	Apr-Jun 2014	Jul-Sep 2014	Oct-Dec 2014
Physicians	28	30	30	30	30	31	29	30	31	31
Nurses	-	1	7	8	9	7	8	8	7	6
Clinic Managers	14	14	13	12	12	12	11	12	12	12

5.2 Peer Leader Hours & Engagements

5.2.1 Hours

Since 2012, the collaborative Peer Leader Program has delivered a wide array of activities that included Individual engagements, group engagements and program support activities.

Individual engagements – mentoring activities that include ‘one-to-one’ encounters with clinicians.

Group engagements – mentoring activities where in a Peer Leader addressed two or more clinicians.

Program support engagements – educational, consultative and program developmental activities.

Since the inception of the program, a total of 7,138 hours were delivered by the program, including 4,900 hours delivered by OntarioMD Peer Leaders (physicians and clinic managers) and 2,238 hours delivered by RNAO (Nurse Peer Leaders). The adjacent chart (Figure 7) shows the combined (RNAO and OntarioMD) Peer Leader hours over each quarter.

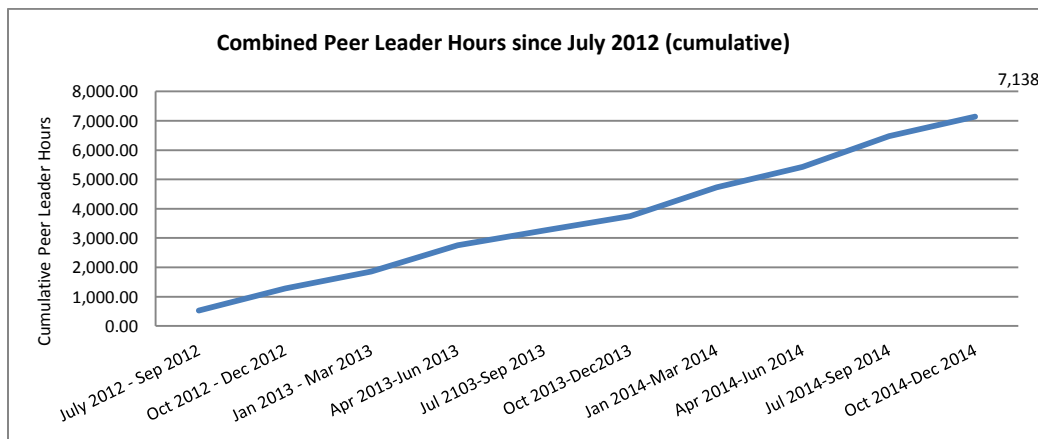


Figure 7: Combined Peer leader Hours

The chart below (Figure 8) shows the distribution of these program hours over each category of engagement (individual, group & program support). Higher number of hours under the program support category indicates extensive efforts by Nurse Peer Leaders towards program awareness and recruitment.

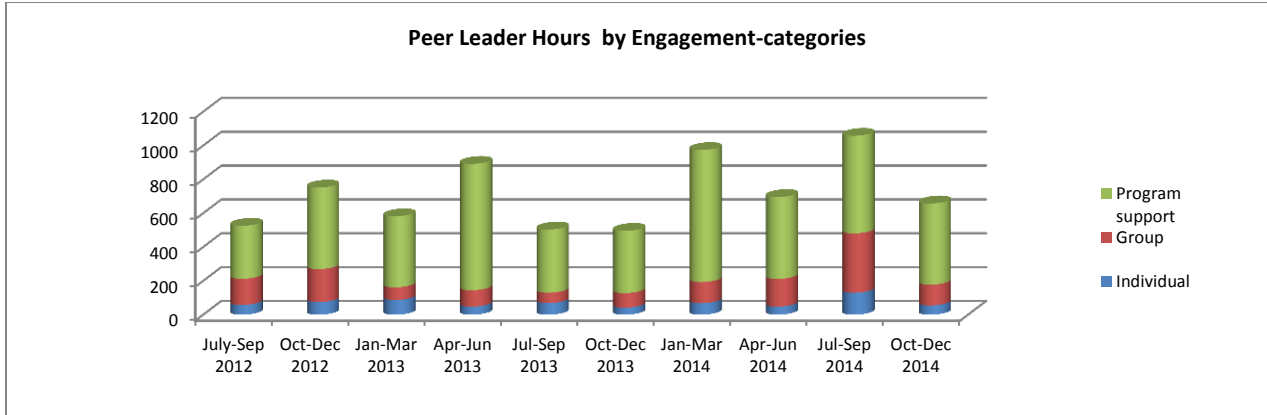


Figure 8: Combined Peer Leader Engagements

5.2.2 Engagements

A total of 2,039 engagements were delivered by the Peer Leader Program between July 2012 and December 2014. These engagements included all mentoring, educational and program development activities by the Peer Leaders. For reporting purposes, these engagements have been broken down into three categories (please see definition in the previous section) – Individual, Group & Program support.

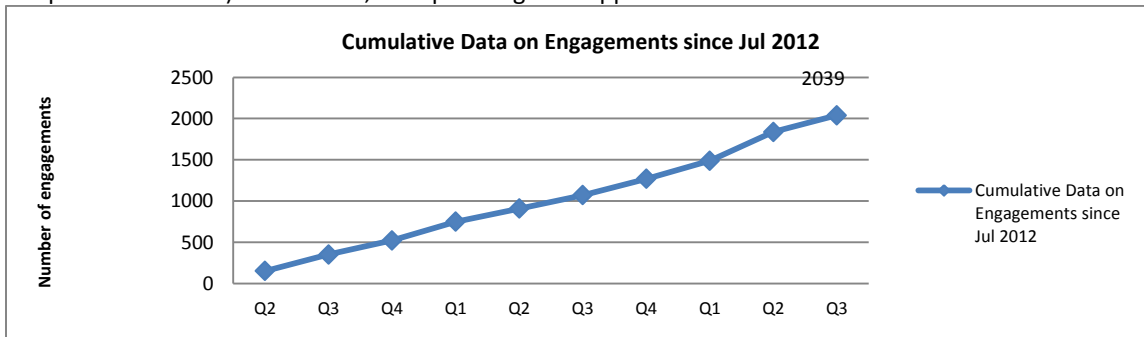


Figure 9: Peer Leader Engagements

The chart below (Figure 10) shows all the number of engagements delivered by the nurse, physician and clinic manager Peer Leaders between July 2012 and December 2014.

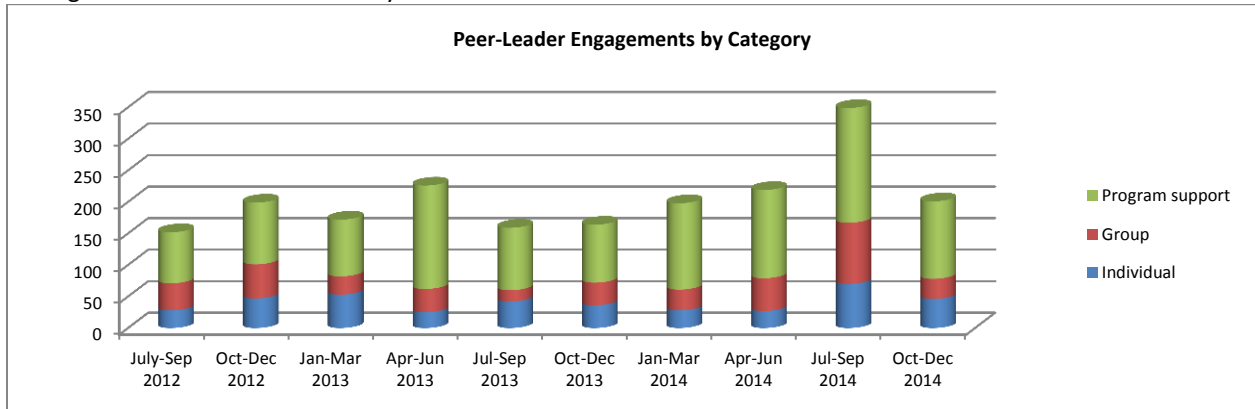


Figure 10: Peer Engagements by category

The following chart (Figure 11) shows that 20% of the program engagements were contributed by individual clinical engagements, 21% by group engagements and the remaining 59% belonged to the program support category. It also shows that the program support category comprised of three important contributors:

1. Seminars & conferences
2. Working Groups, Task Forces, Consultations with OntarioMD, the Ontario Medical Association (OMA) and other organizations
3. Administrative or program development activities

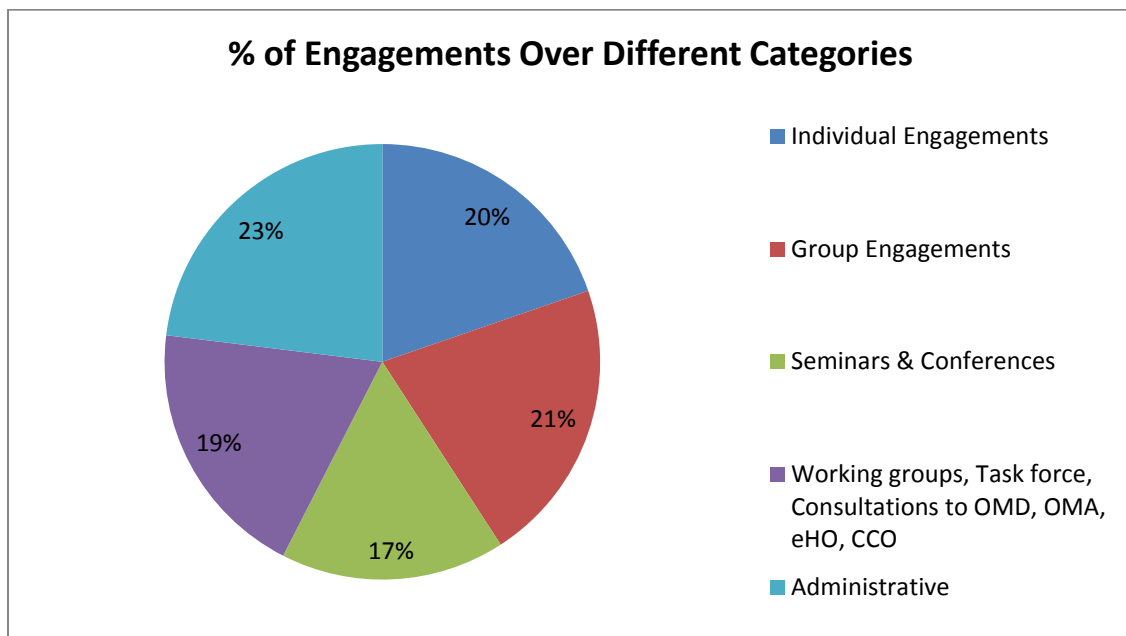


Figure 11: % of Engagements over different categories

6. Resources & Knowledge Assets Created

Between July 2012 and December 2014, the Peer Leader Program produced and contributed to the development of a wealth of resources and knowledge assets. These included newsletters, articles, promotional material, educational presentations, and video podcasts to benefit clinicians, health care students and other health care organizations. Some very useful collateral was also developed for education and orientation of Peer Leaders themselves. The table below illustrates some of the resources to which the Peer Leaders contributed.

<p>Newsletters & Articles:</p>	<p>Articles:</p> <ul style="list-style-type: none"> – “EMR Practice Enhancement Program; helping physicians achieve their EMR optimization goals”, <i>Ontario Medical Review</i>, Douglas W. Smith, MD, December 2014 – “EMRs; evolving with physicians’ needs, advancing common specialty-specific requirements, new features and functionality”, <i>Ontario Medical Review</i>, Douglas W. Smith, MD, September 2014 – “Managing your electronic information; where to go for help”, <i>Ontario Medical Review</i>, Douglas W. Smith, MD, July/August 2014 – “A specialist’s perspective on the unique benefits of EMRs”, <i>Ontario Medical Review</i>, Sari Herman-Kidekel, MD, FRCPC, May 2014 – “EMR: Every Step Conference & Vendor Showcase: a valuable resource for physicians and staff, London, Ottawa, Toronto”, <i>Ontario Medical Review</i>, Douglas W. Smith, MD, February 2014 – “Protecting your EMR data; are your plans and procedures in place?”, <i>Ontario Medical Review</i>, Douglas W. Smith, MD, January 2014 – “Hospital Report Manager – expediting the continuity of patient care: rollout of new provincial ehealth solution underway”, <i>Ontario Medical Review</i>, Douglas W. Smith, MD, October 2013 – “Preparing for retirement? Why adopting an EMR makes sense”, <i>Ontario Medical Review</i>, Danny Kraftcheck, MD, September 2013 – “Thinking about switching EMRs? Best practices to aid success”, <i>Ontario Medical Review</i>, July/August 2013 <p>Newsletters:</p> <ul style="list-style-type: none"> – “Advancing EMR Use and Improving Patient Care” – <i>RNAO Newsletter</i> – December/January 2014-15, Lee Mantini RN, MHScN, Senior Nurse Peer Leader – “Using electronic medical records in primary care”, <i>RNAO In the Loop</i>, Lee Mantini RN, MHScN, October 2014 – “Free EMR Conference and Vendor Showcase”, <i>RNAO In the Loop</i>, Lee Mantini RN, MHScN, May & September 2014 – “OntarioMD/RNAO Collaborative Peer Leader Program offers free EMR support to Nurse Practitioners”, <i>NPAO Newsletter</i>, Lee Mantini RN, MHScN, May 2014 – “Capturing Nursing Care & Workflow using eHealth”, <i>ehealth Newsletter</i>, January 2014, Lisa Ruddy RN – “Supporting Primary Care Nurses, Nurse Practitioners, Physicians and their Staff” – <i>RNAO In the Loop</i> online newsletter, August 2013, Lee Mantini RN, MHScN, Senior Nurse Peer Leader
<p>Educational Material:</p>	<ul style="list-style-type: none"> – “From Paper to Electronic Medical Records in Ontario”, Lee Mantini RN, MHScN, Senior Nurse Peer Leader – “EMR- Related Research Scenarios – for George Brown College” – Lee Mantini RN, MHScN, Senior Nurse Peer Leader – Primary Care Nursing Orientation PowerPoint Presentation for George Brown

	College: “Electronic Medical Record Use in Primary Care: A Nursing Perspective”, Lee Mantini RN, MHScN, Senior Nurse Peer Leader
Program Support/ Promotional Material:	<ul style="list-style-type: none"> – Process flow diagram for triaging of Peer Leader requests – Program Guide: Document providing high-level information on the program – Peer Leader Orientation Guide for Peer Leader on-boarding. – Peer Leader Program one-pager – Peer Leader Roles & Responsibilities – full document & a one-pager – Peer Leader Invoice/Reporting template and step-by-step guide for easy navigation – Peer Leader content for OntarioMD & RNAO websites – Engagement Request Form for requirements gathering – Peer Leader and field teams contact sheet – a document for field staff – Peer Leader Matrix with skills, EMR information, clinic information etc., for easy identification of a suitable Peer Leader – Strategic planning document for Nurse Peer Leaders – Peer Leader Program promotion through <i>NPAO Newsletter</i>, May 2014, Lee Mantini RN, MHScN, Senior Nurse Peer Leader – Community of Practice Awareness Flyer/“RNAO Community of Practice: Navigation Tips and Tools” - training guide – Region-specific promotional flyers which included information on local Peer Leaders – “Supporting Primary Care Nurses, Nurse Practitioners, Physicians and their Staff” – <i>RNAO In the Loop</i> online newsletter, August 2013, Lee Mantini RN, MHScN, Senior Nurse Peer Leader – “Optimizing Use of Electronic Medical Records”: Program & Community of Practice Awareness Flyer – Peer Leader Distribution Map – PowerPoint presentations for Peer Leaders’ Quarterly Teleconferences – PowerPoint presentation on Nurse Peer Leader Progress; September 2013; By Lee Mantini, Senior Peer Leader
Conference Presentations:	<p>Several presentations were produced and presented by the Peer Leaders at the following conferences. (Please refer to Appendix 4 for topics and presenters’ names)</p> <ul style="list-style-type: none"> – <i>EMR: Every Step Conference and Vendor Showcase, Toronto, September 11, 2014</i> – <i>EMR: Every Step Conference and Vendor Showcase, Ottawa, June 12, 2014</i> – <i>EMR: Every Step Conference and Vendor Showcase, London, March 27, 2014</i> – <i>EMR: Every Step Conference and Vendor Showcase, Toronto, June 13, 2013</i> – <i>Canada Health Infoway National Symposium – 2014</i> – <i>Ontario Family Practice Nurses Conference, May 2, 2014</i> – <i>RNAO Primary Care Institute, August 8, 2013</i> – <i>Ontario Rheumatology Association’s User Forum; January 15, 2015 (request was received in 2014).</i> – <i>Waterloo-Wellington Region Primary Care eHealth Committee, September 11, 2013</i>
Webinars:	<ul style="list-style-type: none"> – Quarterly Peer Leader Webinars/ Teleconferences; – “Ten quality improvement project ideas for health promotion, disease prevention and chronic disease management”; November 20, 2014, Lee Mantini RN, MHScN – “Privacy and Security; An Important Aspect of EMR Use”, November 6, 2014, Connie Wood RN – “EMR Assessment Tools to Enhance your Primary Care Practice”; October 23, 2014, Jocelyn Rowe – “EMR Maturity Model and EMR Progress Reporting for Primary Care Clinicians”; October 9, 2014, Ibrahim Omar NP – “Maximizing Use of the EMR to Support Patients and Primary Care Nurses”; August 8, 2014, Lisa Ruddy RN and Linda Taylor RN

	<ul style="list-style-type: none"> - “Preventative Care and the Electronic Medical Record; Optimizing the Use of the EMR to Enhancing Patient Care”; June 27, 2014, Connie Wood RN and Jocelyn Rowe NP - “Using the EMR to enhance the patient experience in Primary Care”; January 30, 2014, Lisa Ruddy RN - “EMR Tips and Tricks; Maximizing use of the EMR to Support Patients and Primary Care Nurses” – Lisa Ruddy RN and Linda Taylor RN, August 8, 2013
Videos:	<ul style="list-style-type: none"> - Physician, nurse & clinic manager Peer Leader videos on the importance of EMRs & their EMR journeys; videos live on OntarioMD website <ul style="list-style-type: none"> o Total of 34 Peer Leaders were videotaped including 8 clinic managers, 3 nurse Peer Leaders and 23 physician Peer Leaders. o These videos were viewed 1,022 times. <ul style="list-style-type: none"> ▪ Clinic manager Peer Leader videos viewed 224 times ▪ Nurse Peer Leader videos viewed 52 times ▪ Physician Peer Leader videos viewed 746 times

7. Lessons Learned

This section brings together insights gained during the tenure of the OntarioMD/RNAO Peer Leader Program that can be usefully applied to future projects.

The following table lists the lessons learned from a program management perspective and have been categorized by project knowledge areas. Descriptions, impacts, and recommendations are provided for consideration for similar future projects. The list includes a balanced view of successes and shortcomings.

Category	Lessons Learned	Impact	Recommendation
Integration Management	It is important to use a combination of nurse/clinic manager/physician Peer Leaders to do engagements.	This can lead to better problem solving and improved engagement of clinical teams.	Continue to use these collaborative inter-professional teams wherever necessary.
	It is important to maintain collaboration and coordination between OntarioMD Practice Advisors, change management staff and Peer Leaders.	This can lead to better understanding of the clinicians' needs/practice culture as Practice Advisors have relationships with these practices. Change management team provided necessary tools and resources to address the issues more accurately.	Continue to work collaboratively with OntarioMD field staff and change management team.
Scope Management	It is important to change program focus to support EMR optimization once adoption rate target is reached.	This can lead to more requests for Peer Leaders support with EMR optimization, reporting and other advanced uses.	Put emphasis on clinical decision making EMR optimization and innovation around EMRs while continuing to support adoption and sustainment of EMRs.
	When partnering with another organization to deliver a Peer Leader Program, it is important to be clear on the scope of work that is consistent with the views of each organization.	This can lead to improved dialogue and discussion between the collaborating organizations to determine consistent approaches related to the focus of the Peer Leaders.	In any collaborative program, have a common set of values and approaches to meeting the program's goals.
	It is important for Peer Leaders to reach out to students in health-related programs of study.	This can lead to new graduates who are better prepared to use EMRs in their practices.	Expand the scope to enable Peer Leaders to support students in order to prepare the next generation of EMR users.
	It is important to determine accessible and acceptable ways to reach primary care nurses as well as physicians.	This can lead to greater nursing involvement at conferences and provide opportunities to meet the EMR learning needs of nurses.	Use creative approaches to support inter-professional attendance at events (web-based sessions, regular webinars). Conferences specifically

Category	Lessons Learned	Impact	Recommendation
			targeting the EMR learning needs of primary care nurses will likely have a better nursing turn out.
	It is important to train and support Peer Leaders for their involvement in Communities of Practice (CoPs).	This can improve peer networking and discussion of local/regional issues and increased participation in solution development for pre-identified issues.	Support and increase Peer Leader participation in local CoPs and Local Health Integration Networks (LHINs).
	The development of a knowledge repository and electronic database of best practices and resources is important for sharing the lessons learned/best practices identified by Peer Leaders.	This can improve resource sharing, prevent loss of existing knowledge and prevent Peer Leaders from 're-inventing the wheel' which will ultimately save time and financial resources.	Create a central electronic repository of knowledge created by Peer Leaders. This should be accessible to all clinicians in Ontario.
Time Management	It is important to initiate group engagements when possible.	This can save time and prevent duplication of effort and can lead to more interaction & better outcomes.	Continue to encourage group engagements.
	It is important to have material resources, guides and other tools (developed and/or reviewed by Peer Leaders) that are easily accessible to clinicians and Peer Leaders.	This can improve clinicians' EMR knowledge and confidence, and encourages self-learning. This can also reduce the need for a follow-up visit by the Peer Leader and save time and resources.	Equip Peer Leaders with tools/resources to be handed over to clinicians during a visit. Increase Peer Leader participation in collateral development.
Cost Management	It is important to find effective alternatives to long distance travel for Peer Leaders supporting clinicians.	This can reduce the financial burden of engagements and improve Peer Leader and clinician satisfaction. The use of webinars, screen sharing, teleconferences and other remote meeting solutions has proven effective.	Encourage use of technology in every Peer Leader engagement. Encourage clients to visit Peer Leaders at their clinics where ever possible.
	It is important to have clearly defined expense policies.	This can help to keep travel cost in control and can enable Peer Leaders to make their own travel arrangements.	Have clearly defined policies and review these during Peer Leader orientation.
	It is important to have a clearly defined policy regarding allowable engagement time.	This can help keep engagement costs under control.	Set a policy on maximum number of hours for each engagement. Make prior approval of an engagement and associated hours mandatory.

Category	Lessons Learned	Impact	Recommendation
	It is important to have a meticulous triaging process to ensure optimal utilization of program resources.	This can reduce cost and connect the most appropriate Peer Leader with the clinician in need of support.	Have a central triaging person to identify the key issues and assign the right resources.
Quality Management	It is important to have a clinician feedback mechanism in place.	This can improve the ability to monitor and evaluate Peer Leader Support, determine if and what kind of additional support is needed, and can assist with Program Benefits Evaluation.	Have a feedback survey prepared that is a mandatory part of the post-engagement phase for every Peer Leader.
	It is important to have a feedback mechanism in place for field staff and Peer Leader feedback.	This can help assess satisfaction and identify gaps and challenges that need to be addressed. This can also lead to process improvements.	Survey field staff and Peer Leaders regularly.
	It is important for Peer Leaders to be able to break down engagement issues into manageable pieces.	This can prevent clinicians from becoming overwhelmed, improve clinician understanding, and improve clinician buy-in of change.	Train Peer Leaders in the principles of adult learning and how to make learning fun, relevant and non-stressful.
Human Resource Management	It is important to clearly articulate role expectations and time commitments in Peer Leader job postings to ensure that Peer Leaders hired have the time available to meet the needs of their role.	This can help with recruiting appropriate Peer Leaders. Those working full-time in other positions may not be able to take time for the Peer Leader role. Those working part time in other positions may be less attracted to the Peer Leader role as it offers sporadic and inconsistent work. Primary care nurses can find it challenging to find extra time during their busy workday for Peer Leader activities.	Use an aggressive recruitment drive to secure enough primary care nurse/NP Peer Leaders. Establish Peer Leader time frames more in keeping with the realities of the primary care nurse role. Use technology for Peer Leader engagements as much as possible when supporting a wide geographic area with few Peer Leaders.
	It is important to have a team of Peer Leaders with varied skillsets and levels of expertise.	This can enable the team to address a diverse set of clinician needs at different stages of EMR adoption and use.	Continue to maintain a good mix of skillsets and experience levels to enable a better connection with clinicians.
	It is important to provide Peer Leaders with recognition through credits	This can encourage more Peer Leader participation in the program.	Provide some non-financial credits or incentives to Peer Leaders. Example: CME

Category	Lessons Learned	Impact	Recommendation
	or incentives.		credits for certain activities
	It is important to provide Peer Leader orientation and ongoing training opportunities.	This can enhance Peer Leader learning, keep Peer Leaders current, can improve job satisfaction as well as improve Peer Leader ability to support clinicians' EMR learning needs. This can also improve consistency of engagement approaches and align Peer Leader activities with program goals and objectives.	Provide timely orientation and regular ongoing training for Peer Leaders.
Communications Management	It is important to have an engagement follow-up plan.	This can provide guidance to Peer Leaders regarding consistent clinician follow-up processes.	Have a clearly defined engagement follow-up plan for Peer Leaders and review this during orientation and training sessions.
	It is important to have a process in place for real-time reporting.	This can reduce the risk of delays in follow-up actions.	Develop an automated reporting tool for Peer Leaders to: 1) Update the status of an engagement right after it is completed. 2) Document the engagement details. 3) Identify next steps. This would help the program management team to track and expedite the follow-up activities.
	It is important to have regular communication with Peer Leaders via emails, teleconferences or other channels.	This can help to keep Peer Leaders up-to-date on the current trends in ehealth. This can improve Peer Leader awareness of current and upcoming program events and activities. This can improve monitoring of Peer Leader activities and provide an opportunity to address challenges or concerns.	Regularly communicate program-related information and learning opportunities with Peer Leaders. Provide regular opportunities for Peer Leader networking.
Risk Management	It is important to have adequate resources to hire the right mix and distribution of Peer Leaders.	This can prevent an imbalance between the number of engagement requests and the number of available Peer Leaders.	Be diligent with tracking and using financial resources. Use a triaging process.

Category	Lessons Learned	Impact	Recommendation
	It is important to require prior approval of all engagement requests and to do meticulous financial tracking.	This can help with management of financial resources.	Do regular financial tracking. Put each engagement request through an approval process and allocate time for each engagement.
Procurement Management	It is important to have a clearly articulated procedure for email communication with Peer Leaders.	This can reduce delays in engagement request allocation to Peer Leaders.	Make it mandatory for Peer Leaders to integrate program emails with their primary email inbox for a faster turnaround time.

8. Appendices

1. [Peer Leader-Led Webinars & Communities of Practice Work](#)



Nurse Peer Leader
Led Webinars.pdf

2. [Terms of Reference Document](#)



Revised Terms of
Reference - Aug 28 2

3. [Strategic Planning Document – Nurse Peer Leaders](#)



NPLStrategic
Planning Doc.pdf

4. [Conference Presentations by Peer Leaders](#)



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Presentations By Pee